Background: Perth Clinic

- Independent Psychiatric Hospital, established 1996
- Inpatient unit (98 beds) plus extensive day patient services
- Patients encouraged to participate in group therapy programmes to complement ongoing psychiatric care
- Therapy streams include: Cognitive Behavioural Therapy, Interpersonal Therapy, Structured Activity-based Therapy.
Outcomes Research at Perth Clinic

- Ongoing *Quality Improvement Program* driven by philosophy of evidence-informed practice
- Data collected (i) informs treatment; (ii) provides quality assurance; and (iii) can be applied to improve quality and efficiency of care in future
- View to work towards what all major stakeholders desire:
  - positive treatment outcomes;
  - reduced lengths of stay (LoS) in hospital; &
  - fewer readmissions

(Frisch, 1999)

Current Assessment Measures

- Depression Anxiety Stress Scale: DASS-21
  (Lovibond & Lovibond, 1995)
- Medical Outcomes Short Form Questionnaire: SF-36 *[MH-14]*
  (Ware, Snow, Kosinski & Gandek, 1993)
- Health of the Nation Outcomes Scale: HoNOS
  (Wing, Beevor, Curtis, Park, Hadden & Burns, 1998)
- Quality of Life Enjoyment and Satisfaction Questionnaire: Q-LES-Q
  (Endicott, Nee, Harrison, & Blumenthal, 1993)
Quality of Life in Mental Health

- **Quality of Life (QoL):** a patient’s personal evaluation of their own functioning and life circumstances
- Offers a subjective or ‘patient-centred' focus, rather than relying on external or clinical judgement of wellbeing (Basu, 2004)
- May provide important information that may be missed in measures of symptom severity or traditional outcome assessments
- Poorer QoL associated with mental health diagnoses (Rapaport et al. 2005; Masthoff et al. 2006)
- Critics suggest QoL measures redundant in mental health domain, querying overlapping constructs (Endicott et al. 1993)

Determining the Value of the Q-LES-Q

To explore the value of adding the Q-LES-Q to outcomes assessment, needed to evaluate the following:

1. Is it sensitive to change from admission to discharge (does it add to quality assurance information)?

2. What is its relationship with other measures in use (is it showing us anything unique)?

3. Does it demonstrate incremental ability to predict variables of interest (will its inclusion in the assessment battery aide wider service improvement)?
Sample

Total sample:
1884 consecutive admissions
(Jan 2004 - April 2006)

Restricted sample:
Mood/affective diagnoses only
- N = 1276
- Aged 14-92
- 74% female
- 52% single

Sensitivity to change

<table>
<thead>
<tr>
<th>Measure</th>
<th>Admission</th>
<th>Discharge</th>
<th>d'†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DASS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>1262</td>
<td>33.35 (10.68)</td>
<td>17.63 (13.10)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1262</td>
<td>23.16 (11.88)</td>
<td>14.00 (11.10)</td>
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<tr>
<td>Stress</td>
<td>1262</td>
<td>30.55 (10.45)</td>
<td>17.83 (11.73)</td>
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<tr>
<td><strong>SF-36</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>1264</td>
<td>29.87 (19.17)</td>
<td>55.22 (22.49)</td>
</tr>
<tr>
<td>Vitality</td>
<td>1264</td>
<td>22.13 (20.00)</td>
<td>45.14 (23.07)</td>
</tr>
<tr>
<td><strong>HoNOS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1256</td>
<td>11.18 (4.87)</td>
<td>4.60 (3.43)</td>
<td>-1.35</td>
</tr>
<tr>
<td><strong>Q-LES-Q</strong></td>
<td>1276</td>
<td>32.29 (16.13)</td>
<td>53.41 (19.25)</td>
</tr>
</tbody>
</table>

† d' = (discharge mean – admission mean) / admission standard deviation.
Relationship with other measures

<table>
<thead>
<tr>
<th>Q-LES-Q</th>
<th>Admission</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>DASS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>-.58*</td>
<td>-.68*</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-.38*</td>
<td>-.51*</td>
</tr>
<tr>
<td>Stress</td>
<td>-.36*</td>
<td>-.59*</td>
</tr>
<tr>
<td>SF-36</td>
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<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>.51*</td>
<td>.74*</td>
</tr>
<tr>
<td>Vitality</td>
<td>.51*</td>
<td>.73*</td>
</tr>
<tr>
<td>HoNOS</td>
<td>-.22*</td>
<td>-.33*</td>
</tr>
</tbody>
</table>

*R p < .01

Predictive capabilities

Patient Outcomes

\[ R^2 = .20, p < 0.01 \]

Demographics: 3.4%
Symptom measures: 16.2%
QoL: ns

Length of Stay

\[ R^2 = .07, p < 0.01 \]

Demographics: 1.2%
Symptom measures: 4.2%
QoL: 1.6%

Readmission within 28 days

\[ R^2 = .005, ns \]
**Discussion**

**Sensitivity to change**
- All outcome measures sensitive to change, and showed substantial improvement – valuable quality assurance information
- Subjective improvements in well-being in line with clinical improvements (despite not being overt focus of treatment)

**Relationships with other measures**
- Significantly correlated with clinical outcome measures, but not totally redundant with them
- Divergence from clinical measures seen despite restricted sample, and within ‘artificial’ environment of acute psychiatric hospital
- Will quality of life diverge further from clinical outcome measures in the period following discharge?
Discussion

Predictive ability

- Added little to ability to predict patient outcomes; no measures predicted readmission.

- Small but significant predictive relationship with LoS – minimal implications for wider service improvement.

- Potential association between quality of life, discharge anxiety, and length of stay.

Discussion

Implications

- Serviceable as a quality assurance measure, but is it enough to justify inclusion?

- Possible association with length of stay, increased relevance post-discharge: so may have individualised clinical applicability (e.g., discharge planning).

- Still unclear if QoL accurately reflected within acute inpatient setting. Follow-up to come.