



St Patrick's
Mental Health Services



Outcomes Report Summary 2024



Introduction

Every year, St Patrick's Mental Health Services (SPMHS) publishes an *Outcomes Report* relating to clinical care pathways, clinical governance processes, clinical programmes and service user experience surveys. This report provides some highlights in relation to analysis of the clinical outcomes for services provided by SPMHS in 2024.

The comprehensive *Outcomes Report* is the fourteenth of its type published by SPMHS and is central to the organisation's promotion of best practice in mental healthcare. By measuring and publishing outcomes of the services we provide, we strive to understand what we do well and what we need to continue to improve.

Since 2020, some of SPMHS' services have been available through remote channels such as video, phone and email. Remote delivery of care is offered across a range of SPMHS services, based on a service user's assessment of needs.

Technology-enabled care has not replaced inpatient admission or other in-person care delivery where needed.

For the purpose of this year's *Outcomes Report* the term 'in-person' admission is used when referring to our inpatient services where the service user is physically present in one of SPMHS' hospital campuses. This is to distinguish it from our Homecare service, which offers all the elements of inpatient services, but provided remotely in the service user's own home.

The full *Outcomes Report* for 2024 is available to view [here](#).



Clinical outcomes

Clinical Global Impression and Children's Global Impression Scales

The Clinical Global Impressions Scale (CGI) is a clinician-rated mental health assessment tool used to establish the severity of illness at point of assessment (CGIS) and global improvement or change scored following care, treatment or intervention (CGIC). The CGIS is rated on a 7-point scale, with the severity of illness scale rated from 1 (normal) through to 7 (most severely ill). CGIC scores range from 1 (very much improved) through to 7 (very much worse).

The Children's Global Assessment Scale (CGAS) is used in our child and adolescent service. It provides a global measure of level of functioning in children and adolescents, scored by the multidisciplinary team (MDT) on a scale of 1 to 100, which reflects the individual's overall functioning level.

Clinical Global Impression Scale (CGIC) - Final global improvement or change score (Adult in-patient and Homecare services)

	2022 Total	2023 Total	2024 Total
1. Very much improved	5%	4%	6%
2. Much improved	41%	42%	50%
3. Minimally improved	29%	28%	29%
4. No change	8%	8%	5%
5. Minimally worse	0%	1%	0%
6. Much worse	0%	0%	0%
7. Very much worse	0%	0%	0%
Not scored	15%	17%	9%

Children's Global Assessment Scale (CGAS) - Baseline and final assessment scales (Willow Grove Adolescent Unit)

Children's Global Assessment Scale		2022		2023		2024	
		Baseline	Final	Baseline	Final	Baseline	Final
100 - 91	Superior functioning	0%	0%	0%	0%	0%	1%
90 - 81	Good functioning	0%	1%	0%	2%	0%	3%
80 - 71	No more than a slight impairment in functioning	1%	2%	2%	13%	0%	14%
70 - 61	Some difficulty in a single area, but generally functioning pretty well	2%	20%	7%	27%	8%	21%
60 - 51	Variable functioning with sporadic difficulties	12%	31%	14%	22%	27%	34%
50 - 41	Moderate degree of interference in functioning	40%	31%	38%	26%	34%	21%
40 - 31	Major impairment to functioning in several areas	35%	11%	24%	8%	25%	5%
30 - 21	Unable to function in almost all areas	10%	2%	14%	0%	5%	0%
20 - 11	Needs considerable supervision	0%	0%	0%	0%	0%	0%
10 - 1	Needs constant supervision	0%	0%	0%	0%	0%	0%
	Not scored	0%	3%	0%	1%	0%	1%
	Mean +/- SD	41+/-9	52+/-11	43+/-11	57+/-12	45+/-10	58+/-12
	Median	41	52	41	58	44	57
	Wilcoxon Signed Ranks Test	Z = -7.745	p<.001	Z = -7.605	p<.001	Z = -7.356	p<.001



