

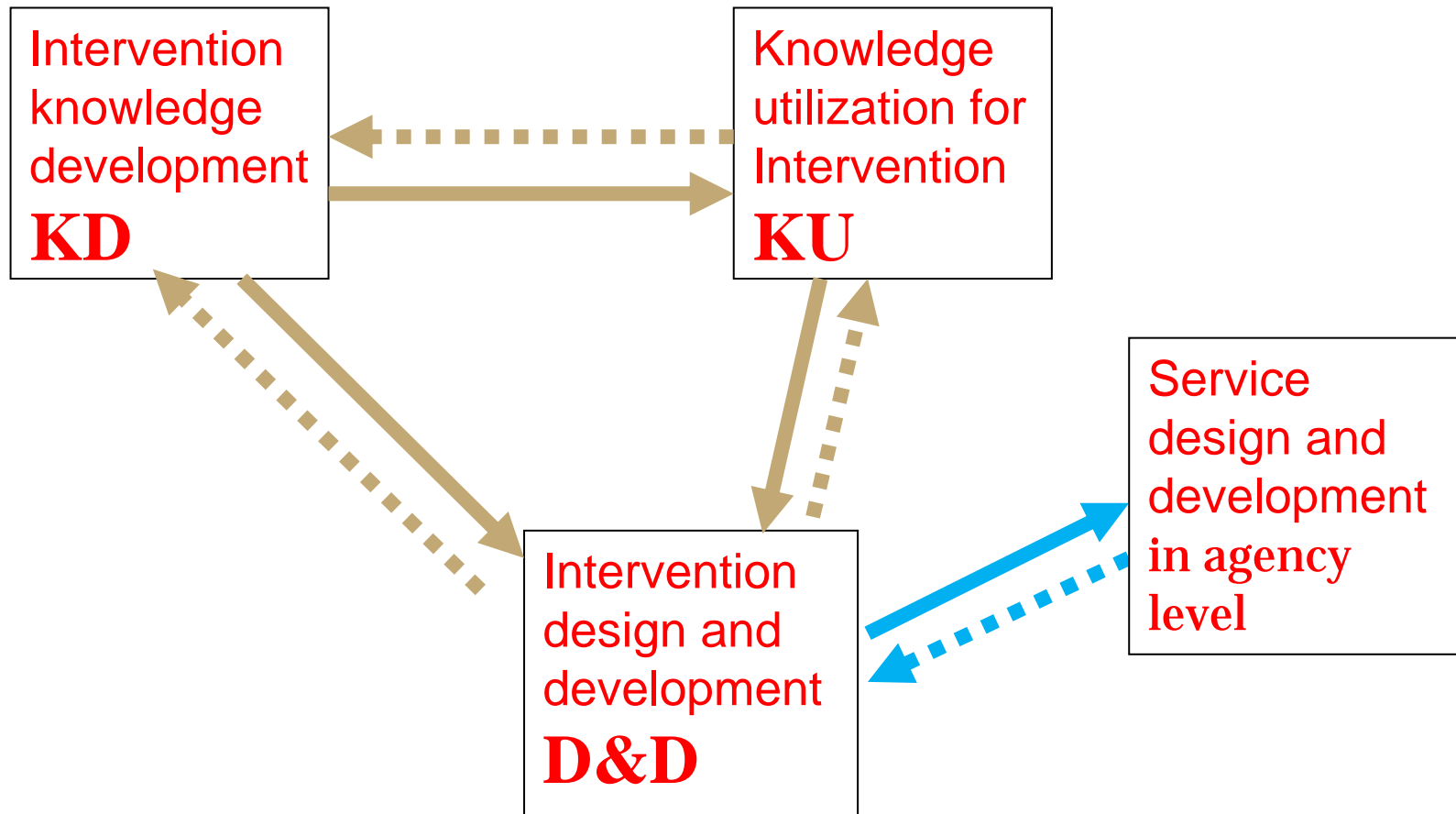
Mining for silver in a
Community Mental Health setting:
The case of what a CDM study can help in
service evaluation & development

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Facets of intervention research

(adapted from Thomas & Rothman, 1994)



