

Principles and types of patient assessment in IAPT services – issues for PWP training and competence assessment

Introduction

This paper sets out the principles and different types of assessment undertaken by PWPs in IAPT services and considers implications for PWP training and competence assessment.

Principles and types of assessment

Assessment should always be for a purpose. It is neither efficient nor fair to the person assessed to ask questions and obtain information for no good reason. A good assessment just collects information relevant for the purpose or purposes of that assessment and should not ask questions beyond those needed to fulfil that purpose.

There are a variety of different reasons for which assessments are undertaken by PWPs. In undertaking an assessment, PWPs should be clear as to the reason(s)/purpose(s) they are undertaking the assessment and so the type of assessment it is. Common types are:

1. **Screening/triage assessment:** a brief assessment to determine whether a person is eligible for the service and/or to determine urgency of allocation. The outcome of this assessment is a yes/no decision as to whether the patient is eligible for the service and/or decision about urgency of allocation
2. **Risk assessment:** to evaluate potential risk of a patient to self or others. The outcome of this assessment is a rating of degree of risk, usually then leading to a risk management plan if risk is identified
3. **Diagnostic assessment:** to come to a provisional ICD or DSM diagnosis. The outcome is a provisional primary diagnosis and possible secondary diagnoses
4. **Mental health clustering assessment:** to allocate the patient to a Mental Health PbR cluster. The outcome is allocation to a specific MH PbR cluster.
5. **Psychometric assessment:** administration of standardised measures to compare patients' symptoms and social adjustment to normative populations. The outcome is scores on the standardised measures
6. **Problem formulation assessment:** to come to an initial shared understanding of the patient's problems, where the patient feels they have communicated their problems and been understood. The outcome is a problem statement summary or equivalent agreed with the patient.

7. **Treatment planning assessment:** to come to a shared decision as to the goals and type of treatment (e.g. guided self-help, CCBT, signposting) that would be appropriate for the patient. The outcome of this assessment is an agreed goal or goals for treatment and decision as to the type of treatment

These seven types of assessment are summarised in the Table. This list is not exhaustive or definitive. Other types of assessment take place and there are other ways to define and divide up the different kinds of assessment. The key point for this paper is that assessment is defined by the purpose of assessment and there are multiple purposes for which assessments are undertaken by PWP.

Type of assessment	Outcome for clinician	Outcome for patient
Screening/triage	Decision as to service eligibility and/or priority	Knows whether is accepted by service
Risk	Rating of degree of risk	If risk, knows the clinician has recognised this and agreed a plan
Diagnostic: including screening for all IAPT conditions	Accurate problem descriptor	Knows how the problem is defined and therefore understands the rationale for treatment intervention
Mental health clustering	Allocation to mental health cluster	Accesses the right package of care
Psychometric: correct outcome measures including ADSMs and MUS	Scores on measures to guide decision making	Awareness of symptom severity and engagement with outcome measures
Problem formulation	Problem statement summary agreed with person	Able to talk about problems, feel understood and come up with a succinct summary that helps problems feel more manageable
Treatment planning: personalised goals	Agreed goals and decision as to type of treatment (based on the problem descriptor)	Has treatment goals and knows plan for treatment

Organisation of assessment within services

The different types of assessment can be and are undertaken in different ways. Sometimes all seven types of assessment outlined above are conducted in a single meeting (face-to-face or telephone). Sometimes different meetings will take place for different types of assessment, for example a screening/triage assessment at one time followed by a problem formulation and a treatment planning assessment on another occasion. In this example, a risk assessment might also be conducted at

each of these meetings. In some circumstances, a single type of assessment might require more than one meeting as when a PWP needs to check with their supervisor some aspect of the case to conclude a formulation and/or a treatment planning assessment. Different IAPT services will have different protocols and ways of organising the various kinds of assessment across different meetings, to fit in with their particular service model. So PWPs in practice need to be able to undertake assessments for different purposes organised in different ways depending on their service protocols

Implications for training and competence assessments

The different types/purposes of assessment and the varied arrangements that IAPT services have of organising these between different assessment meetings have implications for PWP training. Five specific implications for training and competence assessment are outlined below:

1. Courses should include teaching, along the lines of this paper, of the different purposes and kinds of assessment and assessment methods for each and how different IAPT services package these different types of assessment over different meeting arrangement structures. This will help PWP trainees adapt and use what they have learned on courses to their different service arrangements
2. What are core types of assessment to cover in courses and what can be taught/trained by services need confirming. The PWP national curriculum specifies learning outcomes related to five of the seven types of assessment set out in the Table (risk, diagnostic, psychometric, formulation and treatment planning), but not the other two (screening/triage and mental health PbR clustering).
3. What types of assessment should be assessed in competence assessment need confirming. The Reach Out competence assessment scale primarily measures problem formulation assessment and the interpersonal and information gathering skills appropriate for formulation assessment, with shorter sections on risk assessment and use of psychometric measures. Competence assessment of diagnostic assessment is not covered and treatment planning assessment only cursorily.
4. Should competence assessment rely on a single standardised assessment interview covering all types of assessment or, given in practice types of assessment can take place in different meetings which PWPs need to adapt to, might OSCIs be designed for a range of different types of assessment interview? For example a specific brief OSCI could be designed to evaluate diagnostic assessment skills.
5. Should competence assessment exclusively evaluate interview process skills, as in the current Reach out scale, or might it also evaluate assessment

outcomes? In the national curriculum, the module 1 learning outcomes are expressed as outcomes, for example about recognising diagnostic patterns. Some areas such as diagnostic assessment lend themselves more easily to outcome based assessment (diagnostic accuracy). But even for softer areas such as problem formulation assessment, with appropriately constructed OSCIs it is possible to evaluate accuracy and appropriateness of the problem statement summary against the brief given to the actor and for the actor to give feedback on the alliance created and extent to which they felt the problem statement summary was co-constructed.