Alcohol and Chemical Dependency and Dual Diagnosis Programmes: Clinical outcomes

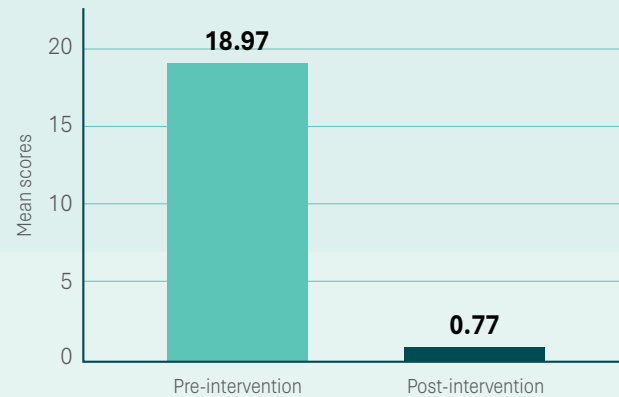
The Alcohol and Chemical Dependency Programme (ACDP) is designed to support individuals with alcohol and/or chemical dependency or abuse to achieve abstinence by enabling them to develop an increased awareness of the implications and consequences of their drinking or drug-taking. The staged recovery programme is delivered by psychiatrists, addiction counsellors and ward-based nursing staff, with input from other disciplines including psychology, social work and occupational therapy.

The Dual Diagnosis Programme is designed for adults with a dependency on alcohol or chemical substances, and in addition, who have a co-morbid diagnosis of a mental health difficulty such as depression, anxiety or bipolar disorder. The aim of this programme is to enable service users to not only achieve abstinence and recovery in relation to substance use, but also to facilitate awareness, understanding and provide practical support and knowledge in relation to their mental health difficulties.

Since 2014, both the ACDP and Dual Diagnosis programmes have used the Leeds Dependence Questionnaire (LDQ) to measure the clinical outcomes of these multidisciplinary stepped-care programmes. The LDQ is a 10-item questionnaire, designed to screen for mild to severe psychological dependency on a variety of different substances, including alcohol and opiates. This measure was completed by service users pre and post-programme participation, and showed significant improvements in service users' mean scores following completion for both programmes.

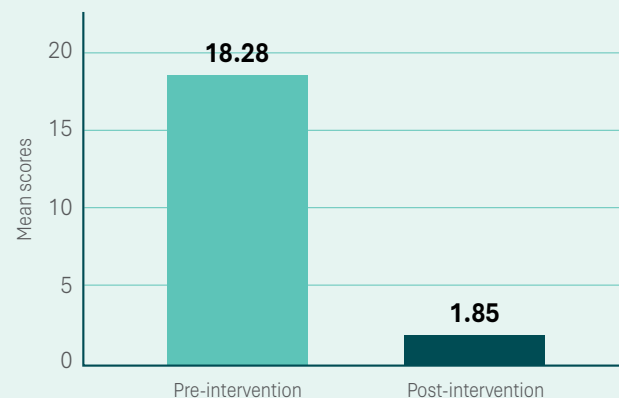
Total scores on Leeds Dependency Questionnaire 2024

Addiction and Chemical Dependency Programme:
LDQ mean scores



Note: Higher scores indicate greater dependency

Dual Diagnosis Programme:
LDQ mean scores



Note: Higher scores indicate greater dependency



Acceptance and Commitment Therapy Programme: Clinical outcomes

Acceptance and Commitment Therapy (ACT) is an evidence-based psychotherapy that aims to teach people mindfulness skills to help them live in the “here and now” and manage their thoughts and emotions more effectively. ACT supports service users to identify and connect with their core personal values and integrate them into everyday action. Though ACT does aim to reduce symptoms, it primarily aims to change people’s relationship with anxiety and depression, and to increase value-led behavioural activation.

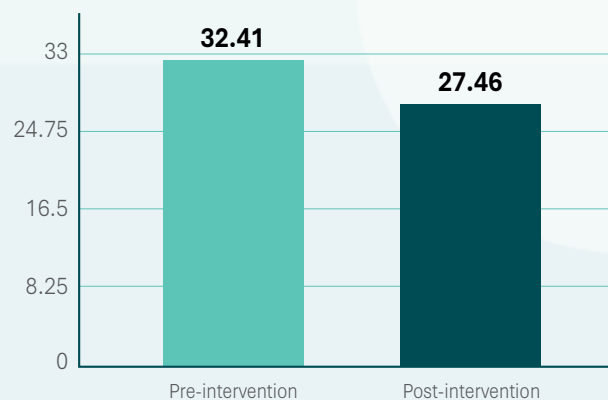
During the 12-week programme, participants engage in a range of experiential exercises to help them develop the six core processes of ACT; mindfulness, thought-diffusion, acceptance, perspective-taking, values and committed action. The essential aim of this programme is to help people connect with what matters most to them and develop skills to help overcome the obstacles that get in the way of living a value-guided life. The programme aims to foster a key shift in terms of helping people to look at their lives in terms of workability; what helps them move closer towards who and where they want to be, and what brings them further away. This programme is primarily facilitated by an experienced counselling psychologist who also trains other clinicians in the ACT approach. The graphs below show the results from the core measures pre and post-completion of the ACT programme for participants in 2024.