Dream of Gold

- **Gold standard of EBP: Randomized Controlled Trial (RCT)**
- **Limitation: feasibility, generalizability...**
- **All depends on specific research objectives**



Mining for Silver

- **Conduct a study that can answer questions unique to own practice setting**
- **Less sophisticated research design**
- **Still meaningful in generating practice knowledge and promoting advancement**





Objectives of this CDM study

- To examine the symptoms of depression and anxiety in a community based intervention sample;
- To investigate the outcome of a CBT-based intervention
- To explore possible areas & directions for intervention design & development



The sample

A retrospective study

**Based on data collected from participants joining
Mental Health Group from 2000 to 2008**

**12 weekly sessions, a total of 30 hours CBT based
intervention**

Community based, multi-centre

672 participants' profile was collected

The data set



measures

Psychiatric Symptom Rating Scale (PSRS) (HKFWS, 1989)

- Developed by steering group members of mental health project during late 1980s, based on DSM-III
- Conducted and scored by social workers during the pre-group assessment
- 24 items covering 6 dimensions of mental health

Other variables

- **General Health Questionnaire** (pre-test & post-test)
- Demographic: sex, age, educational level
- Help seeking: Previous psychiatric diagnosis, current use of medication, utilization of counseling service

Items of PSRS

Physical Health

1. Physical complaints
2. Low energy
3. Sleep disturbance
4. Loss of appetite

Work Adjustment

5. Inefficiency at work/home
6. Indecisiveness

Use of Leisure/Interpersonal Adjustment

7. Intolerance of being alone
8. Restrictive involvement in pleasurable activities
9. Social withdrawal
10. Strained relationship with family members

Social Perception

11. Hypersensitivity to rejection
12. Suspicious, paranoid ideation

Items of PSRS (2)

Social Interaction Pattern

- 13. Unstable interpersonal relationship patterns
- 14. Lack of empathy
- 15. Restrictive expression of tender emotions

Balance between Emotional & Rational Life

- 16. Rigidity in outlook of life and attitude
- 17. Persistence in ineffective behavioural pattern
- 18. Feelings of inadequacy, loss of self-esteem or self-deprecation

19. Ruminations & worries

- 20. Tearfulness or crying
- 21. Suicidal ideation or attempt
- 22. Inappropriate, intense anger or lack of control of anger
- 23. Engage in potentially self-damaging acts

Psychosexual Adjustment

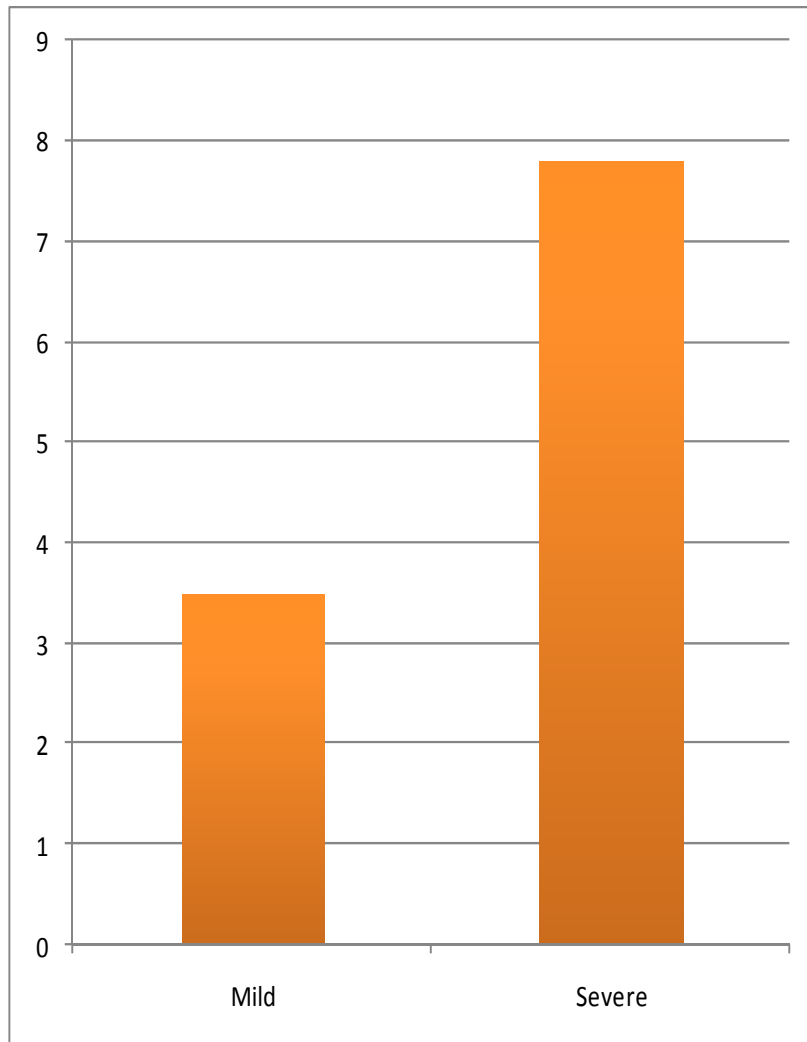
- 24. No enjoyment of sex or failure to handle own sexual impulses/ drives

