

**Improving Assessment, Treatment and
Outcomes for Older Adults
with Mental Disorders**

**--- CMHS - National Conference on Mental Health Statistics---
May 27-30, 2003**

NH-Dartmouth Psychiatric Research Center

The Aging Services Division

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The Geriatric Mental Health Outcomes Project 1995- 2002 Background and Significance

- **Mental Disorders are prevalent, costly**
- **Knowledge-base is Inadequate; Gap Between Research and Practice**
- **Best Practices aren't disseminated**
- **Lack of Trained Geriatric Clinical Providers**
- **Need for Practical Outcome Measures**

The NH Outcomes Task Force Participants

- **State DBH, HHS**
- **Regional HCFA**
- **CMHC Clinicians**
- **Home Health Agencies**
- **Area Agency on Aging Reps.**
- **Consumers and Family members**
- **AMI Representatives**
- **Geropsych. Providers**
- **Outcomes Researchers**
- **Alzheimer's Assn.**
- **Council on Aging**

The Process...

- **A 6 year effort; multiple stages**
- **Defined Values & Assessment Domains Relevant to Older Adults**
- **Identified Screening Questions, Assessment instruments, Tx Planning Tools, and Outcome Measures**
- **Conducted Multiple Pilot Tests**
- **RWJ Demonstration Project**

Lessons Learned Along the Way: Must address Consumer Requirements

- **Self-report measures for older adults should be short and quick - 15 questions or less**
- **Family members/caregivers must have input**
- **Assessments instruments should be brief (fit on one page) and use dichotomous questions**
- **There must be collaboration between the clinician and consumer in selecting treatment targets and assessing outcomes**

Must Address Provider Requirements

- **Must not add paperwork**
- **Must be integrated into the clinical assessment and service planning; not an add-on task**
- **Must provide added value (e.g., toolkit with measures, practice guidelines and tips)**
- **Must be practical, easy to use, and respect the consumer's wishes and the clinician's knowledge**
- **Must allow measurement of outcomes**

The Result: The Outcomes-Based Treatment Planning Toolkit (OBTP)

- An Integrated System incorporating assessment, treatment & outcome measurement
- Used in conjunction with the consumer, family
- To be used by new and experienced mental health clinicians
- Covering 17 symptom and functioning domains
- Tracks progress and outcomes over time

Assessment Domains by Category

General Health

- Health Status
- Memory

Symptoms

- Depression
- Mania
- Suicidality
- Anxiety
- Post-Traumatic Symp.
- Psychosis
- Hostile & Dang. Behav
- Alcohol, Drug, Med Misuse

Functioning

- Personal Care Skills
- Community Living Skills
- Social Skills
- Community/Educ./Work

Supports & Safety

- Support & Safety
- Self-Help/Peer Support
- Treatment Self-Management

Current Medications

Residential Status

Structure of the OBTP Tool Kit

- **Screening questions for each domain, lead to the use of ...**
- **Instruments for measuring strengths and impairments, providing information for...**
- **Ratings on Summary Scales for documenting status in each domain, resulting in...**

Screening Questions

II. Symptoms

A. Depression (*Sample Screening Questions*)

The Geriatric Depression Scale is required at intake and annually. See Toolkit for Scale.

In the past monthhave you been bothered by having little interest or pleasure in doing things?

....have you been bothered by feeling down, depressed or hopeless?

...have you had difficulty sleeping or had a poor appetite with weight loss?

....have you felt irritated or annoyed by little things?

- Suggested screening questions provided for each domain

Toolkit Scales: Geriatric Depression Scale

Geriatric Depression Scale: * Complete at Admission and Annually or if clinical screening indicates a problem. When the consumer gives a response to a question, the clinician checks the box only when the consumer's response matches the response in the column.