Acceptance and Action Questionnaire (AAQ-II)

The Acceptance and Action Questionnaire (AAQ-II) is a seven-item measure of experiential avoidance or the tendency to avoid unwanted internal experiences – the opposite of which is psychological flexibility. Service users are asked to rate statements on a 7-point Likert scale from 1 - ‘never true’, to 7 - ‘always true’. Scores range from one to 70 with higher scores indicating reduced psychological flexibility/increased experiential avoidance.

Total mean psychological flexibility (AAQ-II) scores

Psychological flexibility mean scores comparison



Note: Decreased scores indicate greater psychological flexibility

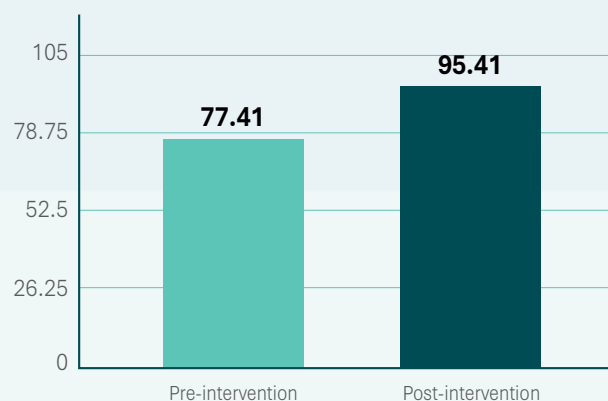
Behavioural Activation for Depression Scale (BADS)

Behavioural Activation for Depression Scale (BADS) measures behaviours hypothesised to underlie depression and examines changes in activation, avoidance/rumination, work/school impairment and social impairment. Scores range from 0 to 150, with higher scores representing increased behavioural activation.

Mean BADS scores increased significantly indicating greater behavioural activation.

Total mean behavioural activation (BADS) scores

Behavioural activation mean scores comparison



Note: Higher scores indicate increased behavioural activation



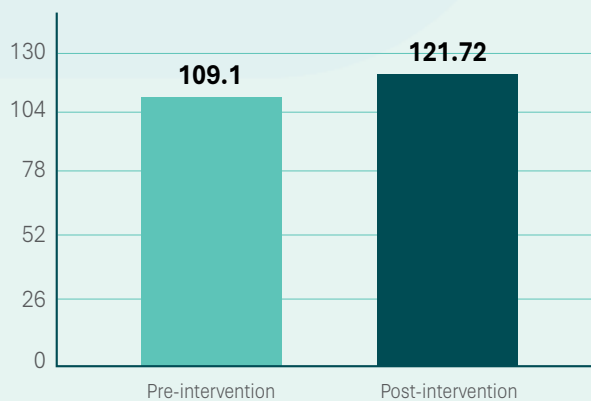
Five Facet Mindfulness Questionnaire (FFMQ)

Five Facet Mindfulness Questionnaire (FFMQ) assesses the tendency to be mindful in daily life, including five facets of mindfulness: observing; describing; acting with awareness; non-reactivity to inner experience; and non-judging of inner experience. Scores range from 39 to 195, with higher scores suggesting higher levels of mindfulness.

Total mean FFMQ scores increased significantly, indicating greater levels of overall mindfulness.

