Healthcare Improvement Scotland

Importance of evaluation in mental health services

Background context

Several reports have highlighted the importance of quality data, measurement and evaluation within mental health services (Mental Health Strategy 2017-2027, Quality Standards for Mental Health Services, Mental Health and Wellbeing Strategy: Evidence Summary). Presently, the national data picture is fragmented and complex, due to several reasons such as various data capture/patient records systems in use, staff skills and capacity for working with existing data and a significant lack of data regarding lived experience perspectives.

The Mental Health and Wellbeing Strategy: Evidence Summary highlights that there is a lack of data to assist in guiding decision making in several areas such as:

- Population need
- Impact of services
- Support and other interventions
- Person centred outcomes

The following sections highlight the impact that evaluation can have on services, their staff, the people they support and relevant challenges with evaluation. Where possible this information is focused on mental health services, within Scotland and the UK however in some instances evidence has been drawn from other areas (e.g. third sector, international evidence).

Impact of evaluation

Empower the voices of lived experience

The literature supports that involving service users in the process of quality assurance within mental health services can be valuable for service users, boosting their self-esteem and giving them more confidence[1].

Swedish paper (2023)[2] that details user focused monitoring (UFM), a method of user-led mental health service evaluation that aims to strengthen user involvement and improve service quality.

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Paper highlights that evaluating outcomes of recovery-oriented interventions involves a shift in focus from symptom reduction towards a more holistic perspective, including aspects of well-being related to hope, self-esteem, sense of control over one's life, and social connectedness. The qualitative analysis (guided by the CHIME framework) of 20 studies found that use of UFM had the unique ability to contribute to the inclusion of service user perspectives and knowledge in the quality development of service or support programme. Additionally, as UFM is peer led, it is suggested that this can lead to service user narratives being included fully in service evaluation.

Empower staff

Evaluation can support empowering staff, through providing them with greater input into how services are delivered, creating improved relationships with service users and enabling their voices to be heard.

A US based study that focused on evaluation training with third sector organisations[3], found that the training resulted in increased evaluation skills, knowledge and demand for evaluation in addition to understanding of where evaluation was needed. A further finding was the need for increased regularity of evaluation as part of programme planning and revision. Evaluation was also reported to assist with stronger grant proposals, better external communication, recognition where improvement were needed and increased focus on clients. Whilst this study was not focused on mental health services, it highlights the impact that evaluation can have in terms of supporting services and their programmes of work.

A Welsh based study[4] that detailed the evaluation of QI initiative within a mental health unit, found that through the initiative there was increased accuracy of electronic transfers of care, reductions in the rate of readmission, increased co-production for creating guides to engage ward-based staff, and creating digital staff stories.

Planning capacity

Evaluation can assist with planning capacity within services, amplifying the voices of staff around service pressures. A UK based study from 2019 based[5] on the evaluation of an RCT focused on shared decision making training; was able to highlight issues with capacity and burn out in CMHT. The study highlighted that CMHT staff felt that they were the 'dumping ground' of mental health services, and staff felt anxious about any additional workload, which could adversely impact on staff sickness and attrition. Services were considered to be stretched by a lack of resources, increasing workloads and staff sickness and attrition.

Check whether the interventions used have the intended impact

Evaluation of mental health services can support recognition of when services or interventions are not working as well as they could. An Irish based study from 2020[6] evaluating a stepped-

care psychological model, found that practitioners and service providers often had different perceptions of the care they delivered as opposed to those who experienced this care. Service users also felt that intervention durations were not long enough and that staff could be better equipped to support additional areas (e.g. pain management, etc).

This is echoed in a UK based study from 2023[7] that focused on improving personalised care through the use of a service evaluation tool. Outcomes highlighted differences between healthcare professionals' perception of what they delivered and service users' experience of that care. These differences were greatest in relation to understanding what matters to the person, making shared decisions and offering choice.

Identifies where improvement is required and enabling responsivity to emerging needs

Use of evaluation can support the identification of areas of improvement. A UK based study from 2023[8] that focused on improving personalised care through the use of a service evaluation tool, found that evaluation enabled better understanding of the perspectives of service users. Through this, improvements were identified in areas such as how service users are involved, service delivery and improving staff capability. The study also identified (through referrer feedback) that an additional area of improvement would be greater integration with other services. The evaluation tool used within this study is available in the section titled. The resource library also contains a toolkit with tools and advice to support evaluation in mental health services.

Evaluation of the Peterborough Exemplar which was is a pilot of a system-wide, patient-centred model of community mental healthcare that aims to develop a connected system of care. The aim of the exemplar was to strengthen relationships between primary, secondary and third sector services and to develop services to address existing gaps in service provision. The evaluation had four main objectives: 1) evaluating service user and carer outcomes on quality of life and service satisfaction, 2) examining service activity across the local health services system, 3) assessing the economic impact of the Exemplar and 4) exploring the implementation of the Exemplar. The Exemplar is a complex intervention that spans primary care, secondary mental health care services and the third sector. Development of the evaluation was guided by different stakeholder groups, who emphasised which parts of the system should be evaluated (

Provides information for funders/public to aid decision making and builds the case for cost effectiveness

A UK study from 2016[9] evaluated the effectiveness and cost effectiveness of cCBT with telephone support. The evaluation evidenced small to moderate short-term effects from the intervention, however it also supported that telephone supported cCBT was cost effective and should be considered when offering cCBT for depression.

A US based study from 2017[10] evaluated a model of crisis care meant to serve as a community-based alternative to the emergency department (ED) for individuals in mental health crisis. The short-term outcomes from the evaluation highlighted that there was a 95% reduction in admission. The paper also highlighted the differences in cost between the mental health crisis centre ($269) vs ED visits for psychiatric care per person presenting ($2500).

An English based study (2017)[11] of an RCT with an embedded process evaluation stet out to determine the clinical and cost-effectiveness of behavioural activation (BA) compared with CBT for depressed adults. The outcomes of the study highlighted that BA was as effective as CBT, was more cost-effective and could be delivered by mental health workers with no professional training in psychological therapies, meaning that staff workload could be distributed more evenly across teams.

Cost effectiveness evaluation of a mindfulness-based health prevention programme in Germany (2019)[12], highlighted that the intervention was cost effective compared to usual care, with cost savings of €29 per unit increase on the hospital anxiety and depression scale.

A US based (2019)[13] feasibility RCT with a process evaluation, examined cost effectiveness of a specialised intervention for parents with personality difficulties who had children with mental health problems. Overall, the intervention resulted in higher costs and greater quality adjusted life years for both parents and children. At follow up, the intervention resulted in similar outcomes. Whilst the evaluation evidenced that the intervention was more expensive, it also highlighted that there were greater benefits for parents and children over usual care.

Identify harmful or ineffective services/interventions

Identifying where services or interventions may be ineffective or harmful can also be achieved through evaluation. A 2019 UK based study[4] on the evaluation of an RCT focused on shared decision making training highlights that despite training, there were no changes in patient reported outcomes. It should be noted that the evaluation demonstrated buy in, however there were no process in place to ensure that training became embedded in provision, due to a lack of organisational readiness to accept change and a lack of investment in the range of work required to work relationally.

Challenges around conducting evaluation

There are considerable challenges noted throughout the literature[2, 14, 15], with some of the most relevant and prevalent challenges being cited as:

- Organizational readiness
- Staff capacity and skills to undertake evaluation
- Realistic expectations around what can be delivered in terms of evaluation

- Having clear aims and objectives
- Resource and data constraints
- Resistance to change, and
- Relationships with relevant partners

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