The findings



Frequency of symptoms

	Symptoms	mean	SD
PSRS19	Ruminations and worries	2.06	.94
PSRS18	Feelings of inadequacy	1.87	.98
PSRS17	Ineffective behavioral pattern	1.55	.82
PSRS3	Sleep disturbance	1.54	1.08
PSRS16	Rigidity in life & attitude	1.53	.84
PSRS13	Unstable relationship pattern	1.46	1.10
PSRS1	Physical complaints	1.44	1.10
PSRS8	Restrictive pleasurable activities	1.36	1.02
PSRS15	Restrictive expression of tender emotions	1.35	.99
PSRS7	Intolerance of being alone	1.34	1.20



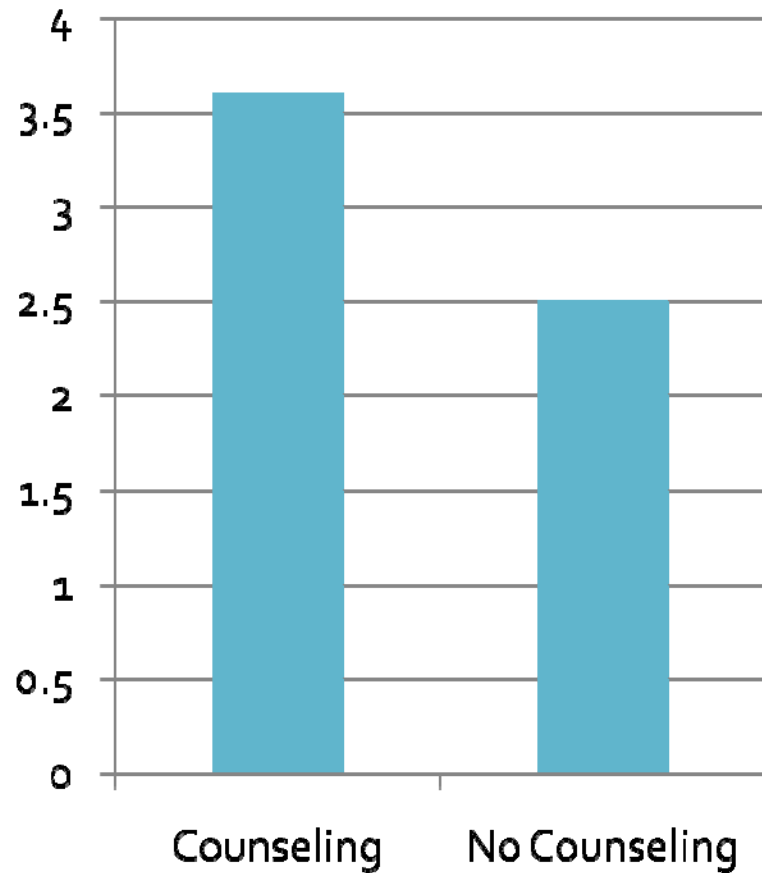
Energy level (medium split) DO %

High 3.9

Low 8.4

**$t=5.14, df=1,$
 $p=.023$**

Predicting drop-out: low energy



**Concurrent
Counseling
service**

Yes 3.6

No 7.9

**t=3.90, df=1,
p=.048**

**Predicting drop-out:
Use of counseling service**

Outcome: Good news

	M	SD	<i>t, df, p</i>
Pretest	6.82	2.85	23.40, 547, .00
Posttest	3.77	2.79	



Implication for practice

- strong effect size (*Cohen's d*) of 1.08
- 38.0% of the participants still experienced significant levels of impairment and in need of further treatment.
- comparable to western findings of CBT
- confirm the value of social work intervention in a “non-stigmatizing” environment and the application of CBT in local population.