Total mean FFMQ scores pre and post-intervention

Total FFMQ mean scores comparison



Note: Higher scores indicate higher levels of mindfulness

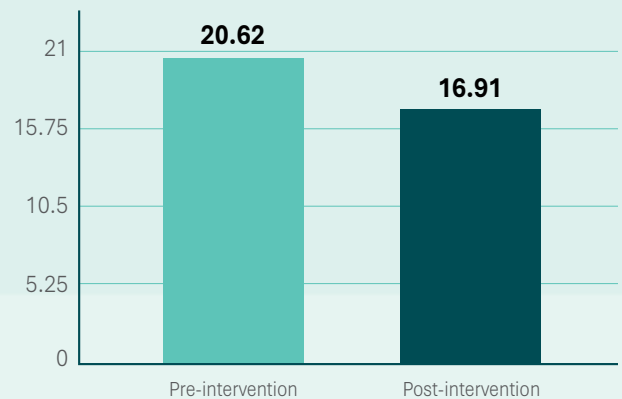
Work and Social Adjustment Scale (WSAS)

Work and Social Adjustment Scale (WSAS) is a brief five-item service user self-report measure, which assesses the impact of a person's mental health difficulties on their ability to function in terms of work, home management, social leisure, private leisure and personal or family relationships. Total scores for the measure can range from 0 to 40, with higher scores indicating greater impairment in functioning.

The total WSAS scale score was used to assess functioning pre and post-participation in the ACT programme in comparison to previous year. Mean scores decreased significantly, indicating that those who completed the ACT programme showed significantly less functional impairment post-intervention.

Total Work and Social Adjustment Scale (WSAS) scores

Total WSAS mean scores comparison



Note: Higher scores indicate greater impairment in functioning

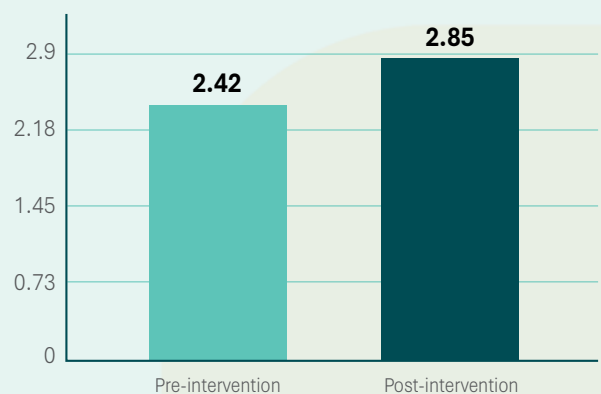
The Self-Compassion Scale (SCS)

The Self-Compassion Scale (SCS) is a 26-item self-report scale which was designed to assess an individual's levels of self-compassion. Self-compassion is measured through six domains: self-kindness; self-judgement; humanity; isolation; mindfulness; and identification or over-identification with thoughts. Each item is rated on a 5-point Likert scale, from 1– 'almost never', to 5 – 'almost always'.

Total SCS scores increased significantly, indicating higher overall levels of self-compassion post-intervention.

Total Self-Compassion Scale scores pre and post-intervention

Total self-compassion mean scores comparison



Note: Higher scores indicate higher levels of self-compassion

Dialectical Behaviour Therapy Programme: Clinical outcomes

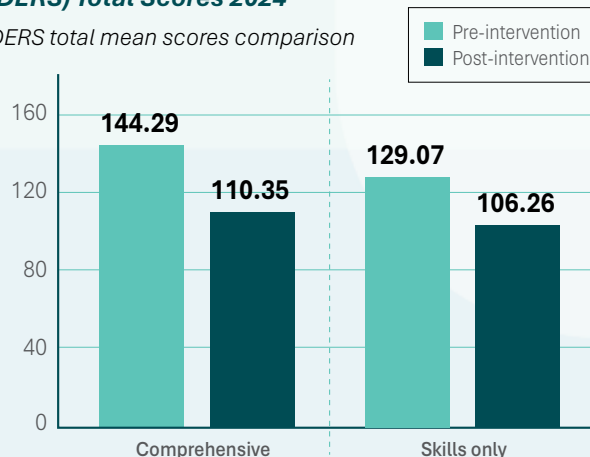
The Dialectical Behaviour Therapy (DBT) programme aims to teach emotional regulation, distress tolerance, mindfulness and interpersonal effectiveness skills for individuals who experience out of control behaviour in the context of 'emotional dysregulation'. DBT is a multimodal staged psychotherapeutic approach. The DBT programme at SPMHS is a Stage 1 DBT programme, with a focus on learning skills aimed at increasing behavioural control, focusing on moving from out-of-control behaviour to behaviour control in the context of high-intensity emotions. Service users' behaviours determine the stage of treatment, and this determination is done via assessment (not just based on reports of diagnostic status).