	Check if:	Q1	Q2	Q3	Q4
1. Are you basically satisfied with your life?	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you dropped many of your activities and interests?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel that your life is empty?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you often get bored?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you in good spirits most of the time?	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you afraid that something bad is going to happen to you?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel happy most of the time?	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you often feel helpless?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you prefer to stay at home, rather than going out and doing new things?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel that you have more problems with memory than most?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you think it is wonderful to be alive now?	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel pretty worthless the way you are now?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel full of energy?	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel that your situation is hopeless?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you think that most people are better off than you are?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total checked:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

> 5 **Suggestive of Depression and Should Warrant a Follow-up Interview**

> 10 **Almost Always Depression**

Summary Rating Scale

- 1 **NONE**
- 2 **VERY MILD** - Reports feeling sad/unhappy/depressed more than usual.
- 3 **MILD** - Same as 2, but can't snap out of it easily.
- 4 **MODERATE** - Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort.
- 5 **MODERATELY SEVERE** - Frequent periods of deep depression OR some areas of functioning are disrupted by depression.
- 6 **SEVERE** - Deeply depressed most of the time OR many areas of functioning disrupted by depression.
- 7 **EXTREMELY SEVERE** - Constantly deeply depressed OR most areas of functioning are disrupted by delusional thinking.

Geriatric Depression Scale Score	Q1	Q2	Q3	Q4
<i>(required at intake and annually, but optional at quarterly reviews)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUMMARY RATING FOR DEPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if this area is a Service Planning Target	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



- Quarterly assessment - shows progress over time
- Clinician's judgment using all information

OBTP Toolkit (cont.)

- **Selection of treatment planning targets and treatment options, which are informed by...**
- **Evidence-based practices and treatment guidelines in the Toolkit for each domain, which lead to...**
- **Treatment plan (form and tools provided), all of which results in....**
- **Year-at-a-glance progress summaries in each domain every quarter**

Treatment Options & Guidelines

II. Symptoms

A. Depression

Assessment

- 100 Comprehensive Psychiatric Evaluation
- 101 Medical Assessment
- 102 Functional (see section III: Enhancing Function)
- 109 Substance Abuse Assessment

Pharmacological Interventions

- 107 Psychiatric Medication Evaluation
- 251 Medication Monitoring/Management

Psychosocial Interventions

- 300 Psychoeducation:
- 301 Family Support/Therapy
- 303 Supportive Psychotherapy: Including identification/support of personal strengths and coping strategies
- 308 Problem Solving Therapy (PST): Including identification of short-term goals, solutions, and time tables
- 309 Cognitive Therapy and Cognitive Behavioral Therapy (CBT)

Acute Interventions

- 252 Emergency/crisis care
- 254 Psychiatric Inpatient Hospitalization
- 255 Psychiatric Partial Hospitalization

Other Interventions

- 201 Nutrition/dietary plan
- 202 Physical exercise plan
- 304 Identify/enhance social supports and social activities
- 305 Enhance organized/informal activities: (e.g., Social club, Senior center, religious, informal leisure, physical, or social activities)
- 314 Encourage Participation in Peer Support
- 315 Wellness Management
- 400 Social/Aging Services Referral
- 500 Arrange for Out-of-Home Placement

Monitor progress with GERIATRIC DEPRESSION SCALE or see CORNELL SCALE FOR DEPRESSION IN DEMENTIA in the “Other Scales” section of the Toolkit to be used for consumers with severe dementia who are unable to respond to the Geriatric Depression Scale questions.

AHCPR GUIDELINES FOR TREATMENT OF DEPRESSION:

I. Assessment and treatment of potential known causes

- Evaluation should include a recent medical history and physical examination
- Identify and treat known medical causes (10-15% of major depression is caused by medical illness or other conditions, including general medical disorders, concurrent medications, substance abuse, and other psychiatric non-mood disorders)
- (also assess suicide risk)

II. Select the most appropriate acute phase treatment. Treatment of depression may include medication, psychotherapy, or combined treatment with medication and psychotherapy.

Acute phase treatment with medication is indicated for:

- more severe symptoms
- chronicity
- recurrent episodes (2 or more prior episodes)
- presence of psychotic features (hallucinations or delusions)
- presence of melancholic symptoms
- family history of depression
- prior response to medication treatment
- incomplete response to psychotherapy alone
- patient preference

Acute phase treatment with psychotherapy is indicated for:

- less severe depression
- less recurrent, chronic, or disabling depression
- absence of psychotic depression
- prior positive response to psychotherapy
- incomplete response to medication alone
- chronic psychosocial problems
- medication contraindicated or refused
- patient preference

Acute phase combined treatment (medication plus psychotherapy) is indicated for:

