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TREATMENT OUTCOMES REPORTING

The agency continues to comply with submitting Outcomes information. The Agency Director continues to look for ways to use the state reported data and agency data to improve services. The Agency Director and programmer continue to work on ideas for reports to pull data at the agency level. Following this is the report of a high school student who used MOPS Outcome data to develop the report.

**Does Length of Service Impact Outcome in a
Community Mental Health Center**

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Introduction

Outcomes for mental health services are gaining attention for many reasons including profitability, accountability, and the capacity to select the optimum service providers. Insurance companies are concerned because they don't want to have to pay for something unnecessary. Accountability is a factor because service providers want to make sure that their service is having an impact. Also the consumer wants to go to the best service provider available. This paper will explore the issue of outcomes by addressing three main questions: What are outcomes? How do we measure outcomes? How does length of service impact outcome?

What are Outcomes?

Outcomes are the measure of symptom reduction, client satisfaction, referral source satisfaction, and whether or not the service has impacted the quality of life of the consumer (Roth 2002). Service providers want to know if their treatment is reducing the severity of the symptom. If the outcome states that the treatment being administered is not affecting the symptoms then insurance companies would feel that they are wasting money.

If the outcome shows that the clients' symptoms are improving and they are better able to manage their issues, then the client will be satisfied and feel that they are receiving the appropriate treatment. This also shows the insurance company that the service is not a waste of money. The service providers, as well, will know that the treatment is having an impact.

The outcome of a client's treatment will be utilized in deciding whether or not the referral source, such as a court, will be satisfied with sending the client to that service

provider for that particular treatment. If the client improves during the treatment, then the referral source will be satisfied.

Clients, service providers, referral sources, insurance companies and other involved parties should have an interest in seeing outcomes for mental health services that are provided for their clients. They will help them provide the best quality of care for the client as well as meet their own needs.

How do we measure outcome?

One way to measure outcomes is surveys. One of the most used surveys is the Ohio Mental Health Consumer Outcomes System. This system is designed to do multiple things including to help find out what further treatment should be used (Ogles 1999).

The Ohio Mental Health Consumer Outcomes System is also used to find needs that have not been met. This system consists of three different forms: one for the youth, one for the parent and one for the clinician. All of the forms consist of the twenty item Problem Severity Scale and the Functioning scale that rates the number of times the client has been affected by certain behaviors, feelings and problems over the last 30 days. Examples of these behaviors, feelings and problems are breaking the law or rules, eating problems, anger and fighting, thinking of death, skipping school or classes, anxiety, depression and having nightmares (Ogles 1999).

The person who is taking the test will circle a number from zero to four. Zero is having extreme troubles, one is having quite a few troubles, two is having some troubles, three is being okay, and four is doing very well. Most people, however, have different views of what is having extreme troubles and what is doing very well. This is why the clinician would use the Children's Global Assessment Scale or the CGAS as a reference.

The CGAS defines the scale. For example, in the CGAS, number zero, or extreme troubles, is defined as Major impairment in several areas and unable to function in one or more areas (Ogles 2000).

The mental health board will take the outcome of the scales, find the unmet needs, and partner up to develop new programs to fulfill those needs. Another way the scales help is that they let the mental health providers figure out which treatment works best and which group of consumers it works best on. The service provider can also find certain areas that need special attention and observation. The last reason for the scales is to maintain performance. If the scales show that the treatment is working well they know that they are on the right track (The Ohio Department of Mental Health).

How does length of service impact Outcome?

Premature or early termination of psychotherapy and counseling is a common and significant problem in clinical practice (Lampropoulos 2009). Research has shown that 65% to 80% of patients will end their treatment before the 10th session. This could be because of a number of variables such as youth, racial minority, and lower socioeconomic status (Garfield 1994).

Research conducted by Ashby (1999) tested different variables of dropout in a psychological training clinic on sample made up of mostly university students. The tests showed that students who had lower scores on anxiety and somatic complaints scales of the Personality Assessment Inventory were more likely to drop out of treatment than those who had higher scores.