DBT Stage 1 targets life-threatening behaviours, severe therapy-interfering behaviours and severe quality of life-interfering behaviours. SPMHS delivers two streams of the DBT programme; the 'Comprehensive' DBT stream consists of four DBT modes (skills training; one-to-one therapy; phone coaching; and weekly therapist consultation team meetings). The 'Skills Only' stream seeks to support individuals with emotional and behavioural dyscontrol who do not have a recent history of suicidal behaviour or deliberate self-harm. Both streams consist of 24 group sessions over a three-month period and eight one-to-one sessions are offered during the 'Comprehensive' stream.

The three outcome measures for this programme were the Difficulties in Emotion Regulation Scale (which assesses emotion dysregulation); the Five Facet Mindfulness Questionnaire (which measures five aspects of mindfulness – observing, describing, acting with awareness, non-judging and non-reactivity); and the Ways of Coping Checklist (measuring the thoughts and acts that people use to deal with the internal and/or external demands of specific stressful encounters). Significant improvements were observed in use of mindfulness, coping styles and emotion regulation. The graphs on the right show the results for the DBT programme.

Difficulties in Emotion Regulation Scale (DERS) Total Scores 2024

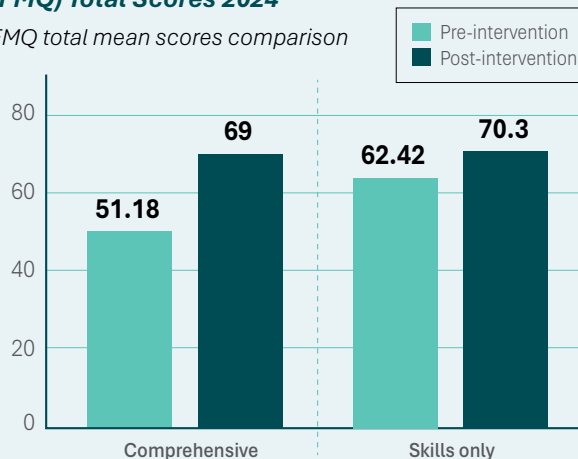
DERS total mean scores comparison



Note: Higher scores indicate greater difficulties with emotion regulation

Five Facets Mindfulness Questionnaire (FFMQ) Total Scores 2024

FFMQ total mean scores comparison

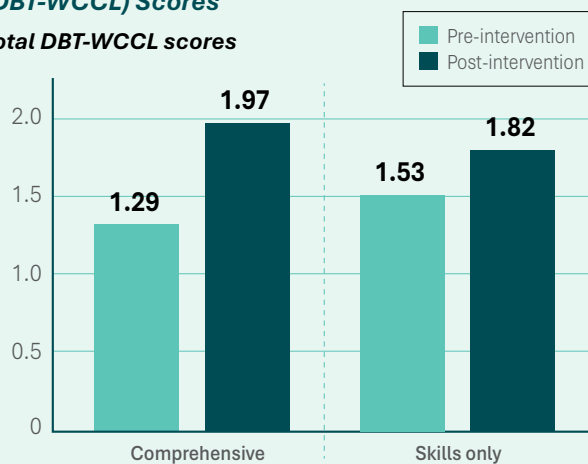


Note: Higher scores indicate more effective use of mindfulness



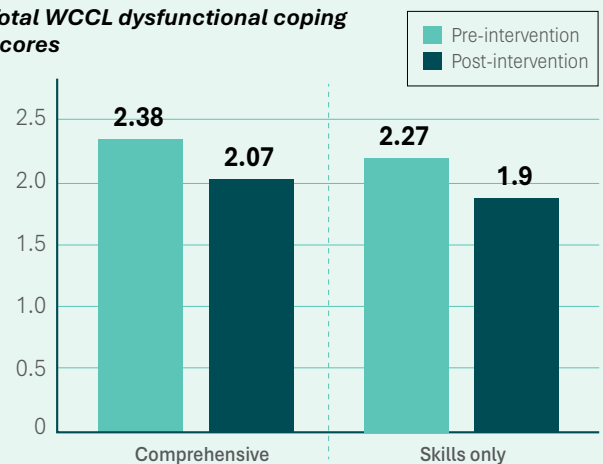
Ways of Coping Checklist Subscale (DBT-WCCL) Scores

