



Operationalising the capabilities approach for outcome measurement in mental health studies

Authors: Simon, J., Anand, P., Gray, A., Rugkasa, J.,
Yeeles, K., Burns, T. and the OCTET team

Discussant: Christopher Sampson



- Outline
- Clarifications
- Discussion points



Outline: Introduction

- Limitations of QALYs
 - Not able to capture non-health benefits
 - Likely to be insensitive to social care interventions
 - Underestimate full welfare impact of mental health interventions



Outline: The capabilities approach

- Sen
 - Welfare assessments should not be limited to outcomes (functionings)
 - What people are free to do or be is important (capabilities)
- Influence through HDI
 - Importance of health
- Nussbaum's 10 central human capabilities
 - Development of OCAP survey by Anand et al.



Outline: The capabilities approach

- Acceptance from health economists of the value of the capabilities approach
- Major challenges and disagreements:
 - a) Determining a comprehensive set
 - b) Differentiating between functionings and capabilities
 - c) Objective vs perceived capabilities
 - d) Objective valuation of interpersonal / cross-contextual comparisons
 - e) Useful information for policy-making (efficiency & equity)
- Current methods remain focused on maximisation of functional outcomes



Outline: The OCTET study

- Community Treatment Orders (CTOs)
 - Compulsory treatment in community
- 330 service users
 - 85% schizophrenia / schizotypal / delusional
 - 15% mood disorder / affective disorders
 - Mean diagnosis 15 years
- 6/12 month FU
- Outcomes:
 - EQ-5D
 - Global Assessment of Functioning (GAF)
 - OxCAP-MH



Outline: Development of the OxCAP-MH instrument

- Absence of an established instrument
 - Relevance to mental health
 - Sensitive to differences in levels of coercion
- Lorgelly et al.
 - Refinement of Anand et al. work into 18-item capability index for public health
 - Adaptation of this measure
 - 4 questions modified, 1 added



| Central Human Capabilities¹ | Glasgow Survey² | OXCAP-MH |
|---|--|---|
| Life | <i>Life expectancy</i> | <i>Life expectancy</i> |
| Bodily health | Daily activities Suitable accommodation | Daily activities Suitable accommodation |
| Bodily integrity | Neighbourhood safety Potential for assault | Neighbourhood safety Potential for assault |
| Senses, imagination & thought | Freedom of expression Imagination and creativity | Freedom of expression Imagination and creativity <i>Access</i> |
| Emotions | <i>Love and support</i> Losing sleep | <i>Love and support</i> Losing sleep |
| Practical reason | Planning one's life | Planning one's life |
| Affiliation | Respect and appreciation <i>Social networks</i> <i>Discrimination</i> | Respect and appreciation <i>Social networks</i> <i>Discrimination</i> |
| Species | Appreciate nature | Appreciate nature |
| Play | Enjoy recreation | Enjoy recreation |
| Control over one's environment | Influence local decisions <i>Property ownership</i> <i>Employment discrimination</i> | Influence local decisions <i>Property ownership</i> |

¹(Nussbaum, 2003); ²(Lorgelly et al., 2008)



Outline: Development of the OxCAP-MH instrument

- Single index developed from 16 of questions
 - Scores 16-80
- 10-minute completion
- Positive experience

