

Mental Health Outcomes: Relationships Between Consumer Surveys and Clinical Assessments



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Objectives

- Understand relationships among performance measures
 - Level of functioning and consumer survey domains
 - Symptoms and consumer survey domains
- Compare outcomes as reported on consumer surveys w/ clinical assessments
 - Adult and children
- Increase understanding and validation of MHSIP consumer surveys

Presentation Outline

- Texas Mental Health Performance Measurement System
- Approach to Analysis
- Results
- Discussion/Implications



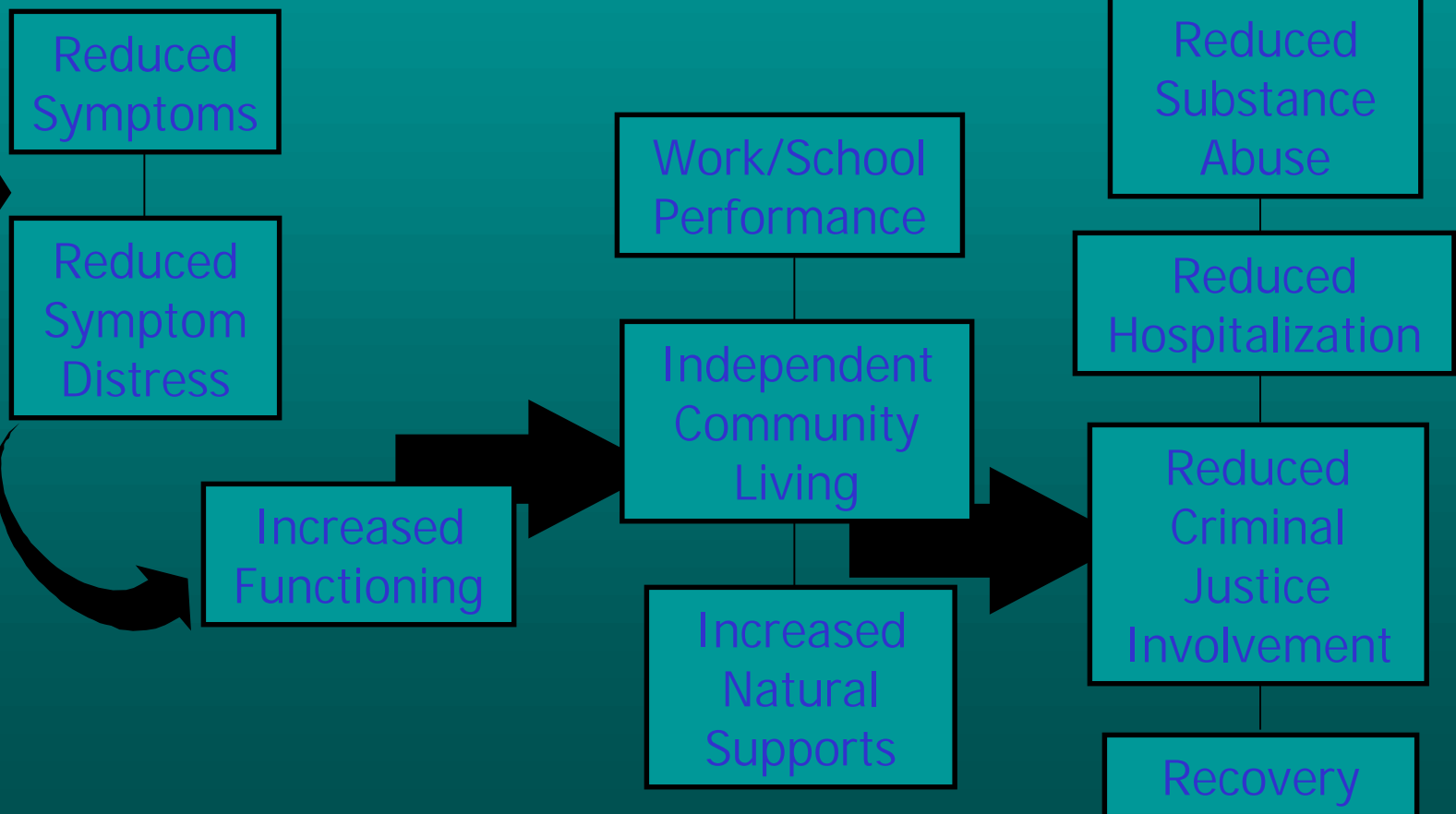


TX Mental Health Performance Measurement System

- Commitment by leadership to development and use
- Developed w/ consumers, family members, and stakeholders
- Coordinated w/ clinicians and providers
- Focus on outcomes



