



Symptom Reduction Evaluation

Chris Allers, PhD

Advantage Consulting LLC &
Georgia Center for Nonprofits

Mental Health Evaluation Model

- ✓ Symptom Reduction

“I have fewer things bothering me”

- ✓ Treatment Goal Attainment

“I got what I wanted out of therapy”

- ✓ Quality of Life Assessment

“Overall I feel my life is better”

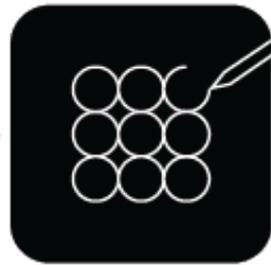


Evaluating Your Community-Based Program

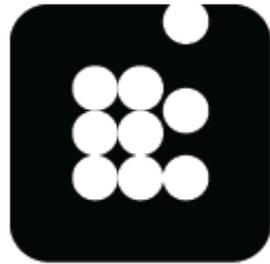
Designing Your Evaluation

- 1 Understand the roles evaluation plays in program design and improvement.
- 2 Understand the importance of stakeholder input and involvement in evaluation design.
- 3 Define the outcome(s) a program plans to accomplish.
- 4 Complete a logic model for a program.
- 5 Know where to go for additional information on these topics.

START → **1** Plan program and evaluation.



2 Implement program and begin to collect data.



3 Review data. Are you doing what you planned? Are you effecting the need you identified?



4 Adjust the program as data suggest; adjust evaluation to refine data collection.



Why Evaluate?

Although programs vary in their need for information and the decisions that program managers must make, most programs will have the following evaluation needs:

1 Check Your Process: Confirm that you are doing what you said you would do.

2 Determine Your Impact: Check that you are having the desired effect in the target population.

3 Build Your Base of Support: Generate information and evidence to share with funders and other stakeholders.

4 Justify Replication: Find evidence to support the expansion or replication of this program.



IDEAS	Target Population The characteristics of people or communities you work with and the needs they present	Inputs The resources required for this program to operate	Activities Strategies you use or services you provide to try to achieve your goal	Outputs Basic data on program participation	Outcomes Desired changes in the target population as a result of program activities
EXAMPLES	<i>Age, gender, socioeconomic status, ethnicity, language, geographic location, low health care use, high cancer incidence, lack of mental health information, etc.</i>	<i>Money, staff, volunteers, facilities, etc.</i>	<i>Provide training, counseling, education, screenings, referrals, develop materials, etc.</i>	<i>Number of participants attending training, number of counseling sessions, etc.</i>	<i>Changes in knowledge, attitude, behavior, health status, health care use, incidence, prevalence, etc.</i>

Screening versus Assessment Tools

“Screening tools” are defined as instruments that are designed to identify individuals who are at-risk of having mental health problems or concerns and/or those who would most benefit from more in-depth assessment.

“Assessment tools” are instruments that provide a thorough assessment of mental health and/or social-emotional functioning.

Tool Selection Criteria

Simple.

Realistic.

Used consistently.

In a useful form.

A measure of the right construct.

Appropriate for the target population.

Easy to administer.

Ethical.



Other Criteria

- Validity
- Reliability
- Evaluation Audience (e.g. funder)
- Cost/Access (open source or licensed)



Do I Design My Own Tool?

- Adapting an existing tool
- Review the literature
- Talk to other programs
- Pilot test tools



Most Common Psychiatric Conditions

- anxiety disorders
- mood disorders
- schizophrenia/psychotic disorders
- dementias
- eating disorders



Most nonprofit mental health providers focus on anxiety and mood disorders

Success Treatment Rates – Ranges

- Schizophrenia – 45 – 60%
- Major Depression – 65 – 80%
- Bipolar Disorder – 80%
- Panic Disorder – 70-90%



Tool Selection Sources

Measuring Health, by Ian McDowell and Claire Newell

Measures for Clinical Practice, Volumes 1 & 2,
by Joel Fischer and Kevin Corcoran

American Psychological Association



Screening & Assessment Tools

Screening and Assessment - Adult

Adult Wellbeing - Two-question screens for depression, anxiety, mania, substance abuse and sleep. Assessment of three functional areas: daily, social and overall health. (.pdf)

Adult Wellbeing Scoring - Scoring instructions for the Adult Wellbeing Screener. (.pdf)

PHQ-9 - Nine-item questionnaire validated for diagnosis of depression and management of symptoms. (.pdf)

GAD-7 - Seven-item questionnaire, an assessment for generalized anxiety disorder. (.pdf)

PHQ-9 and GAD-7 - Foreign language versions

AC-OK - Six-question screen for substance abuse. (.pdf)

MDQ - Mood Disorder Questionnaire, a screen for bipolar disorder. (.pdf)

