



Quality of Life in Mental Health Evaluation

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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”



Most Common Psychiatric Conditions

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



Most nonprofit mental health providers focus on anxiety and mood disorders

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.

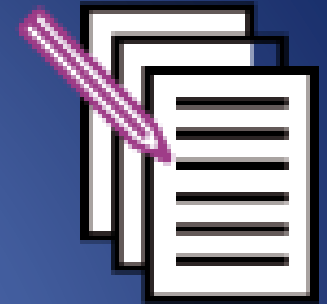
Appropriate for the target population.

Easy to administer.

Ethical.



Presenting data



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

Treatment Goals as an Evaluation Tool

- Set by client as part of building the therapeutic relationship
- Identifies milestone of “progress”
- Evaluated based on completion and/or degree of attainment
 - # or % of goals



Goals are...

- An observable and defined result having one or more objectives to be achieved within a fixed timeframe.
- A behavioral outcome statement.



Evaluation-Oriented Goal

“Client will identify individuals who trigger his substance use and develop at least one strategy to avoid these individuals in the next month.”

- Goal related to treatment or therapeutic experience
- As evidenced by (behavioral outcome)....
- Frequency/duration/quality
- Target date



What are some “treatment goals/objectives” for clients who are seeking personal growth?

- ✓ Defining your own “identity.”
- ✓ Fixing your priorities.
- ✓ Determining your lifestyle.
- ✓ Defining your values or ethics.
- ✓ Improving your knowledge, potential and awareness.
- ✓ Enhancing the quality of your life by being more spiritual and healthy.
- ✓ Developing strengths, learning techniques or methods to achieve wisdom.
- ✓ Defining and executing personal development plans.
- ✓ Developing spirituality.

Why isn't Symptom Reduction and Treatment Goal Attainment Enough?

- Symptom reduction is narrow definition of progress (e.g. reduced anxiety)
- Treatment goal attainment represents progress in the therapeutic relationship and selected client skills, knowledge, behaviors, perceptions

Quality of Life (QoL)



- Quality of life is a subjective construct which varies with the population studied.
- Made up of a number of independent domains including physical health, psychological well-being, social relationships, functional roles and subjective sense of life satisfaction
- Can be assessed from the point of view of the clinician, client or caregiver

Common QoL Domains

**General Satisfaction
Level**

**Psychological Well-
Being/Self-Esteem**

Symptoms/Outlook

Physical Health

**Social
Relations/Support**

Money/Economic

Personal Safety

**Activities of Daily Living
(ADL)**

**Other Activities
(leisure, creative, etc.)**

Goal Attainment

Hope/Faith/Spirituality

Locus of Control



General Construction

1) Self-rating about a concept about a particular domain (Likert Scale)

e.g. Very Satisfied to Very Dissatisfied

2) Importance of the that concept to the client

3) Weighted score based on the self-rating and level of importance

Ferrans & Powers QLI

HOW <i>SATISFIED</i> ARE YOU WITH:	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
1. Your health?	1	2	3	4	5	6
2. Your health care?	1	2	3	4	5	6
3. The amount of pain that you have?	1	2	3	4	5	6
4. The amount of energy you have for everyday activities?	1	2	3	4	5	6

Ferrans & Powers QLI

HOW *IMPORTANT* TO YOU IS:

	Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
1. Your health?	1	2	3	4	5	6
2. Your health care?	1	2	3	4	5	6
3. Having no pain?	1	2	3	4	5	6
4. Having enough energy for everyday activities?	1	2	3	4	5	6