Outcome (2): Not so good news

GHQ-12 scores	<5	5 or above	Chi sq., df, p
Pretest	110	438	37.20, 1, <.001
Posttest	340	208	

	GO M(SD)	PO M(SD)	T,df,p
Physical complaint	1.37(1.05)	1.69(1.08)	3.26,468,.00
Intolerance of being alone	1.36(1.79)	1.65(1.20)	2.00,467,.05
Strained family relationship	1.20(.96)	1.53(1.12)	3.44,468,.00
Lack of empathy	1.20(.98)	1.38(1.06)	1.94,468,.05
Rigidity in outlook of life & attitude	1.67(.82)	1.49(.79)	-2.43,468,.02
Feelings of inadequacy	1.90(.96)	2.15(.85)	3.03,468,.00
Ruminations & worries	2.07(.91)	2.36(.78)	3.67,468,.00
Suicidal ideation	.42(.74)	.58(.87)	2.11,468,.04

Predicting outcome: Pretreatment symptoms

	< medium	> medium	T, df, p
Sleep disturbance	3.98(2.84)	4.89(2.71)	3.11,468,.00
Loss of appetite	4.00(2.71)	4.64(3.01)	2.35,468,.02
Intolerance of being alone	3.82(2.83)	4.78(2.76)	3.65,466,.00
Limited pleasurable activities	4.10(2.76)	4.89(3.13)	2.17,468,.03
Social withdrawal	4.06(2.81)	4.94(2.85)	2.57,468,.01
Strained family relationship	3.87(2.84)	4.71(2.74)	3.21,468,.00

**Predicting outcome:
Pretreatment symptoms**

	< medium	> medium	T, df, p
Lack of empathy	3.89(2.68)	4.66(2.02)	2.94,468,.00
Limited expression of warm & tender emotions	4.11(2.78)	5.11(3.11)	2.45,468,.02
Rigidity in outlook of life & attitude	4.32(2.79)	3.44(3.02)	-2.19,468,.03
Feelings of inadequacy	3.81(2.60)	4.91(3.08)	4.14,468,.00
Ruminations & worries	3.79(2.64)	4.73(2.97)	3.61,468,.00
Suicidal ideation	4.02(2.74)	4.62(2.98)	2.17,468,.03

Predicting outcome: Pretreatment symptoms (2)



Implication for practice

- **38.0% of the participants still experienced significant levels of impairment and in need of further treatment.**
- **It leaves rooms for further improvement in intervention strategies.**



Discussion:

What makes this program works?

- **Modify rigid thinking pattern**
- **Other skills learned in cognition and behaviors**
- **Limitations in managing strong ruminations, physical distress, and relational problems**



Directions for improving practice

- **Ruminations & worries:** ranked the top in the symptom list, one of the best predictor of poor outcome.
- **Relationship related symptoms:** frequent in symptom list, predictors of poor outcome. CBT looks for individual management of the symptoms pay less attention to the complicated dynamics in social factors. Approaches that aim to cultivate harmony and balance in life may fit in local culture.
- **Physical distress:** little attention is paid in CBT



Directions for further research

- **What makes the intervention works (the process of intervention) has not been adequately addressed. More research is needed on the treatment factors.**
- **CDM helps to explore some critical issues in designing intervention. However, a more rigorous research design is needed for verifying an innovative intervention approach.**



What you need for a CDM study (like mine)?

- **Support and approval of your serving agency that own the clinical data**
- **Managing your anxiety of using statistical methods**
- **Be prepared for prolonged and boring period of data entry & analysis**

Wish you a rewarding study & practice!