Outcomes of Mental Health Services





Strategic Planning and Performance Measures





TDMHMR Use of Outcomes & Performance Measures

- Strategic Plan/Operational Plan
- Reports to Governor's Office and Legislature
- Contracts
- Quality Management
- State Hospitals/State Schools
- Managed Care/State MH Reform Pilots
- Uniform Assessment
- Research

TDMHMR

Assessments and Surveys



| Instruments | Outcomes Measured | When Given |
|-------------------------------------|---|------------------------------------|
| Brief Psychiatric Rating Scale | Symptoms | Admission, 180 days, annually, d/c |
| Multnomah Community Ability Scale | Functioning | admission, 180 days, annually, d/c |
| Child Behavior Checklist | Functioning and symptoms | Admission, 180 days, annually, d/c |
| Community Assessment | Hospitalization, Criminal Justice, Work | Admission, 90 days, annually, d/c |
| Adult Consumer Survey | Outcomes, Access, Quality, Satisfaction | Annually w/ random sample |
| Youth Services Survey/Family Survey | Access, Participation in Treatment, Cultural Sensitivity, Appropriateness, Outcomes | Annually w/ random sample |

Project Instruments



| | Adults | Children |
|--------------------|---|---|
| Surveys | MHSIP Adult MH Consumer Survey FY 2001 | MHSIP Youth Survey (YSS) FY 2002 MHSIP Youth Surveys– Family Version (YSS-F) FY 2002 |
| Assessments | Brief Psychiatric Rating Scale (BPRS) Multnomah Community Ability Scale (MCAS) | Child Behavior Checklist (CBCL) |

Adult Survey



- MHSIP Adult Mental Health Consumer Survey
 - 40 item version
 - Past 12 months
 - 4 domains: Access, Outcomes, Quality, Satisfaction
 - 5-point Likert scale
 - Random sample, mostly hand delivered or mailed through centers

Adult Assessments



- Multnomah Community Ability Scale (MCAS)
 - Measures community functioning
 - Clinician assessment
 - Lower scores indicate higher levels of dysfunction
 - 4 sub-scales
 - Adjustment to living
 - Community compliance
 - Interference with functioning
 - Social competence

Adult Assessments (continued)



- Brief Psychiatric Rating Scale (BPRS)
 - Measures severity of psychiatric symptoms
 - Clinician assessment
 - 24-items
 - Scores range from 24 –168
 - Higher scores indicate more severe symptoms

Child Surveys



- MHSIP Child/Family Surveys
 - 2 versions - parent (YSS-F) and child (YSS)
 - Past 6 months
 - 21 items
 - 5 domains: Access, Outcomes, Participation in Treatment, Cultural Sensitivity, Appropriateness
 - 5-point Likert scale
 - Random sample, centers hand deliver or mail

Child Assessment



- Child Behavior Checklist (CBCL)
 - Parent report
 - Past 6 months
 - 113 items describing behavioral/emotional problems
 - 0 = not true; 1 = somewhat/ sometimes true; 2 = very true/often true

Methodology



- Matched survey IDs to records
- Used following procedures and statistics:
 - Pearson Correlation
 - Chi Square
 - Anova
 - Relative Change Index (RCI) to define “improvement” for MCAS and BPRS overall scores
 - 5-pt change (child research workgroup) to define “improvement” for CBCL

Analyses



- Adults
 - One point in time
 - Compared surveys w/ last assessment and assessments 6 & 12 month prior
 - Two points in time
 - Compared surveys w/ differences between last & 12 month assessments using RCI

Analyses (continued)



- Children
 - Different from adult analyses because based on parent perception (plus child survey)
 - One point in time
 - Parent and child surveys versus most recent assessment
 - Parent versus child surveys
 - Two points in time
 - Child and parent surveys versus two latest assessments using 5-point change

Results Overview

- Adults

- Stronger relationship between MHSIP survey domains and MCAS than BPRS
- Strongest relationship with last assessment
- No relationship between MHSIP survey domains and differences between last and 12 mth prior assessments



- Children

- Again, strongest relationship with last assessment
- No relationship between survey and differences between last and prior assessments



