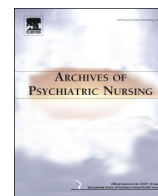




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Early intervention in psychosis: Health of the Nation Outcome Scales (HoNOS) outcomes from a five-year prospective study[☆]

Steve J. Penno^a, Bridget Hamilton^{a,b}, Melissa Petrakis^{a,c,*}

^a St. Vincent's Hospital (Melbourne), Mental Health Service, Melbourne, Australia

^b University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences, Melbourne School of Health Sciences, Melbourne, Australia

^c Monash University, Faculty of Medicine, Nursing and Health Sciences, Melbourne, Australia

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ABSTRACT

Introduction: Over the last two decades, mental health services internationally have shifted towards intervening early in psychosis. The critical period for intervention is estimated to be five-years and many specialised programs target early psychosis.

Aim/question: This prospective cohort study aimed to evaluate five-year outcomes from an early psychosis program (EPP) that adopted an integrated model, providing nursing and multidisciplinary community mental healthcare to clients aged 16–65 years, beyond the typical age range of 16–25 years.

Method: We examined one routine outcome measure, the Health of the Nation Outcome Scales (HoNOS) across episodes of care for clients receiving EPP over a 5 year period ($n = 239$), comparing these results with HoNOS outcomes in an Australian national dataset for all public mental health clients.

Results: HoNOS improvements were highly significant from intake to discharge and from review to discharge for EPP clients, and these compared well with national outcome performance.

Conclusion: There is potential for mental health nurses and other clinicians to significantly improve client symptoms and functioning, in a model of early psychosis treatment beyond a youth focus.

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INTRODUCTION

Effective treatment of psychosis, a group of disorders characterised by misinterpretation and misapprehension of the nature of reality, has been increasingly a matter of priority for governments around the world (Mueser et al., 2015). Since the early 1990s, the evidence supporting early detection and a comprehensive range of interventions for a person experiencing first episode of psychosis has grown rapidly and been formalised in best practice guidelines (Petrakis et al., 2011). Concerns about the cost of psychosis, at the individual and community levels, has given rise to systematised modes of intervention and corresponding efforts to demonstrate effectiveness by measuring outcomes (Li, Liu, & Huang, 2016). In Australia, a campaign was led by early psychosis (EP) advocates, aiming for earlier detection, optimal early treatment of psychosis, and routine measurement of outcomes nationwide.

MEASURING OUTCOMES

Diverse outcome measures are used to evaluate clinical symptoms, social and occupational functioning, and quality of life (Isaac, Chand, & Murthy, 2007), however the variety of instruments used makes it difficult to compare effectiveness between services (Addington et al., 2009). Other performance measures can be more readily available and reliable (Addington et al., 2005). For example, the rate of hospital admission is a common indicator, as this is a significant factor in the community burden of illness (Burns, 2007; Weiden & Olfson, 1995).

Since the 1990s, Australian governments have consistently supported the use of client outcome measures (Australian Health Ministers, 1992). Several instruments were identified as feasible for routine application, also being reliable, valid and sensitive to change. A suite of routine outcome measures (ROMs) were mandated for use across Australian public mental health services (Department of Health and Ageing, 2003). In the state of Victoria, Australia, these mandated measures are: the Health of the Nation Outcome Scales (HoNOS); the Life Skills Profile (LSP); Focus of care (FOC); and the Behavior and Symptom Identification Scale (BASIS). As noted by Trauer (2010), Australia and New Zealand have been at the forefront in systematic implementation of ROMs. A national collection protocol was linked to key points in episodes of care: intake, review, discharge.

[☆] Work carried out at: Hawthorn Community Mental Health Service, 642 Burwood Road, Hawthorn East 3123, Australia.

* Corresponding author at: St. Vincent's Hospital (Melbourne), Mental Health Service, Hawthorn Community Mental Health Centre, Australia.

E-mail address: Melissa.Petrakis@svha.org.au (M. Petrakis).

A barrier to effective use of ROMS for monitoring and research is the low rate of completion in clinical settings, with a number of studies highlighting that ROM completion rates rarely exceed 60%, though rates can be as high as 85% in a community setting (Kisely, Campbell, Crossman, Gleich, & Campbell, 2007; Kisely et al., 2008). Despite concerns raised about poor completion of HoNOS (Eagar, Trauer, & Mellsop, 2005), and clinicians' sometimes inaccurate ratings (Lambert, Caputi, & Deane, 2002), it has been shown to be a reliable mental health outcome measure (Eagar et al., 2005). Since 2001, HoNOS has been mandated for routine use Australia-wide in all public mental health settings and aggregated HoNOS data is held by a government agency (Trauer, 2010).

