

Introduction

Next Steps is a registered charity run from Norton in North Yorkshire. It was set up in 2001 to support people of Ryedale with mental health problems. Its main base of operations is a drop in centre in Norton from which its services are disseminated. The services offered include, providing a place, centrally, for those with mental health issues to meet, establish friendships and reform a sense of community. A café was opened within the centre in April 2009. Next Steps' members are "employed" in the café to assist in all aspects of its day to day running, which allows members the ability to gain further responsibility and gain new skills. The main focus of the café is to provide a welcoming atmosphere in the context of reasonably priced locally sourced food, some of which is grown by the members themselves. Other activities include computer skills, communication and assertiveness skills, art lessons, informal discussion groups, music therapy, cookery, and outings.

Next Steps have around 70 regularly attending members. New members are recruited on a word of mouth basis and there is no formal referral system in place.

The majority of funding is raised through charitable donations, however, significant regular funding is received from North Yorkshire County Council (£19,000 per annum) and a more modest amount from the Primary Care Trust (£3,500 per annum). It has become increasingly difficult, especially in the current economic climate, to maintain the required level of voluntary charitable contributions to keep the centre operating. The total costs of running the centre are in the region of £75,000 per annum.

The Partners at Derwent Surgery General Practice were recently approached by the trustees of the centre for assistance in providing a quantitative assessment of the centre. Michael Hayes and Gavin Drummond, Foundation Year 2 Doctors on secondment at the practice, were tasked with carrying out this assessment.

Aims

The main two intended outcomes proposed by the project brief were

1. To provide information about the usefulness/cost benefits of Next Steps in reducing pressure on hospital beds and formal clinic or GP appointments, which can be utilised in future funding applications/bids.
2. To Provide information about the success (or otherwise) of informal support within the range of treatments currently available in the field of mental health.

With this in mind it was decided to:-

1. Quantify the impact of Next Steps attendance, in terms of reduction (if any) in the annual healthcare cost to the PCT/NHS.
2. Formally evaluate the impact of attending Next Steps on the mental health of its members using an objective measure.

Method

During the first two weeks in October 2009, face to face interviews were conducted with members attending the drop in centre. Consent was obtained verbally to both answer the questionnaire and also to consult GP records (for those registered at Derwent Practice). Interviews lasted an average of twenty to thirty minutes and covered the following areas: demographic information; Next Steps attendance; mental health illnesses; use of health resources (appendix 1) and a mental health audit (appendix 2).

Use of health resources was assessed by asking how many visits to GP, attendances at A&E and number of days in hospital had been made both in the last year and in the year prior to starting at Next Steps.

For those members registered at Derwent Practice, the computerised patient records were also examined and used where there was a difference compared with information from member responses.

Assessment of mental health was done by completion of an Emotional Needs Audit Questionnaire ⁽¹⁾. This is linked to the Human Givens approach to mental health. This states that people have emotional needs which are crucial to health and wellbeing. If these needs are not satisfied then people are more at risk of developing mental health problems. The Human Givens needs are: security; autonomy and control; attention; emotional connection to other people; connection to the wider community; privacy; status; competence and lastly, a sense of meaning or purpose. The Emotional Needs Audit uses eleven questions covering the Human Givens needs.

A scale of one to seven was used for each question. Members rated themselves in relation to their present Human Givens needs and were asked to consider their response if the same question had been asked prior to joining Next Steps. A visual analogue scale was used to aid completion. Where there was a difference in present and pre-Next Steps attendance scores, members were also asked to what extent, if any, membership of Next Steps was responsible for the change.

Results

20 members were approached and agreed to be interviewed. No members refused to be interviewed. 18 members also completed the Emotional Needs Audit. 2 members both of whom had learning difficulties were not able to complete the Emotional Needs Audit. Their carers provided demographic and healthcare usage information on their behalf.

12 (60%) of members were male and 8 (40%) were female. 70% of members were non-rural. Mean age was 51 (range from 23 to 69). Members had been attending for 4 years and 2 to 3 times a week on average.

Members suffered from a variety of mental illnesses: depression; anxiety; schizophrenia; bipolar; alcohol and/or drug misuse; self-harm with the majority (65%) experiencing more than one disorder. The average duration of illness was 21 years.

Most members attended for social reasons – see friends, companionship, otherwise would be alone and so on.

Table 1: Average use of healthcare resources.

	<i>Last 12 months</i>	<i>12 months prior to Next Steps</i>	<i>Difference</i>	<i>Unit cost^(2,3)</i>	<i>Total Cost saving</i>
<i>Number of GP Consultations (Adjusted to computer records)</i>	9.7 (8.2)	12.6 (10.8)	2.9 (2.6)	£22 ⁽²⁾	£57
<i>Number of A&E attendances</i>	0.6	1.2	0.6	£110 ⁽³⁾	£66
<i>Number of Hospital In-patient days</i>	2.2	10.4	8.2	£159 ⁽³⁾	£1,304

Average number of healthcare encounters, calculated across all 20 participants of the study. Unit costs and their references are shown. Total cost saving is achieved by multiplying the difference by the unit cost. For GP consultations both unadjusted and adjusted are shown. Adjusted figures in brackets.

From table 1, after adjustment to computer records, it can be seen that the average number of GP consultations in the previous 12 months period was 8.2, compared with 10.8 in the 12 months prior to joining Next Steps. This is a 2.6 reduction, equivalent to an annual saving of £57 per member.