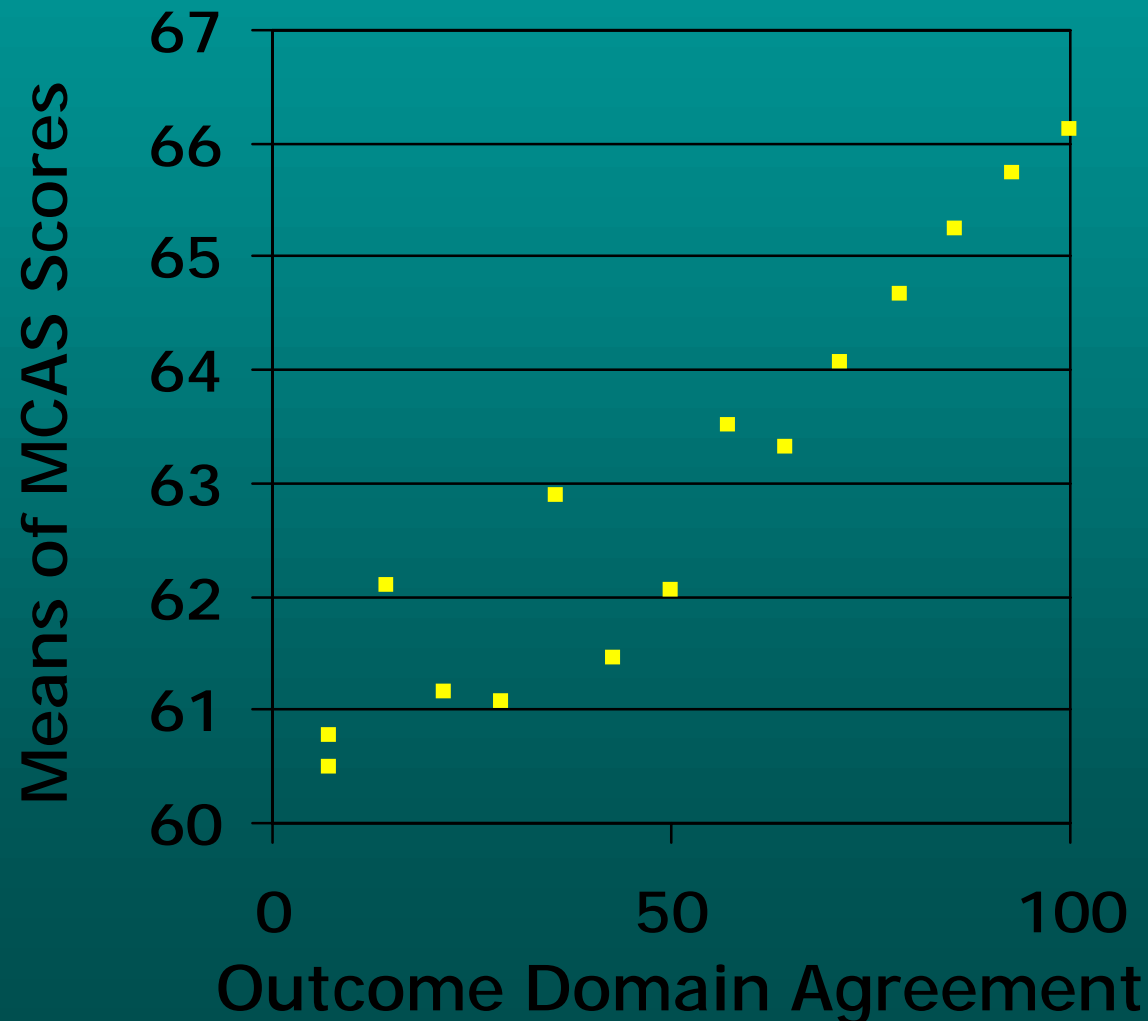
Adult Results One Point in Time

- Adult Survey *domains* versus MCAS
 - Most recent MCAS score
 - All significant, especially Outcome domain
 - 6 months
 - Outcome domain most significant, Access significant, Quality and Satisfaction not
 - 12 months
 - Outcome domain most significant, Access significant, Quality and Satisfaction not



Adult Results

One Point: Outcome & Last MCAS



- Outcome domain on adult survey and most recent MCAS score were significantly related



