

## **R050: Linking Psychological Therapies Service outcomes data with hospital admissions and prescriptions data - NHSCT**

The Psychological Therapies Service (PTS) provides a wide range of therapies for adults with moderate/severe mental health difficulties within a stepped-care framework. To date, analyses on access, effectiveness, and acceptability data collected by PTS has allowed many aspects of service provision to be evaluated and actual improvements to clinical practice to be made. Data collected by mental (e.g. PTS) and physical health services (e.g. hospitals) are typically separated, limiting the opportunity for patterns between these two factors to be uncovered in order to inform therapeutic practice. Linking therapy service data with wider health care data would allow therapy impact to be monitored over a wider range of outcomes and on a longer term basis without increasing respondent burden. The proposed project will link approx. 7000 PTS client outcome records (used the service since 2009) to hospital admissions and prescriptions data. Data linkage methodology provides the most feasible method of incorporating such data into the PTS outcomes database. Other methods such as self-report would be unworkable for a variety of reasons (e.g. service user burden; time demands; self-report biases).

### The project has 8 research questions:

- 1) Are hospital admissions due to mental health conditions more prevalent and of longer duration amongst PTS clients than in the general population prior to referral for therapy? Is there variation by type of mental health condition? Do PTS clients have a greater number of comorbidities?
- 2) Are PTS clients prescribed mental-health related medications more frequently, for longer treatment durations and at higher daily doses compared to in the general population prior to referral for therapy? Is there variation by medication type? Are PTS clients prescribed a greater number of medication types?
- 3) Are hospital admissions due to physical health conditions more prevalent and of longer duration for PTS clients than in the general population? Is there variation by type of physical health condition? Do PTS clients have a greater number of comorbidities?
- 4) Do the PTS 'Problem categories' on the demand template correspond to the mental health conditions that the client is prescribed medication for/has been treated for in hospital?
- 5) Does therapy provided by PTS affect mental health medication prescriptions in terms of ever use, frequency of prescriptions, daily defined dose, and duration of treatment in the short and longer term?
- 6) Does therapy provided by PTS affect frequency and duration of mental health related hospital admissions in the short and longer term?
- 7) Does therapy provided by PTS affect frequency and duration of physical health related hospital admissions in the short and longer term?
- 8) Do death rates for PTS clients differ from those of case controls?