If a client's treatment is ended early then their problem will not be fully helped. This will cause the client to still have some of the problems they once had and, therefore causing their life to be harder than if they had finished the treatment.

Hypotheses

H_0 : The length of service a client receives will not relate to the total consumer outcome.

H_a : The length of service a client receives will relate to the total consumer outcome.

Problem

Does being treated for a longer period of time have better results than a shorter treatment? If so, then will insurance companies get better results for the extended treatment rather than the shorter ones?

Procedure

In order to test the hypothesis that the longer a subject is in treatment, the better their outcome will be; an existing data set was produced by clinicians administering the *Ohio Mental Health Consumer Outcomes System Adult Consumer Form* at the start of the treatment and sometime later during the treatment. The data was cleaned in Microsoft Excel and the duplicates were taken out. There were 590 clients in this study who were all older than 18 years of age. This was to ensure more accurate results.

The tests were administered by three groups of clinicians (Psychologist, Counselor, or Social Worker) at different time increments to see whether the subjects got better or worse during the time of treatment. After the data was collected it was cleaned and run through a program called Statistical Package for the Social Sciences (SPSS) where a correlation was run between total consumer outcome measure and the length of service a subject received in days and number of sessions. A box plot was also run comparing the first total outcome and the last total outcome.

Clinicians then signed an informed consent and filled out a survey which asked them how much they thought things such as the time spent in treatment and the number of sessions a client spent in treatment affected the total consumer outcome. The items in the survey were ranked one through five with one being not at all and five being significantly. The data was collected and run through SPSS to produce a box plot.

Data was then collected from outcomes data mart over the statewide outcome scores. These scores covered four main categories including overall symptom distress, overall empowerment, overall quality of life, and safety, health and symptom recovery/prevention. Safety, health and symptom recovery/prevention was broken down

into six more categories including dignity and respect, physical condition, symptom recognition, general stigma, medication concerns, and symptom prevention. These scores were put into Microsoft Excel to produce line graphs of each variable.

Materials

1. Existing data set
2. Outcomes survey
3. State trends data
4. SPSS
5. Microsoft Excel/Word
6. Laptop

Results

There were three main parts to this project. The first was a correlation run between number of sessions, number of missed sessions, the days spent in treatment, how satisfied clients were with various aspects of their life, their health and medications, how they've been treated in the agency, if they've been threatened by peoples' reactions to their mental health problems, how much they were distressed or bothered by things in the past seven days, their view about their life and making decisions, and the total outcome score. There were 590 subjects used in this portion.