Total DBT-WCCL scores



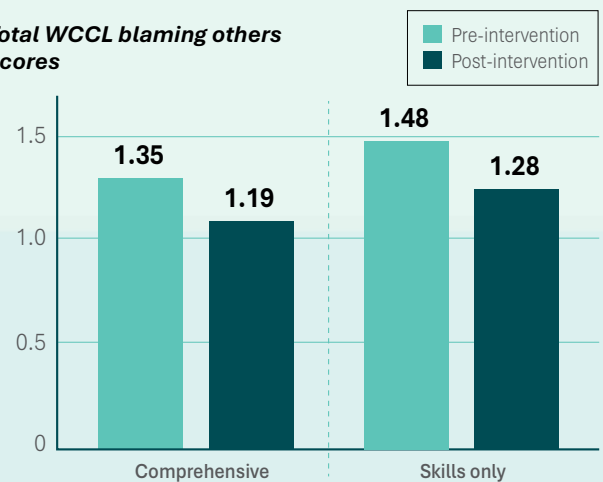
Note: Higher scores indicate more effective use of DBT coping skills

Total WCCL dysfunctional coping scores



Note: Decreased scores indicate improved coping skills

Total WCCL blaming others scores



Note: Decreased scores indicate reduced tendencies to attribute blame to other people



Service users' feedback

St Patrick's Mental Health Services is committed to listening to, and acting upon, the views of those who use and engage with its service. The Service User Experience Survey was developed to gather feedback, and is distributed to service users following inpatient, outpatient, day patient or Homecare.

Those who completed and returned the Service User Experience Survey within our adult inpatient and Homecare services demonstrated a high level of satisfaction with the care they received. Respondents' ratings of care and treatment while attending St Patrick's Mental Health Services (SPMHS) and overall experience of SPMHS care received, where 1 = lowest and 10 = highest.

Inpatient respondents' ratings of care and treatment and overall experience of SPMHS

How would you rate?	No.*	Mean
Your overall care and treatment	213	7.7
Overall experience of SPMHS	212	7.6

*No. = number of survey respondents

Homecare respondents' ratings of care and treatment and overall experience of SPMHS

How would you rate?	No.*	Mean
Your overall care and treatment	41	8.6
Overall experience of SPMHS	42	8.6

*No. = number of survey respondents





Report strengths

St Patrick's Mental Health Services (SPMHS) continues to provide detailed insights into service accessibility, efficacy of clinical programmes and service user experience. Reporting this breadth of routinely collected clinical outcomes demonstrates a willingness to constantly re-evaluate the efficacy of clinical programmes and services in an open and transparent way.

A detailed service user experience survey, encompassing all service delivery modes within SPMHS, is now well established, reinforcing the organisation's commitment to service user-centred care and treatment. In 2024, overall Service User Experience Survey response rates remained strong, with an increase in responses to the Dean Clinic, inpatient and Homecare service surveys. The results presented in this annual *Outcomes Report* are reflective of the continued achievement of excellent levels of compliance on annual Mental Health Commission inspections.

The organisation delivered a full and comprehensive *Outcomes Report* in 2024, demonstrating the commitment of all SPMHS staff to continuously measure and improve our services. In keeping with efforts to expand the number of services incorporated in this report, an additional programme was added to the *Outcomes Report* this year: The Focused Acceptance and Commitment Therapy Programme.

Technology-enabled care continues as an effective option for clinical service delivery and providing access and convenience to service users.

Report challenges

We continue in our efforts to expand the number of services included within the *Outcomes Report*, but as yet we do not have all areas of service delivery included. Efforts to benchmark the results of this report remain challenging.

In order to best capture the efficacy of clinical programmes and services, there have been changes in the outcome measures used, which can create difficulties when comparing results to previous reports. The report's clinical outcome results cannot be solely attributed to the service or intervention being measured and are not developed to the standard of randomised control trials.





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