- more severe depression

A Controlled Comparison Study

**“Does the OBTP Guided Toolkit
Intervention Improve the Quality
of Provider Practice?”**

*Supported by the Robert Wood Johnson
Foundation Home Care Initiative*

Study Objective: to test changes in clinician practice behaviors

- **13 Sites in 3 states randomized to
Intervention and Control Conditions**
- **Pre-Post Measures of Clinicians’
Assessment, Treatment Planning, and
Outcome Measurement Practices**
- **Pre-Post Structured Interviews (44
Clinicians) and Patient Chart Reviews
(193 Clients)**

Interview - Assessment Practices

% of Symptom Domains Assessed

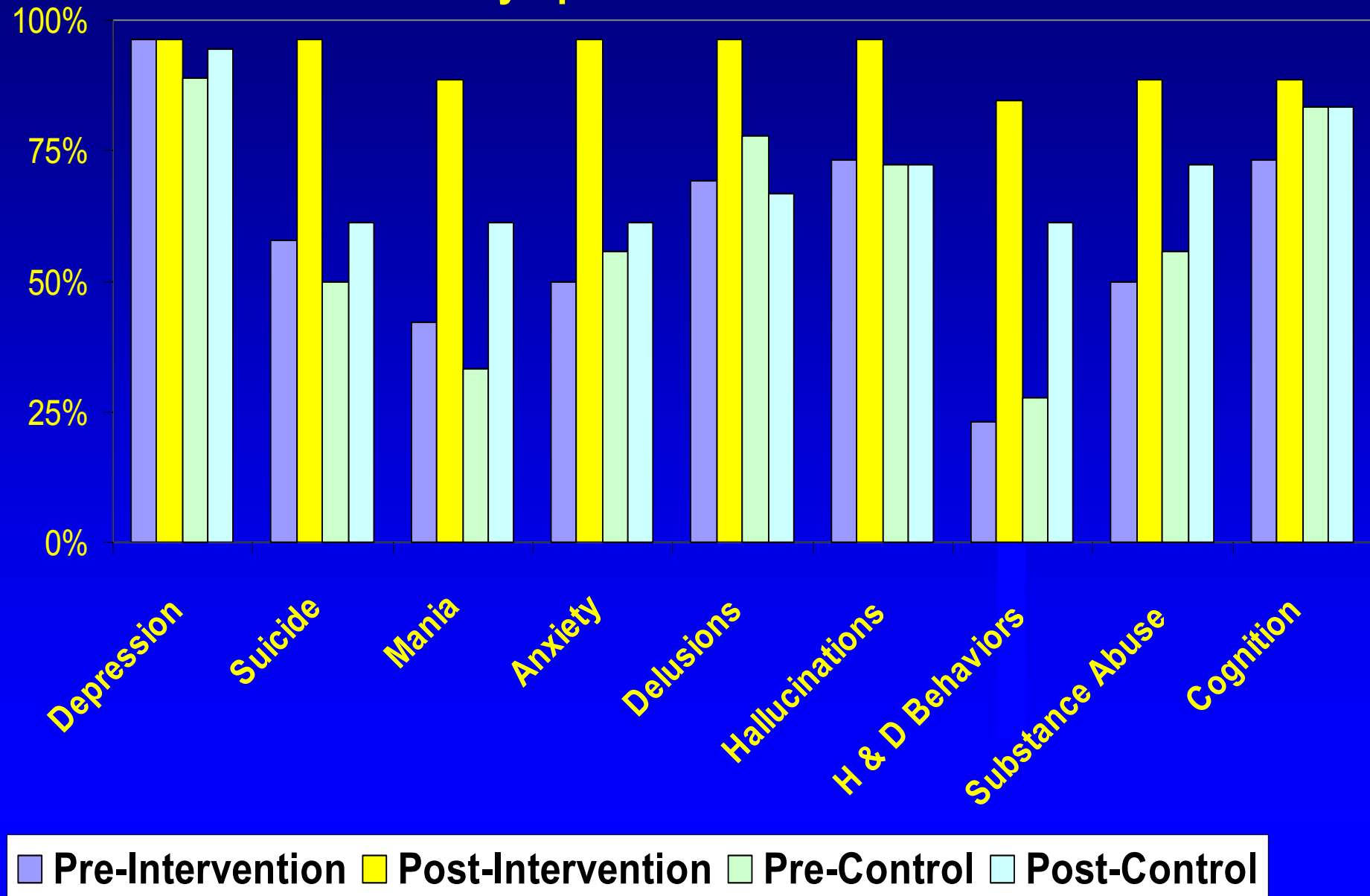
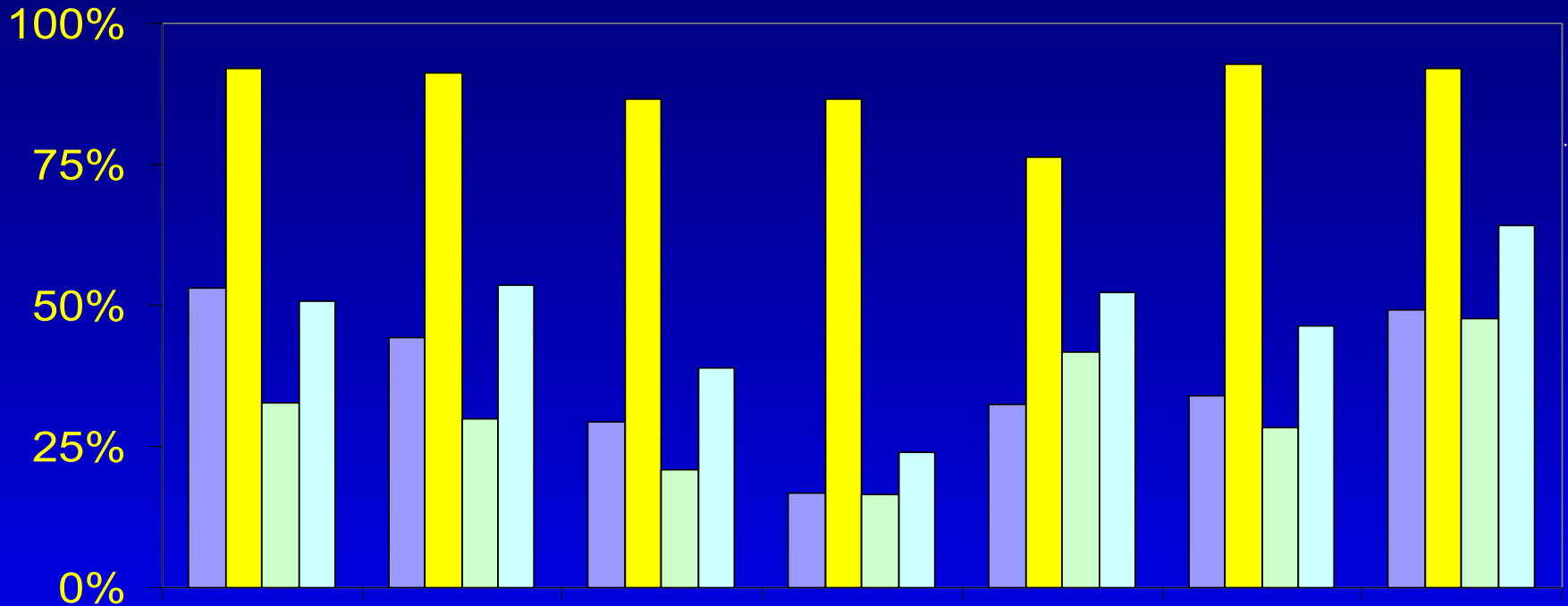