Adult Results

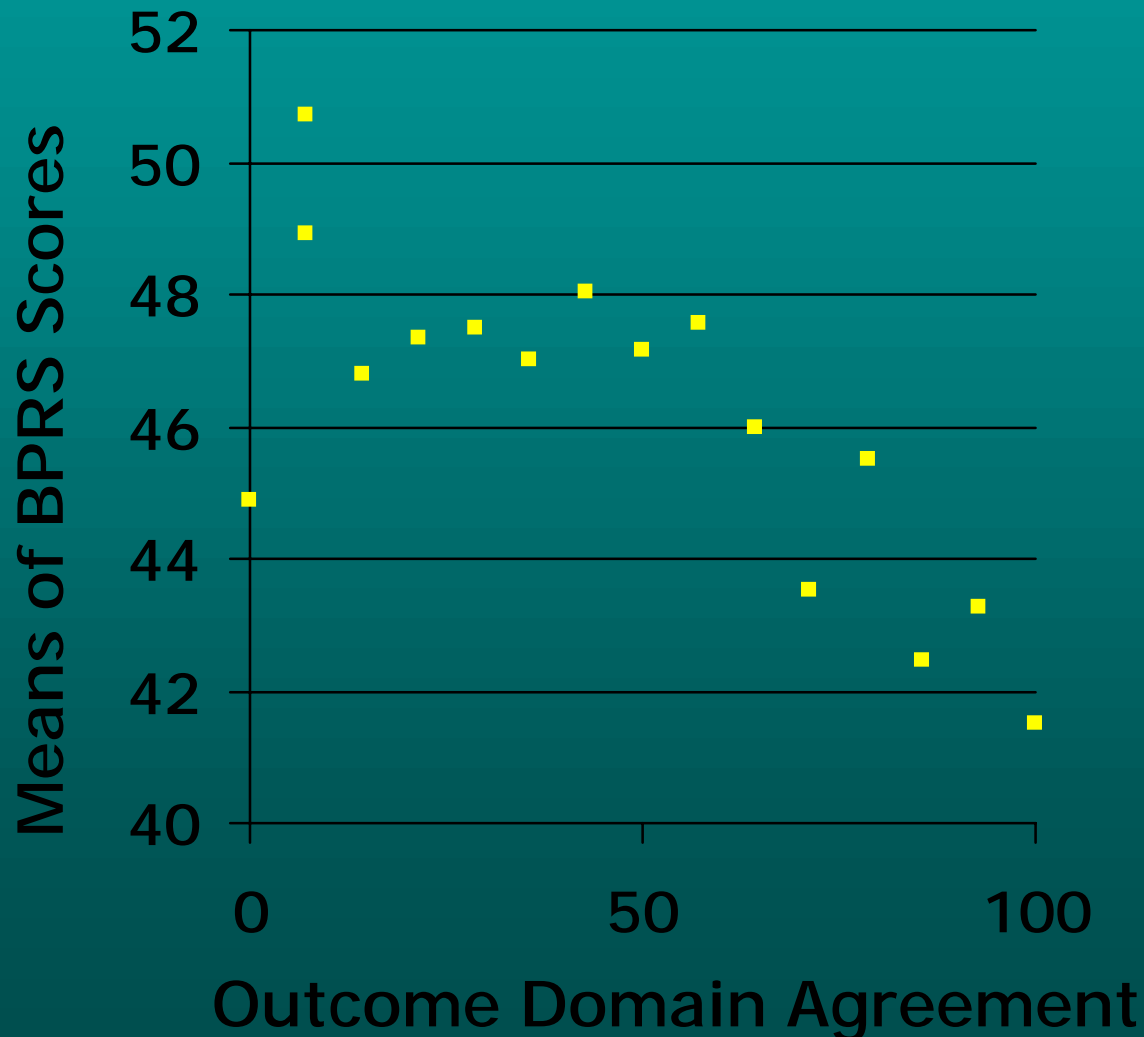
One Point in Time (continued)

- Adult survey *domains* versus BPRS
 - Most recent assessment
 - 6 months +/- 30 days
 - 12 months +/-30 days
- For all 3 points in time, Outcome was significantly correlated with BPRS
- Other domains were not correlated



Adult Results

One Point: Outcome & Last BPRS



- Outcome domain on AMH survey and most recent BPRS score were significantly related



Adult Results One Point in Time (continued)

- Adult survey *items* versus latest MCAS and BPRS scores
 - For both assessments, all Outcome survey items significantly correlated
 - a few items in other domains also correlated but less significantly



Adult Results

One Point in Time (continued)