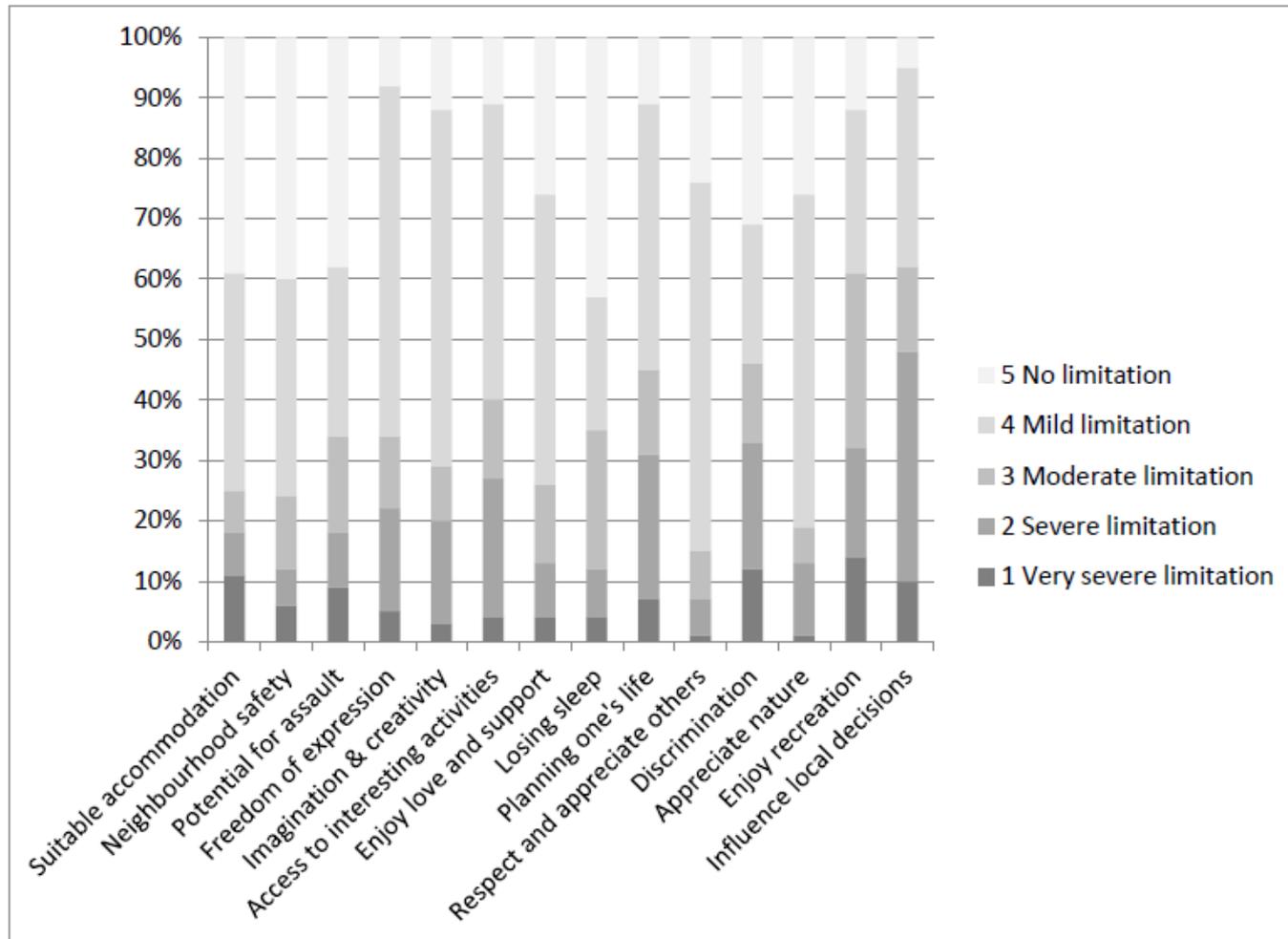


Outline: Results

- GAF (social functioning)
 - 51% < 40
 - Major impairments
- EQ-5D
 - Mean 0.72
 - Mean VAS 65.7
- OxCAP-MH
 - Mean 58.4
 - Range 26-75
 - EQ-5D, VAS, GAF all positively associated



Outline: Results





Outline: Discussion

- Other efforts to operationalise capabilities approach
 - ICECAP
 - ASCOT
 - SCRQoL
- Significant association with other measures



Outline: Future work

- Comparison with population norms
- Effects of adaptation
- Comparison with ICECAP-A
- Application in low resource settings



Clarifications:

- Capabilities approach as alternative or complement to utilitarian welfarism?
- Where is overall life satisfaction data?
- Low response rate (52%)
- Different levels of coercion
- Why Lorgelly?
- Reason for not using ICECAP-A or similar?
- Reported life expectancy of 300 years



Discussion: OxCAP-MH

- Not actually a new measure
- Role of length of life in operationalisation of OxCAP-MH?
 - Inclusion of life expectancy in question?
- Reliability
 - "the index proved being a reliable measure of capabilities" - how do we know this?
- Zero
 - Why equal to being dead?
 - Why absence of capabilities = 0?
 - "having a minimum score different from 0 reflects well the ethical view that life has its own intrinsic capability value"
- Too many questions?
 - 52% of patients answered all questions (~85% for EQ-5D)



Discussion: Secure care

- Appropriateness?
 - Property ownership
 - Planning one's life
 - Meet socially
 - Safety at home
- Do we want them to have freedoms?
 - "I am free to decide for myself how to live my life"



Discussion: Capabilities

- Do we really want to measure non-health benefits?
- QALY measures said to underestimate welfare impact of 'any' mental health interventions
 - underestimate or undervalue?
- Overlap between functionings and capabilities
 - Also, capabilities considered in valuation?



Discussion: Capabilities

- Persistent self-sabotage of all capabilities studies
 - a) EQ-5D only measure functioning
 - b) therefore use a capabilities measure
 - c) capabilities measure found to correlate well with EQ-5D
 - d) therefore either the EQ-5D IS measuring capabilities OR capabilities are simply part of an individual's utility function and are therefore reflected in the EQ-5D
- EQ-5D is said to measure functional outcomes, yet does not correlate with GAF!



Discussion: Future work

- Comparison with population norms of a different measure?
- Effects of adaptation – only subjective
- Validation of measure?
- Comparison with routinely used measures in mental health?
- Other areas of mental health?
 - Dementia
 - ADHD
 - Personality disorders
 - Secure forensic



Some extra references

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