



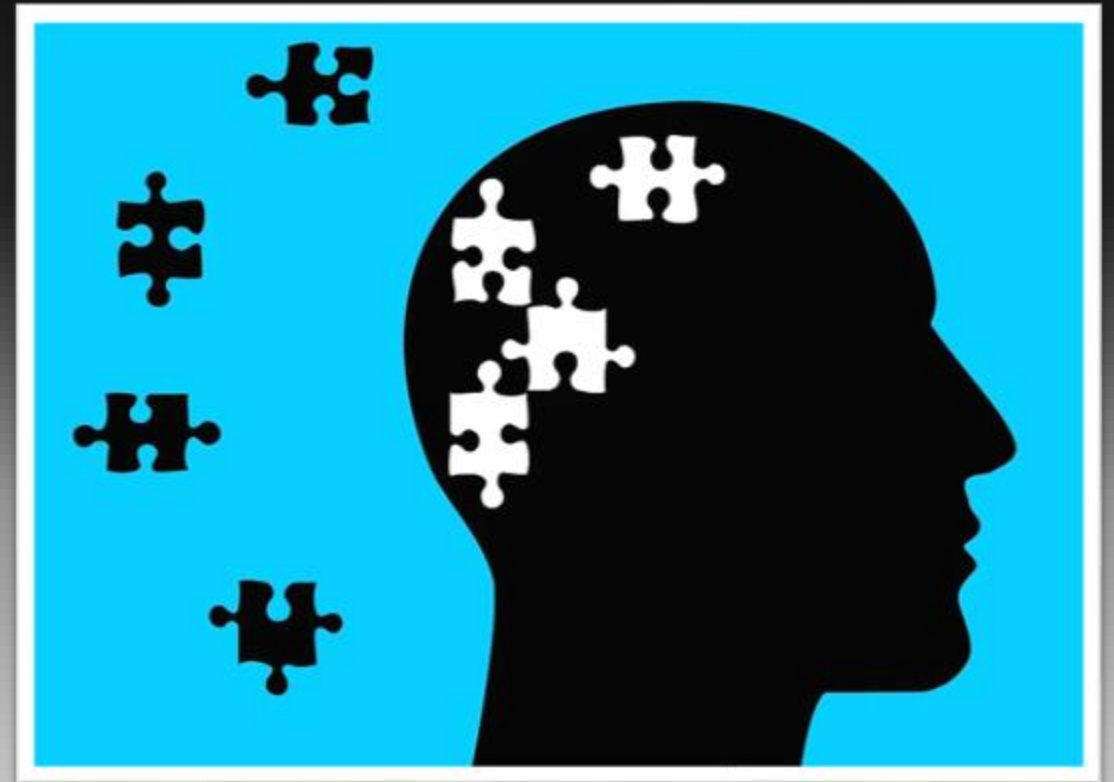
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News **E**vents **P**artnerships

Mental Health Assessment And Diagnosis In The Time Of Covid-19

Webinar

Friday 29 May 2020



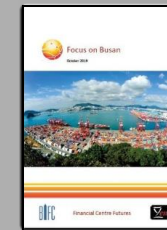
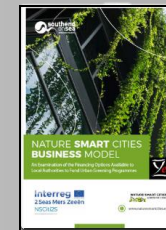
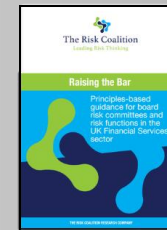
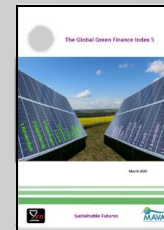
A Word From Our Chairman



Professor Michael Mainelli
Executive Chairman
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Agenda



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10:30 – 10:35 Chairman's Introduction

10:35 – 11:00 Keynote Address

11:00 – 11:15 Questions & Answers



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Mental Health Assessment
And Diagnosis In The Time
Of Covid-19



**Professor Mike
Smith**

Youthinmind

What's a guy like me doing in a place like this?

- Chance encounter
- Professor Robert Goodman, child psychiatrist, Fellow RCP developed the SDQ and DAWBA
- SDQ and DAWBA are the most used and best researched mental health measures in the world
- Introduced in 2000 to Robert by a psychiatrist I worked with at Keele while Professor in Medicine and Computer Science
- Developed the online SDQ/DAWBA platform, partly inspired by my work at Z/Yen for Bernardos and The Children's Society
- Now Managing Director of the SDQ/DAWBA operation.