The average reduction in A&E attendances was 0.6, equivalent to an annual saving of £66 per member.

The average reduction of hospital in-patient days was 8.2, equivalent to an annual saving of £1,304 per member.

No significant differences were seen in hospital outpatient attendances or contact with other health professionals.

Table 2: Emotional Needs Audit.

<i>Question Number</i>	<i>Average Current Rating</i>	<i>Average Pre-Next Steps Rating</i>	<i>Average difference</i>
<i>1. Security</i>	4.2	2.2	2.0
<i>2. Receive attention</i>	5.1	3.0	2.1
<i>3. Give attention</i>	5.3	3.3	2.0
<i>4. Control</i>	4.3	2.2	2.1
<i>5. Community</i>	4.2	2.3	1.9
<i>6. Privacy</i>	5.6	4.8	0.8
<i>7. Intimacy</i>	3.5	3.5	0
<i>8. Emotional connection</i>	4.5	3.2	1.3
<i>9. Status</i>	4.7	3.3	1.4
<i>10. Competence</i>	4.8	2.8	2.0
<i>11. Meaning</i>	4.3	3.0	1.3
Average	4.6	3.1	1.5

On average improvements were seen in most of the Human Givens needs.

From table 2 it can be seen that the average current rating (out of 7) was 4.6. This compares with an average rating of 3.1 in the period prior to joining Next Steps. This is a 1.5 point improvement on the Human Needs scale.

Discussion

The audit suggests that attendance at Next Steps is associated with a reduction in the annual healthcare costs to the PCT/NHS. This is demonstrated by a reduction in GP consultation rates, A&E attendance and Hospital Inpatient bed days. The result is a total annual saving of £1,427 per member to the PCT/NHS.

There also seems to be a clear improvement in the mental health of its members, as measured by the Human Givens Needs scale. Main areas of improvement within the Human Needs Model were in the areas of Security, Attention, Community and Competence.

There will be several factors as to why attendance at Next Steps is associated with the above changes. The main reason is probably that Next Steps provides a place where members feel secure, are able to develop skills and express themselves in an atmosphere of encouragement, free from the stigma associated with mental illness. As Next Steps is run as a small charitable trust, it may be that it has more flexibility in allowing members to develop the service according to their individual needs.

How reliable are the results though? There are several weaknesses in the audit which should be taken into account when interpreting the results.

The face to face interview relied on members correctly recalling their state of mental health and use of healthcare resources prior to joining Next Steps. In some cases this was a number of years ago (average 4 years). They may be mistaken or they may have tried to portray Next Steps in a favourable light. Thus there is a potential for recall bias within the Audit. For most of the Derwent

Surgery patients it was possible to check the use of healthcare resource figures against the computerised patient records and adjust accordingly. This helps to increase accuracy to some extent.

Even where reported figures are accurate it is also possible that the changes are due to temporal factors aside from the effect of attending Next Steps. For example, in the year prior to joining Next Steps, members may have been more likely to be at a crisis point in their illness and hence were making more use of healthcare resources.

The audit did not distinguish between the use of healthcare resources in relation to mental illness or in relation to other illnesses. Given that full records or members' recollection of every health encounter was not available, it would be too difficult to retrospectively adjust the results to allow for mental health service access only. It can be argued that patients with mental health problems use a greater proportion of healthcare when they suffer from other illnesses as their help seeking behaviours in respect of these other illnesses are intrinsically linked to their underlying mental health problem.

The Human Givens approach was adopted as this gives a measure of mental health across a wide variety of mental health problems. This is unlike other popular research tools such as the Hospital Anxiety and Depression score which can only be used for Depression. Culham has shown that the Emotional Needs Scale is a valid measure of mental health⁽⁴⁾. Evidence that the Human Givens approach as a therapy works when compared with conventional approaches is still outstanding.

20 of the 70 regular members were questioned for the audit. Members were selected solely on the basis of attendance at the drop-in centre during the study period. All members attending during the study period were interviewed. It is still possible that the audit population are not a representative sample of the whole membership. Responses from the other members not interviewed in this audit, may have been different.

This audit provides some approximate figures which may be used in any future quantitative based decisions about the centre. Based on these figures, the average annual cost per member of around £1,070 does seem to be covered by the saving of around £1,427 in reduction in healthcare costs even allowing for the weaknesses in the audit outlined above.

The centre also provides qualitative benefits to the members some of the comments offered in relation to the centre included, "I feel safe here", "otherwise I would be drinking" and "I wouldn't get out if I didn't come here". These qualitative benefits which by their nature are impossible to quantify are arguably more important than the quantitative savings identified.

References

(1) The Emotional Needs Audit, Human Givens Institute, 2006. Online. Available from: www.hgi.org.uk/ena/ (accessed 13/11/09).

(2) Curtis L., Unit costs of health and social care 2008, Personal Social Services Research Unit, 2008. Online. Available online at: <http://www.pssru.ac.uk/pdf/uc/uc2008/uc2008.pdf> (accessed 13/11/09).

(3) Healthcare commission. State of Healthcare Report 2006. London. Healthcare Commission, 2006.

(4) Culham B. The Emotional Needs Scale. Human Givens Journal, 2009, Vol 16 (1) 36-41.