ASRS v1.1 - Adult ADHD Self-Report Scale, a symptom checklist. (.pdf)

http://www.mmc.org/mh_body.cfm?id=3018



Screening & Assessment

- **Pediatric Symptom Checklist** - Mental health screening tool for ages 4-17. (.pdf)
- **Pediatric Symptom Checklist Youth Report** - Mental health screening tool for ages 11-17. (.pdf)
- **Vanderbilt Parent Rating Scale** - Assessment for ADHD. (.pdf)
- **Scoring Child Assessments**- Guide for scoring and first steps in treatment planning for children and adolescents. (.pdf)
- **PHQ-9** - Nine-item questionnaire used to assess depression and its severity for children aged 12 and older. (.pdf)
- **CRAFFT** - Six-item questionnaire to screen for alcohol and substance abuse with children/adolescents aged 13 and older. (.pdf)

Treatment Guidelines

- **Diagnosis and management of depression using the PHQ-9** - Guide for PHQ-9 scoring and interpretation, and treatment recommendations. (.pdf)

http://www.mmc.org/mh_body.cfm?id=3018



Screening Sources



WebMD

<http://www.webmd.com/mental-health/mental-health-assessment>

National Guideline Clearinghouse

<http://www.guideline.gov/search/search.aspx?term=mental+health+screening+tools>

Screening Resources

Mental Health Association of Minnesota

<http://screening.mentalhealthscreening.org/minnesota/screening>

Review of Mental Health Screening and Assessment Tools for Children

<http://humanservices.ucdavis.edu/academy/pdf/final2mentalhealthlitreview.pdf>

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3

PHQ-9* Questionnaire for Depression Scoring and Interpretation Guide

For physician use only

Scoring:

Count the number (#) of boxes checked in a column. Multiply that number by the value indicated below, then add the subtotal to produce a total score. The possible range is 0-27. Use the table below to interpret the PHQ-9 score.

Not at all (#) _____ x 0 = _____

Several days (#) _____ x 1 = _____

More than half the days (#) _____ x 2 = _____

Nearly every day (#) _____ x 3 = _____

Total score: _____

Interpreting PHQ-9 Scores

Diagnosis	Total Score	For Score	Action
Minimal depression	0-4	≤ 4	The score suggests the patient may not need depression treatment
Mild depression	5-9	5 - 14	Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment
Moderate depression	10-14		
Moderately severe depression	15-19	> 14	Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment.
Severe depression	20-27		

Using Tools for Evaluation

- Evaluate changes in specific items (e.g. little interest or pleasure in doing things)
 - From “more than half the days”
 - To “several days” or “not at all”
- Evaluate in symptoms broadly
 - From “moderately depressed”
 - To “mildly depressed” or “minimal depression”



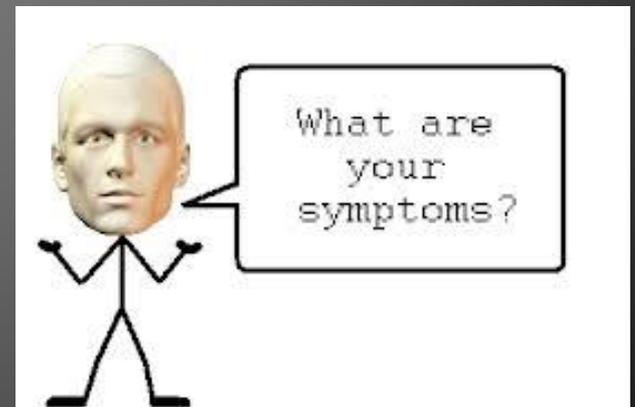
Presenting data

- Statistical or directional?
- Average change across a group of clients
- Number of clients who improved over a given period

How often do we check for changes?

Based on...

- Dosage required to change symptoms
- Attendance/utilization of services
- Mental health service/intervention approach (e.g. brief psychotherapy)



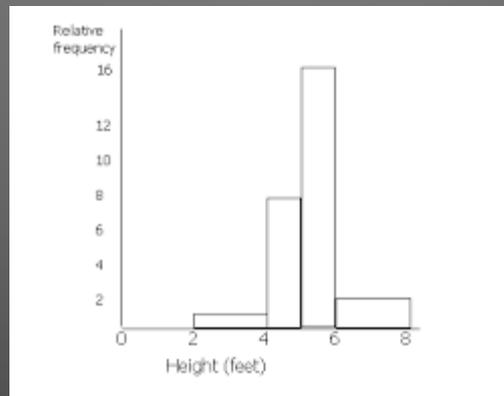
Optimum number of sessions for depression and anxiety.

- Forde F, Frame M, Hanlon P, MacLean G, Nolan D, Shajahan P, Troy E. (2005)

Concluded that 6-8 sessions was required to make a significant change in symptoms of depression. However- some improvement can be seen with fewer sessions

Frequency

- Intake (before 2nd session)
- Termination
- Annually or semi-annually (for long term care)
- Depending on the typical utilization or attendance rates of the client or patient group



Quality Data

- Representativeness
- Completeness
- Comprehensiveness
- “Cleanliness”



More Information

Khurram Hassan MPH

404-213-9825

Ko@advantageconsultingllc.com

Or Visit



www.advantageconsultingllc.com