Introduction

- 12%+ of the children in the UK suffer from serious psychiatric disorder
- 15-20% may benefit from immediate non-psychiatric intervention
- Cost of UK Mental Health problems: £70-100 billion pa – 4.5% of GDP
- 1/3 not identified
- Worldwide, the UK is quite good, even DK is similar



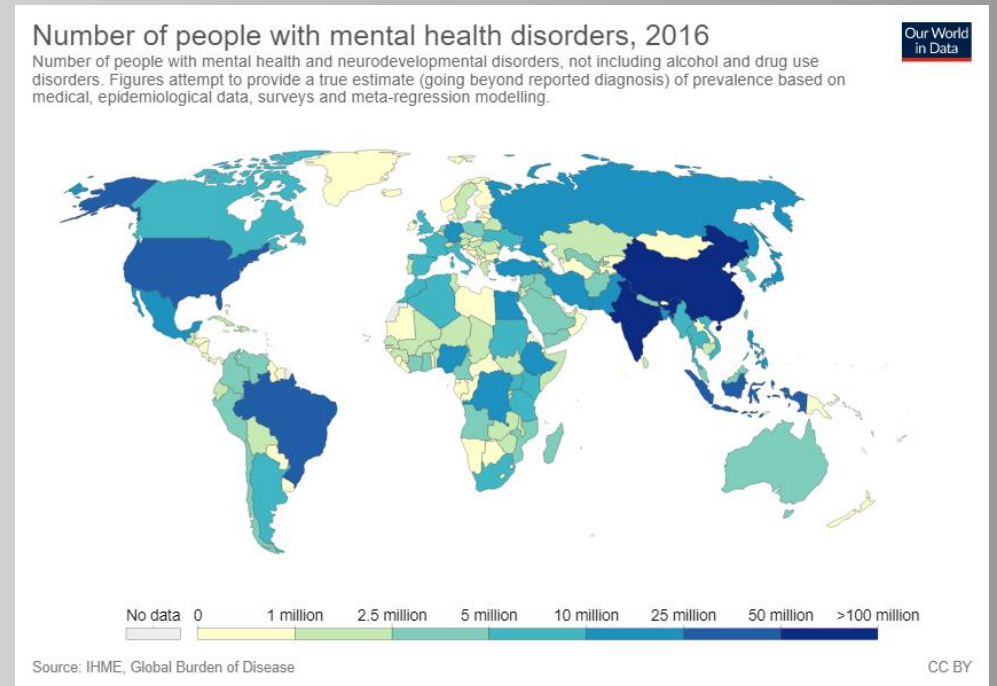
MAY IS MENTAL HEALTH
AWARENESS MONTH

1 in 4 people in the UK will experience a mental
health problem each year, according to Mind.



Caricature of Failure

- 50% of GP and community MH referrals are rejected out-of-hand by CAMHS
- 50% accepted by CAMHS may wait 9 months, during which time 50% of those “fall off” the list
- Those who reach CAMHS have 50% of their 8-12 treatment sessions absorbed by diagnosis
- 50% of the children diagnosed will not benefit from CAMHS treatment (e.g., ADHD secondary referral to paediatrics, ASD, developmental problems, etc)
- Not an NHS problem! It is a world problem
- Exacerbated by antiquated, labour intensive attitudes and processes.

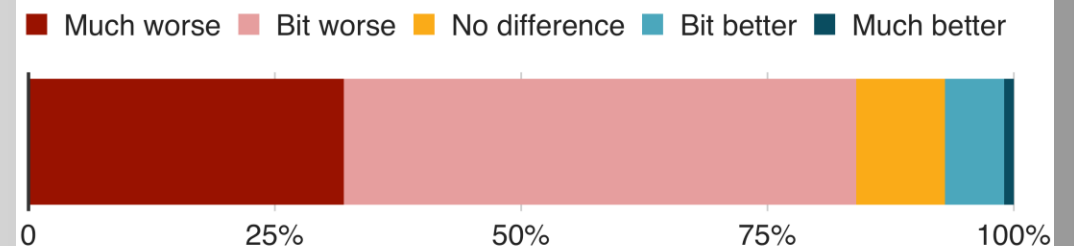


Covid-19 and Mental Health

- Children (and adults) more isolated and stressed
- MH services (MHS) not succeeding, even pre-Covid
- Most MHS now even less functional because they are highly committed to physically based activities
- In China, PTSD incidence 4X after SARS
- Contemporary Covid studies indicate elevated stress and depression

How has coronavirus affected the mental health of young people?