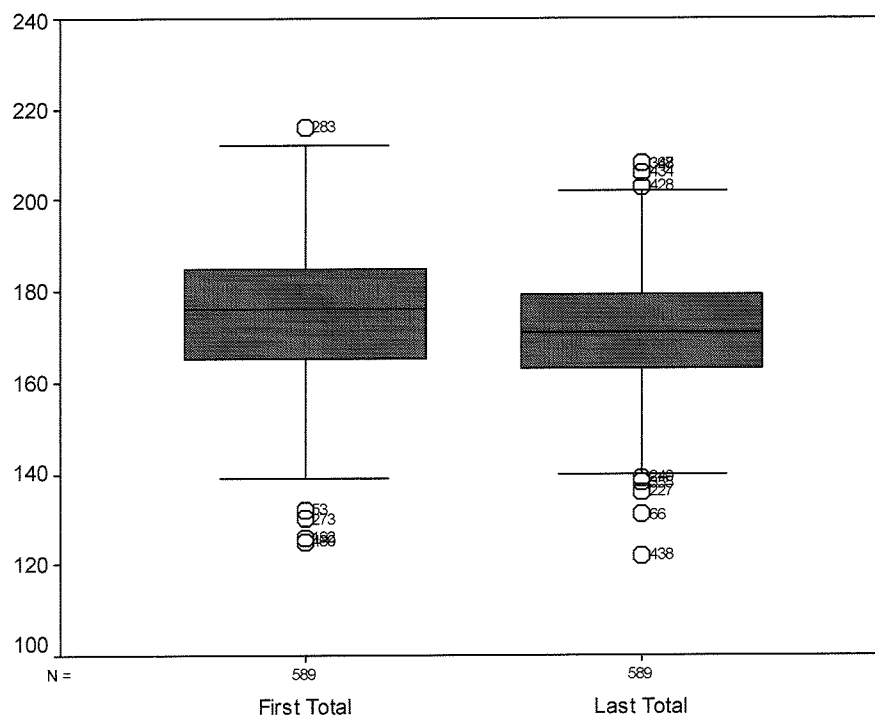
There was a significant positive relationship between the number of sessions attended and: number of missed sessions ($r= 0.605$, $p= 0.000$) and the number of days in treatment ($r= 0.637$, $p= 0.000$). There was a significant negative relationship between the number of sessions attended and: how satisfied clients were with various aspects of their life ($r= -0.99$, $p= 0.16$), a clients view about their life and having to make decisions about it ($r= -0.087$, $p= 0.034$), and the total outcome score ($r= -0.144$, $p= 0.000$). There was no significant relationship, however, between the number of sessions attended by the client and: how satisfied clients were with various aspects of their life ($r= -0.099$, $p= 0.016$), their health and medications ($r= 0.066$, $p= 0.107$), how they've been treated in the agency ($r= -0.004$, $p= 0.927$), if they've been threatened by peoples' reactions to their mental health problems ($r= -0.040$, $p= 0.331$), and how much they were distressed or bothered by things in the past seven days ($r= -0.058$, $p= 0.158$).

There was a significant positive relationship between the number of days in treatment and: the number of sessions a client attended ($r= 0.637$, $p= 0.000$) and the number of missed sessions ($r= 0.776$, $p= 0.000$). There was a significant negative

relationship between the number of days in treatment and: their view about their life and making decisions ($r = -0.192$, $p = 0.000$), and total outcome score ($r = -0.189$, $p = 0.000$).

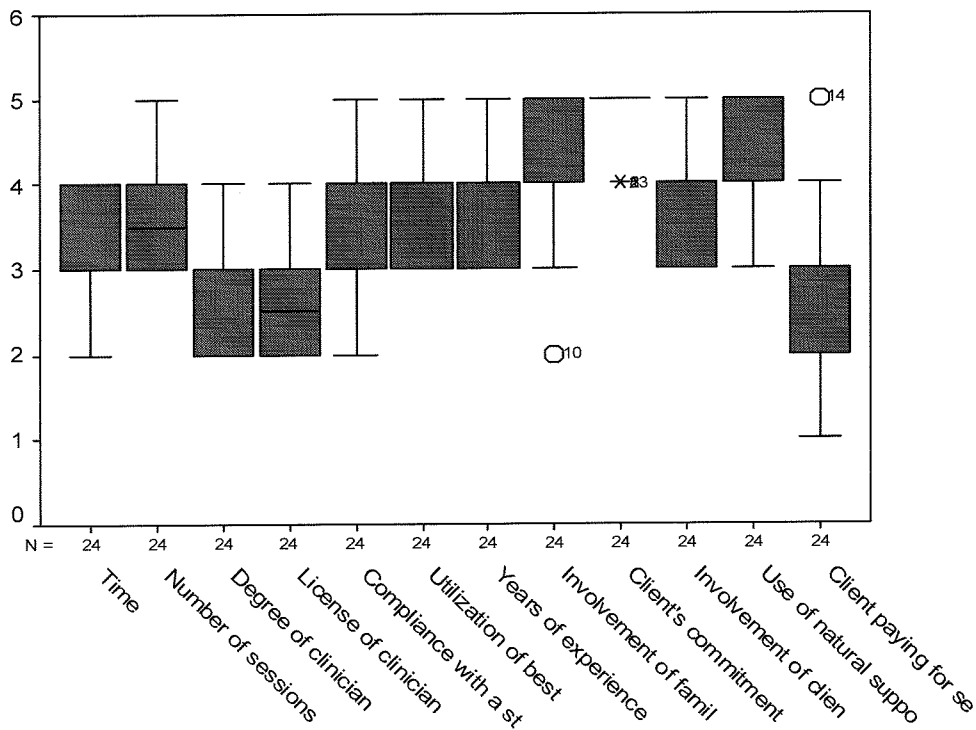
There was not a significant relationship between the number of days in treatment and: how satisfied clients were with various aspects of their life ($r = -0.063$, $p = 0.128$), their health and medications ($r = 0.007$, $p = 0.865$), how they've been treated in the agency ($r = 0.044$, $p = 0.283$), if they've been threatened by peoples' reactions to their mental health problems ($r = -0.080$, $p = 0.054$), and how much they were distressed or bothered by things in the past seven days ($r = -0.037$, $p = 0.375$).

