Community compulsion and social outcome measurement: development and application of a multidimensional capabilities instrument (OxCAP-MH)

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Overview

1. Development of a novel multi-dimensional capabilities measure: OxCAP-MH
   - Rationale and psychometric validation

2. Application as an outcome measure
   - Is there an association between community psychiatric compulsion (CTOs) and long-term capabilities?
Background: Outcome assessment

- Historical focus on symptoms and service use
- Social outcomes neglected
  - Objective and subjective indicators
- Patient reported outcome measures (PROMs)
  - EQ-5D
    - Mobility
    - Self-care
    - Usual activities
    - Pain / discomfort
    - Anxiety / depression
**Mobility**

I have no problems in walking about

I have some problems in walking about

I am confined to bed

**Self-Care**

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

**Usual Activities** *(e.g. work, study, housework, family or leisure activities)*

I have no problems with performing my usual activities
Background: Outcome measurement

- EQ-5D...
  - Neglects broader welfare inequalities
  - Insensitive to complex and psychotic disorders
  - Ceiling effects (e.g. Brazier, 2010)
Capabilities approach

- ‘Freedom to do and be the things that people have reason to value’ (Sen, 1979, 1993, 1999)
- Rejects resource based accounts of welfare
- Nussbaum’s (2003) ten essential capabilities

1. Life
2. Bodily health
3. Bodily integrity
4. Senses, imagination and thought
5. Emotions
6. Practical reason
7. Affiliation
8. Other species
9. Play
10. Control over one’s environment
Oxford Capabilities Questionnaire for Mental Health (OxCAP-MH)

• **Background**
  - **OCAP** (Anand et al. 2009)
    - British Household Panel Survey
    - Nussbaum’s 10-item central human capabilities list
  - **OCAP-18** (Lorgelly et al. 2008)
    - 18-item capability measure for evaluation of public health interventions

• **Testing and validation**
  - Focus groups, health professionals, piloting
  - 16-items
  - Psychometric properties (Simon et al. 2013, Vergunst et al. 2014)
1. Daily activities
2. Social networks
3. Losing sleep
4. Enjoying recreational activities
5. Suitable accommodation
6. Neighbourhood safety
7. Discrimination
8. Potential for assault
9. Influence local decisions
10. Freedom of expression
11. Appreciation of nature
12. Respecting and valuing people
13. Love friendship and support
14. Planning one’s life / self-determination
15. Imagination and creativity
16. Access to meaningful activities
1. Does your health in any way limit your daily activities, compared to most people of your age?  
   1 = Always  
   2 = Most of the time  
   3 = Some of the time  
   4 = Hardly ever  
   5 = Never

2. Are you able to meet socially with friends or relatives?  
   1 = Always  
   2 = Most of the time  
   3 = Some of the time  
   4 = Hardly ever  
   5 = Never

3. In the past 4 weeks, how often have you lost sleep over worry?  
   1 = Always  
   2 = Most of the time  
   3 = Some of the time  
   4 = Hardly ever  
   5 = Never

4. In the past 4 weeks, how often have you been able to enjoy your recreational activities?  
   1 = Always  
   2 = Most of the time  
   3 = Some of the time  
   4 = Hardly ever  
   5 = Never
Application of OxCAP-MH

- CTO evidence
  - No clinical benefits (Maughan, et al. 2013)
  - Long-term effects? Social outcomes?

- Research question
  - *Is the duration of CTO treatment over 48-months associated with more or less favourable capabilities at follow-up?*
Methods

- Follow-up of OCTET Trial
  - 48-months
  - Community sample

- Measures
  - Capabilities (OxCAP-MH)
  - Social networks (SNS), objective social outcomes (SIX)
Results

- 114 patients seen at 48-months (of 333 in RCT)
- No significant association between duration of compulsion and social outcomes

<table>
<thead>
<tr>
<th>Social outcome</th>
<th>IRR/B</th>
<th>p value</th>
<th>95% CI</th>
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<tbody>
<tr>
<td>Capabilities (OxCAP-MH)</td>
<td>0.05</td>
<td>0.19</td>
<td>-0.07–0.16</td>
</tr>
<tr>
<td>Social network size (SNS)</td>
<td>0.996</td>
<td>0.67</td>
<td>0.98–1.01</td>
</tr>
<tr>
<td>Objective social outcomes (SIX)</td>
<td>-0.003</td>
<td>0.77</td>
<td>-0.02–0.02</td>
</tr>
</tbody>
</table>
Discussion & Summary

- No long-term social benefits from CTOs
  - Small effects and CIs
  - Consistent with RCT evidence
  - Ethically justified?

- Outcome measurement
  - Clinical or recovery outcomes?

- OxCAP-MH
  - A promising new multi-dimensional patient reported outcome measure?
Thanks

Questions?