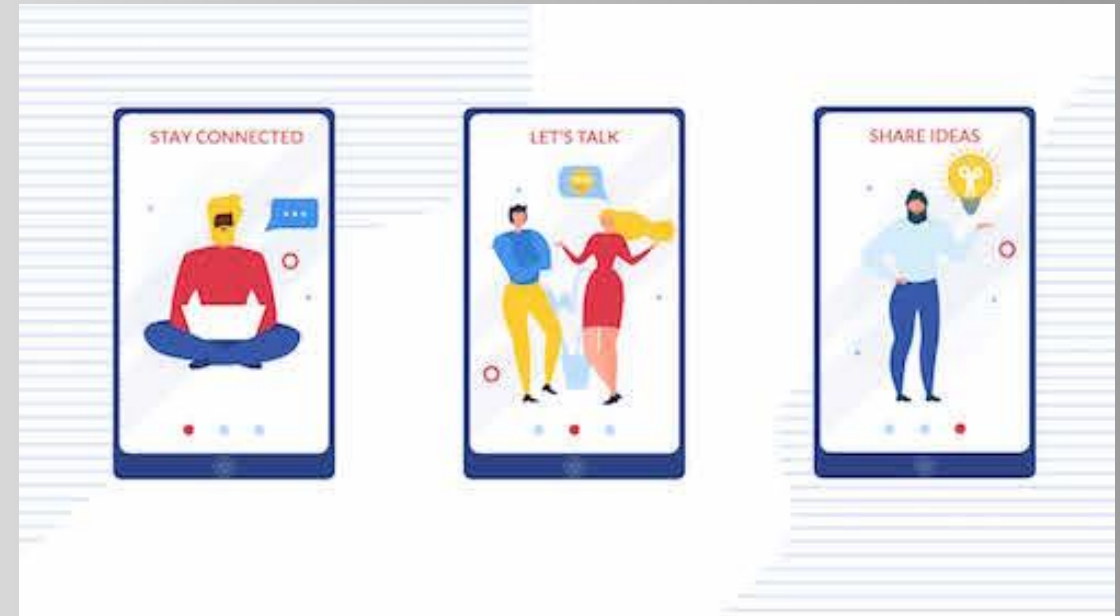
Survey of 2,111 young people with mental health needs



Source: YoungMinds survey carried out between 20-25 March

What might be done?

- MHS must minimise physical contact during Covid Exceptionally, MHS may have time on their hands now
- Opportunity: sustain → increase ability to assess, diagnose and monitor
- Without increasing the risk of Covid-19 transmission
- “telepsychiatry” or “telementalhealth”
- Online and phone diagnosis and care now legitimate!



Drivers for Telementalhealth

- Covid-19 and contactless operation
- 9-12 month waiting list for CAMHS
- Huge unmet need outside the waiting list
- Labour intensive, hand-crafted, requiring lengthy training
- Uncertain process and dubious outcome



What can be done? SDQ

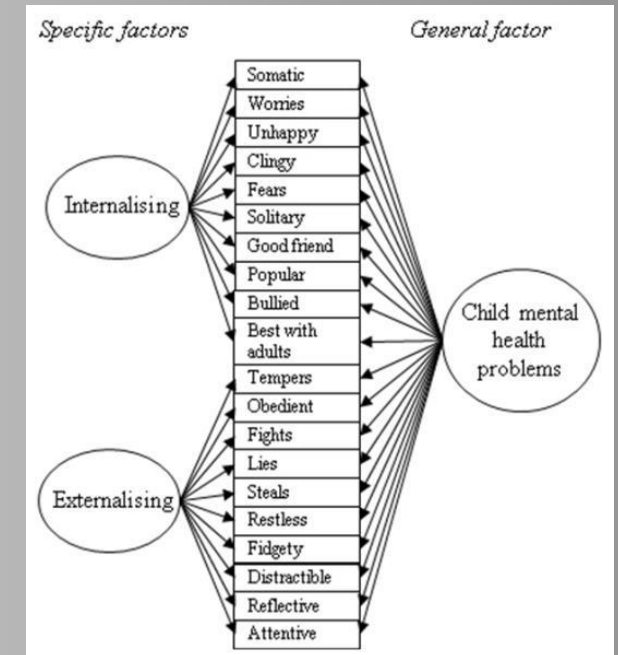
- A brief MH assessment used around the world:
- In +50 human languages
- Proven by +4600 academic papers
- Minimum data set in UK, DK, AUS, NZ, MN, etc.
- Online for +15 years, highly scalable
- Provide assessment, monitoring and outcome measures during COVID
- Increased uptake of self-entered assessments since COVID but not enough!





What can be done? DAWBA

- DAWBA: full panel psychiatric diagnostic with ICD-10 and DSM-5 output/coverage
- Trials indicate at least as good as psychiatrists on single diagnoses and better than all psychiatrists on comorbidities
- Used on considerable scale worldwide, but used in the wrong place ... after a 9-12 month wait!