First Total Outcome vs. Last total Outcome



The second was a survey given out to 25 different clinicians that asked them what they thought impacted outcome the most. This showed that the clinicians thought that the involvement of a client's family in their treatment and the use of natural support systems

impacted total consumer outcomes the most (quite a bit too significantly). It also showed that the total amount of time spent in treatment, the number of sessions a client attends, compliance with a standard of care, utilization of best practice methodology, years of experience of clinician, and the involvement of client with other systems were thought of as impacting outcome the second most (some to quite a bit). The degree of the clinician administering the treatment, the license of the clinician administering the treatment, and the client paying for the treatment themselves were thought to impact outcome the least (very little to some).



The third was a state-wide trend over consumer outcomes. These showed that overall symptom distress mean score went down by 7.42, overall empowerment went up by 0.05, overall quality of life went up by 0.45, safety, health & symptom rec/prev-dignity and respect went up by 0.02, safety, health & symptom rec/prev-physical

condition went up by 0.12, safety, health & symptom rec/prev-symptom recognition went down by 0.04, safety, health & symptom rec/prev-general stigma went up by 0.17, safety, health & symptom rec/prev-medication concerns went up by 0.48, and safety, health & symptom rec/prev-symptom prevention went up by 0.22.

Conclusions

The null hypothesis that the length of service a client receives will not affect the total consumer outcome was rejected. The correlation showed that the number of sessions attended had significant positive relationships with the number of missed sessions and the number of days in treatment, and significant negative relationships with how satisfied clients were with various aspects of their life, a clients view about their life and having to make decisions about it, and the total outcome score. Also the number of days in treatment had a significant positive relationship with the number of sessions attended and the number of missed sessions, and a significant negative relationship with a clients view with their life and making decisions and the total outcome score.

The outcome surveys concluded that clinicians thought that the involvement of a clients' family in their treatment and the use of natural support systems impacted outcome the most. Also that the degree and license of the clinician administering the treatment and the client paying for the treatment themselves had the least impact.

The state outcome trend line graphs showed that the mean scores for overall empowerment, quality of life, safety, health & symptom rec/prev-dignity and respect, safety, health & symptom rec/prev-physical condition, safety, safety, health & symptom rec/prev-general stigma, safety, health & symptom rec/prev-medication concerns, and safety, and health & symptom rec/prev-symptom prevention went up. The overall symptom distress and health & symptom rec/prev-symptom recognition went down.

Although the state trend data said length of service had a mainly positive impact on outcome, MOPS data says differently. This could have been because the state trend data had a much larger sample size or because it was less affected by dropouts.

Implications

Based on the results of this study, depending on your mental disability, you will have a better outcome if you stay in treatment longer. Also that staying in the treatment will be worth the extra time and money.

Future Research

A future research study could be to test if length of service impacts outcome in persons under the age of 18. This would help insurance companies know if spending money on extended treatment is worth the money. Another future study that could be done would be to test if length of service is impacted by the clinician administering the treatment. Does the number of years a clinician has affect what they think impacts outcome the most could also be an option for future research.

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