Chart Review-Assessment Practices

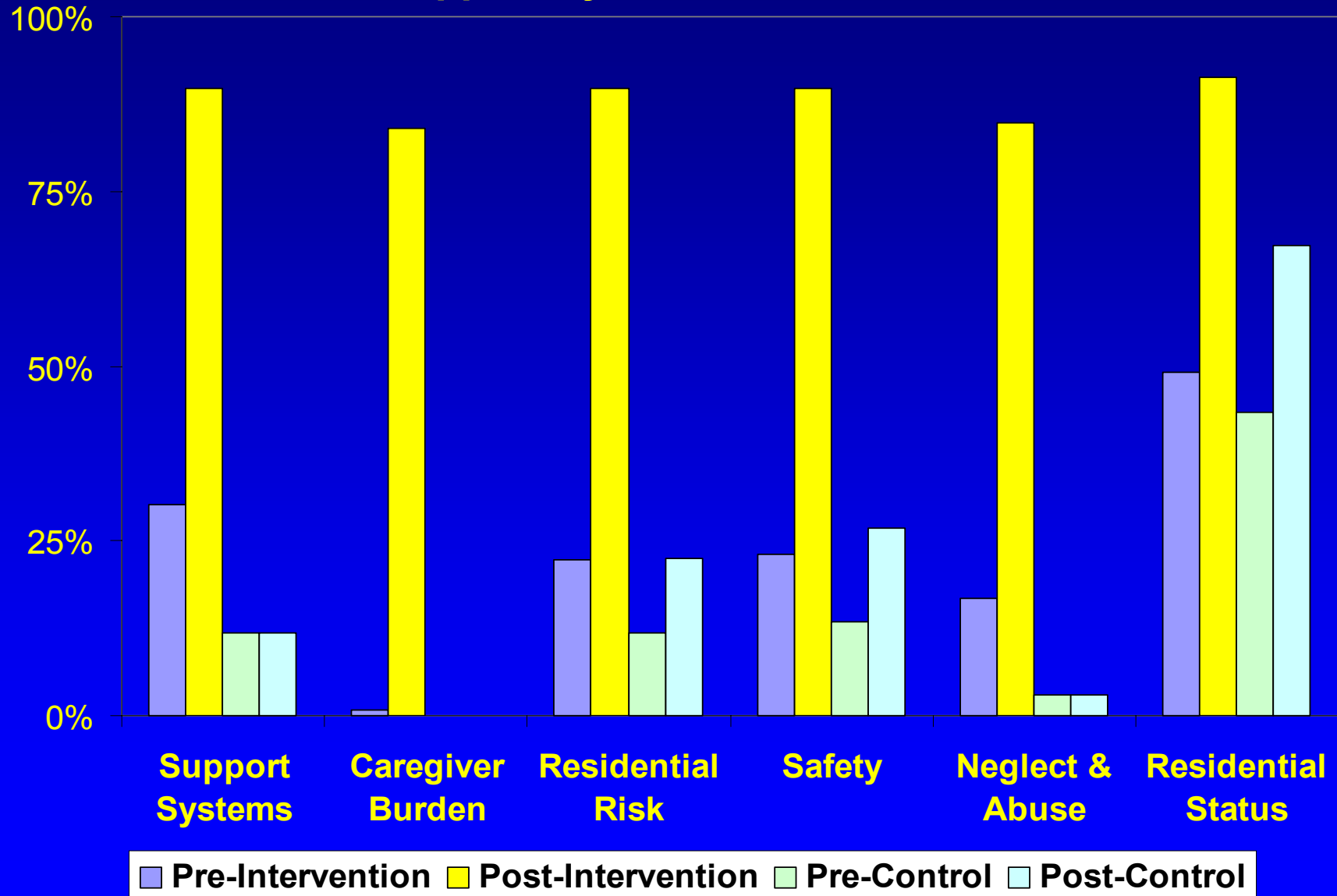
% of Functioning Domains Assessed



■ Pre-Intervention ■ Post-Intervention ■ Pre-Control ■ Post-Control

Chart Review - Assessment Practices

% of Support Systems Domains Assessed



The OBTP Resulted in:

*** More Older Adult Domains being assessed

*** Client's Status being rated in more domains

*** Progress over time being documented in more domains

Key
*** $p < .01$

Major Findings:

Use of the OBTP resulted in...

- **More comprehensive and specific assessments**
- **Increased documentation of status of the client's problems**
- **Greater documentation of progress over time in all areas**
- **An increase in the number and specificity of documented services**
- **Some evidence of increased client satisfaction**

Future Directions

- **Being implemented Statewide in NH at all community mental health centers...**
- **Other states interested**
- **Considering adapting to Adult System**
- **Exploring a WEB-Based System accessible to others....**

A Web-Based OBTP would...

- Create a national capability for all states and providers to access, use, and contribute to the OBTP System
- Allow continuing updating of guidelines, assessment and treatment practices
- Grow a national database on geriatric practice and outcomes....

A Web-Based OBTP...

- Create the ability to track current practices, remedy poor practices, train clinicians in new practices
- Use national OBTP data to assess effectiveness of interventions by:
 - Client Diagnosis, Characteristics
 - Level and Type of Condition
 - Type and quality of services provided
 - Provider characteristics

Utopia or Inevitable ?