- MCAS sub-scales
 - Most recent
 - Outcomes & Access correlated w/ all sub-scales
 - Quality correlated w/Adjustment & Social
 - Satisfaction correlated w/ Adjustment, Community & Social
 - 12 months
 - Outcomes slightly significant
 - Access very slightly
 - Satisfaction and Quality not correlated



Adult Results Two Points in Time

- Adult survey domains versus difference between latest and 12 month scores
 - MCAS
 - No significance
 - BPRS
 - Only Access domain showing significance, no other significance



Agreement w/ Outcome Domain & Median MCAS 12 Mths Prior & Last

| Outcome Domain | | Multnomah | | |
|-------------------|----------|-----------|------|-------|
| | | Prior | Last | N |
| 0-50% agreement | Improve | 55 | 68 | (51) |
| | Maintain | 62 | 62 | (209) |
| | Worse | 68 | 56 | (43) |
| 51-75% agreement | Improve | 53 | 67 | (25) |
| | Maintain | 63 | 63 | (154) |
| | Worse | 69 | 57 | (23) |
| 76-100% agreement | Improve | 56 | 70 | (121) |
| | Maintain | 67 | 67 | (447) |
| | Worse | 68 | 56 | (72) |

Differences Between Lowest/Highest Functioning Groups on Latest MCAS in Agreement w/ Survey Items

- 11-15% difference
 - Not want to take medications because of side effects
 - Feel better about myself
- 16-20% difference
 - Deal more effectively w/ daily problems
 - Better able to control my life
 - Better able to deal w/crises
 - Getting along better w/ family
 - Do better in social situations
 - Do better w/leisure time
- >21% difference
 - Do better at work/school



Diffs of Least/Most Symptomatic on Latest BPRS in Agreement w/ Survey Items

- <5% difference
 - All Access and Satisfaction items, most Quality items
- 5-10% difference
 - Did not want to take meds due to side effects
 - Get care for health problems
- 10-15% difference
 - Deal more effectively w/daily problems
 - Able to control life
 - Getting along better w/family
 - Better w/leisure time
 - Better /housing situation
 - More independent
 - More effective getting what I need



Differences of Least/Most Symptomatic on Latest BPRS in Agreement w/ Survey Items (continued)

- 15-20% difference
 - Better able to deal w/crisis
 - Better in social situations
 - Symptoms not bothering as much
 - Deal better w/ people/situations
- >20%
 - Better in work/school





Child Results One Point in Time

- Parent (YSS-F) versus Child (YSS) Surveys
 - Access
 - Overall, 69% agreement
 - Of parents w/ 100% agreement, 75% children agreed
 - Of children w/ 100% agreement, 90% parents agreed
 - Participation in TX
 - Overall, 54% agreement
 - Of parents w/ 100% agreement, 63% children agreed
 - Of children w/ 100% agreement, 84% parents agreed



Child Results One Point in Time

- YSS-F versus YSS (continued)
 - Cultural Sensitivity
 - Overall, 66% agreement
 - Of parents w/ 100% agreement, 76% children agreed
 - Of children w/ 100% agreement, 85% parents agreed
 - Appropriateness
 - Overall, 45% agreement
 - Of parents w/ 100% agreement, 62% children agreed
 - Of children w/ 100% agreement, 75% parents agreed
 - Outcomes
 - Overall, 60% agreed
 - Of parents w/ 100% agreement, 69% children agreed
 - Of children w/ 100% agreement 70% parents agreed



Child Results One Point in Time

- CBCL vs. Parent (YSS-F) & Child (YSS) Surveys
 - Parent survey
 - Outcomes and Appropriateness most significant ($<.0001$)
 - High scorers and low scorers on these domains were significantly different on mean CBCL scores
 - Access, Cultural Sensitivity, Participation in Treatment not significant
 - Child Survey
 - Only Outcomes significant ($<.004$)



Child Results Two Points in Time

- CBCL change scores (diff between last & prior CBCL) vs. Parent (YSS-F) & Child (YSS) Surveys
 - Parent
 - Outcome was the only domain very slightly related to change in CBCL ($< .03$)
 - Child
 - No relationship between the domains and change in CBCL



Implications/Conclusions

- Results suggest:
 - Survey responses are related more to the last assessment than changes in assessment scores over the last year.
 - For adults, survey responses were related more to functioning than to symptoms.
 - Survey responses related to Outcomes had the strongest relationships w/ clinical assessments.
 - Consumers that got worse clinically reported positive outcomes in some areas (areas not addressed in clinical assessments).