The HoNOS has proven to be satisfactory for routine assessment with first episode psychosis clients (Preti et al., 2012). Improvements in HoNOS ratings were reported for 94 first episode clients, after 12 months of treatment in an EP service in Northern Sydney (Nash et al., 2004). Turner, Boden, Smith-Hamel, and Mulder (2009) found significant improvements to HoNOS scores over 24 months, in a cohort of 236 first episode clients in New Zealand. The Australian national data shows that HoNOS scores for clients involved with mental health services also generally improve (Burgess, Pirkis, & Coombs, 2006). Despite widespread ROM use internationally, few studies identify and report on ROM findings for EP client populations (Cocchi, Mapelli, Meneghelli, & Preti, 2011; Nash et al., 2004; Parabiaghi et al., 2011; Turner et al., 2009).

THE EARLY PSYCHOSIS PROGRAM (EPP)

In 2007 the service that is the focus of the current study was a recipient of state government funding to provide a specialised EP service. An approach was developed that established an EPP within an existing adult mental health service (Petrakis, Penno, Oxley, Bloom, & Castle, 2012). The approach incorporated key nursing roles and a broad age criteria (16–64 years), in contrast with most EP services nationally and internationally that operate separate specialist EP teams, targeting younger populations (typically 16–25 years).

This integrated EPP approach ensured that people of any age presenting with a first episode of psychosis received evidence-based EP care, and benefitted from a care-pathway concordant with the Australian Clinical Guidelines (Petrakis et al., 2011). The wider age criterion is important because psychosis is known to emerge across the lifespan (Commonwealth Department of Health and Ageing, 2009). This approach reduced internal service distinctions which would otherwise be made based on age, requiring clients to transfer from youth or EP services to adult case management, commonly after 2 years. In this EP approach, once time-limited intensive EP intervention is complete, a client receiving ongoing treatment may not have to change case manager, psychiatrist or team.

At the EP service during the financial year 2010/2011, the average rate of HoNOS completion was 65.0%, compared with the 60.8% state-wide average. The EPP completed a baseline intake assessment of illness severity using HoNOS for 78.26% of the EP cohort ($n = 239$).

AIM & OBJECTIVES

The aim of the study was to explore EP client outcomes compared with national outcomes.

The objectives of the EP evaluation were:

- To describe the EP client population;
- To investigate whether clients receiving an EP program integrated within a public mental health service showed improved HoNOS scores;
- To examine outcome variances, to identify domains for further attention and potential service improvement;

- To compare EP outcomes against the available Australian national routine outcome measurement data.

METHODS

RESEARCH DESIGN

The design was a prospective cohort study of five years of EP client outcomes. Demographic data and ROMs across three separate points were collected from internal organisational and statewide reporting datasets. Since the national dataset included all clients treated for psychosis in public sector services, this provided a large group against which to compare ROMs for the cohort of EP clients. In this data set, the three ROM collection points were at intake, review and discharge, as specified by the Australian Mental Health Outcomes and Classification Network (AMHOCN, 2016).

PARTICIPANTS AND SAMPLING METHOD

The study population was all the clients receiving EPP within the five years since the EPP commenced, from July 2006 to July 2011, as recorded in the state government level 'Redevelopment of Acute and Psychiatric Information Directions' (RAPID) patient registration system. The specific EPP service protocol for this group accorded with the EP clinical guidelines (McGorry, 2005). It included these service elements: engagement, physical assessment and investigations, biopsychosocial approach, low dose antipsychotic medication, psychoeducation to client and family, active referral and linkage with general practitioner (family physician) and with community supports (Petrakis et al., 2011).

Clients eligible to receive care with EPP were: individuals living within the service catchment area; aged between 16 and 64 years; and with either no prior history of psychosis or a history of treated psychosis <18 months. Eligible individuals had either active psychotic symptoms or were suspected to be experiencing an 'at risk mental state' (Yung et al., 2005) for psychosis.

These people were excluded from EPP service: individuals living outside geographical catchment area for the service; those aged under 16 years or over 65 years; and those with a history of psychosis >18 months. Using these criteria, the authors identified two hundred and seventy one clients ($N = 271$) who were registered within EPP in the given timeframe.

Two additional study exclusion criteria were then applied to the group: clients registered on the database for less than one week; or clients who did not have meaningful registered contact occasions (defined as less than two contact occasions and overall contact duration of <10 min). These criteria reflected inadequate contact with the service. Also clients were excluded if there were less than two separate HoNOS outcome measures reported, as a single occasion of ROM could not be included in the analysis. These exclusion criteria resulted in omission of 32 cases from analysis.

The study cohort was then two hundred and thirty nine ($N = 239$) clients, as shown in Fig. 1.

For this study group, HoNOS outcome measures were collected on 1098 occasions from a possible 1200 occasions (91.50%), a strongly representative sample. Within this sample, ROMs were located for 270 intake occasions, 716 review occasions and 112 occasions of discharge from EPP.

MEASURES

HoNOS (Table 1) is a 12-item clinician-rated measure of severity of a client's mental health problems over a two-week period. Ratings are made on a five-point Likert scale. The points of 0–1 for each item indicate normality or a non-clinical range of problems, while scores of 2–4 for each item indicate clinically significant problems (Wing, Curtis, &

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