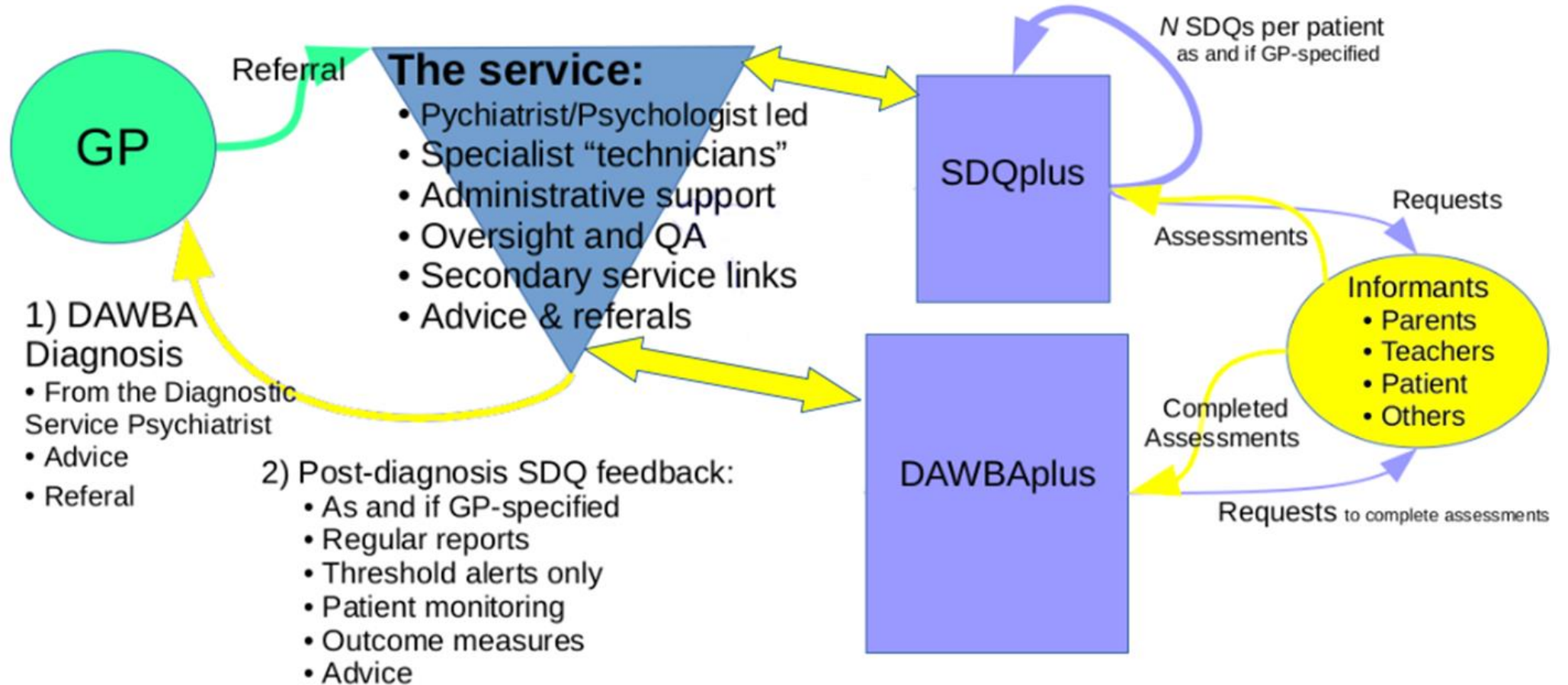


My proposal (UK and DK)



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A Proposed Psychiatric Diagnostic Service



What's not to like? 😊

- Reduce diagnostic costs substantially; specialised DAWBA assistants do not need to be medically qualified and with focused training can review cases at perhaps 25% the cost
- Increase available therapeutic time, perhaps as much as 50%
- Redirect unsuitable cases before they go on the waiting list
- Straightforward outcomes and quality measurement
- Clearly defined, quantitative and consistent basis for referral rejections with options for watchful waiting
- Standardised, consistent and detailed communication of diagnoses
- Population normatives, outcome measures and management information as a “zero cost” by-product
- Use of well tested, well validated and immediately available tools: DAWBA and SDQ
- Implementation at scale is feasible in months, not years, with sufficient resources
- Public and private implementations can coexist.

What's to like? ☹️

- “I like science fiction”
- “Tea and sympathy”
- “We don’t want to know”
- No time to fix what’s broken
- Structured psychiatry is not fully accepted, even where mandated
- Telepsychiatry felt to be unproven

The future

- Covid-19 has stimulated interest and actual use in telediagnosis and teleconsultation in general practice and even mental health
- Teleassessment seems likely to succeed permanently in many organisations
- Telediagnosis likely to increase and possibly structured methods to gain traction
- Teletreatment may make inroads in some areas, e.g., CBT
- Psychiatric Diagnostic Service? We'll see!



Questions, Comments & Answer(s)?



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03 June 2020 (14:00) [Big Lessons From Small Nations](#)

04 June 2020 (12:00) [Financial Centres Of The World 2020: Focus On Casablanca](#)

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