Ferrans & Powers QLI

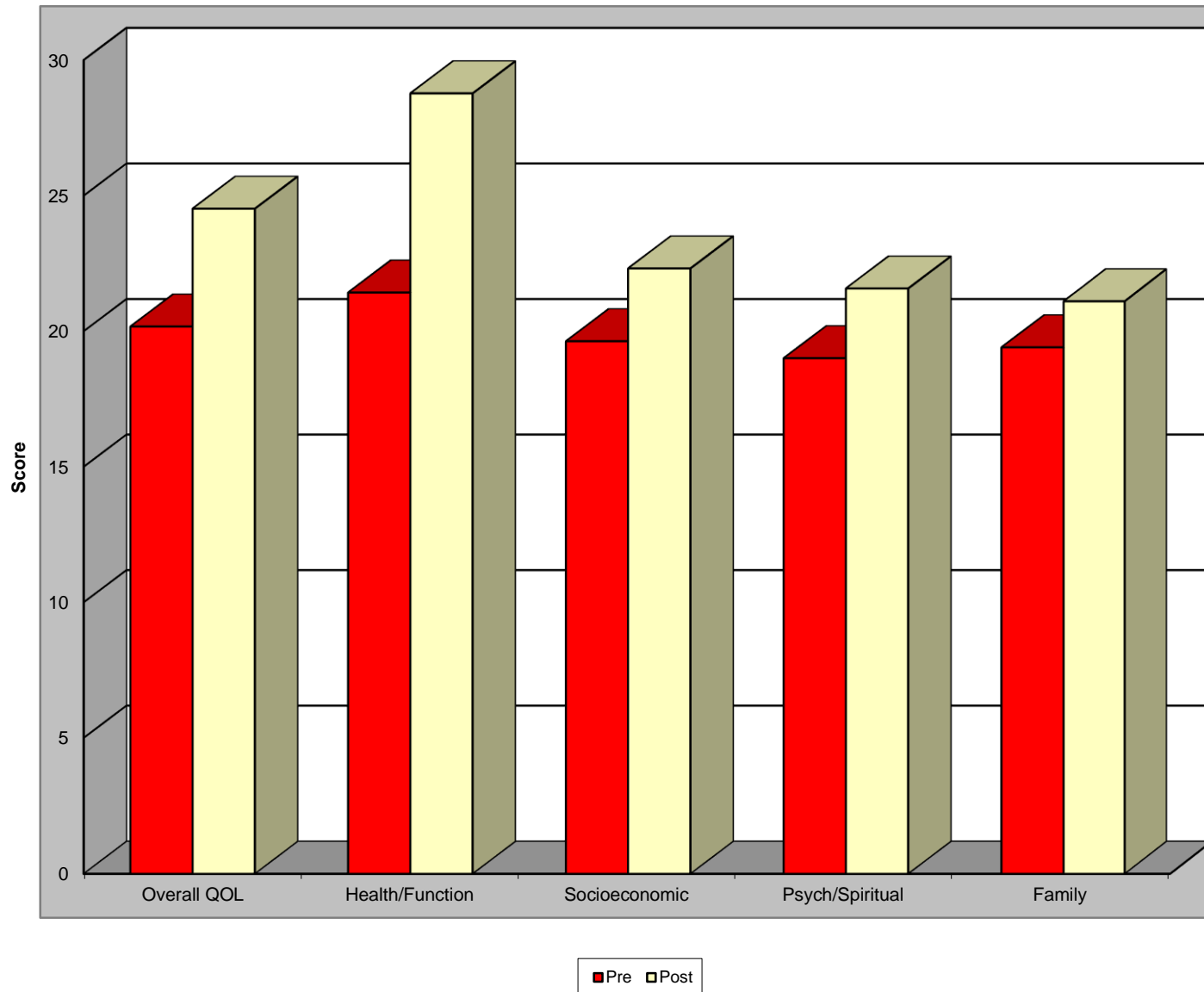
Five scores are calculated for the Ferrans and Powers Quality of Life Index:

- *(1) Total Quality of Life*
- *Score*
- *(2) Health and functioning subscale score,*
- *(3) Social and economic subscale score, (4)*
- *Psychological/spiritual subscale score, and*
- *(5) Family subscale score.*
- *Items listed below are from both Part 1 (Satisfaction) and Part 2 (Importance).*

Quality of Life Scores

	Pre	Post	% Change
Overall QOL	20.17	24.52	21.56
Health/Function	21.42	28.77	34.29
Socioeconomic	19.63	22.31	13.69
Psych/Spiritual	19.00	21.57	13.53
Family	19.40	21.10	8.76

Ferrans and Powers Quality of Life Index





Quality of Life Tools

- The Lehman Quality of Life Interview (Lehman, 1983)
- The Oregon Quality of Life Questionnaire/Scale/Interview (Bigelow et al, 1991)
- The Lancashire Quality of Life Profile (Oliver, 1992)
- The Quality of Life in Depression Scale (McKenna & Hunt, 1992)
- The Quality of Life Scale (Heinrichs et al, 1984), for depression and schizophrenia respectively.

Quality of Life Tools



- The SF-36 (Ware & Sherbourne, 1992);
- The Quality of Life, Enjoyment and Satisfaction Questionnaire (Endicott et al, 1993);
- The Quality of Life Index for Mental Health (Becker et al, 1993);
- The Quality of Life Self-Assessment Inventory (Skantze & Malm, 1994).
- The Wisconsin Quality of Life Index (Becker, Shaw & Reib)
- The Ferrans & Powers Quality of Life Index (Ferrans & Powers, 1984)

Selecting The Right Tool

- Participant (client, caregiver, family, professional)
- Modality (interview, pencil & paper)
- Length (20- 270+)/ Time (10- 60 minutes)
- Language (many translated)



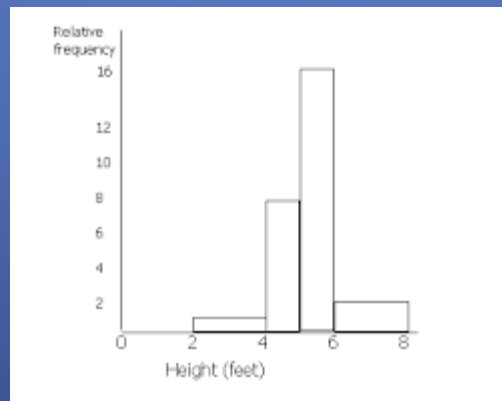
How often do we check for changes?

Based on...

- Dosage
- Attendance/utilization of services
- Mental health service/intervention approach (e.g. brief psychotherapy)
- Quality of Life typically requires 4 to 6 clinical sessions to have begin to produce a measurable change in scores

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



Instruments for Mental Health: a Review

- National Centre for Health Outcomes Development, University of Oxford
- Patient-reported Health Instruments Group
(formerly the Patient-Assessed Health Outcomes Programme)
- Report to the UK Department of Health, September 2000



More Information

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