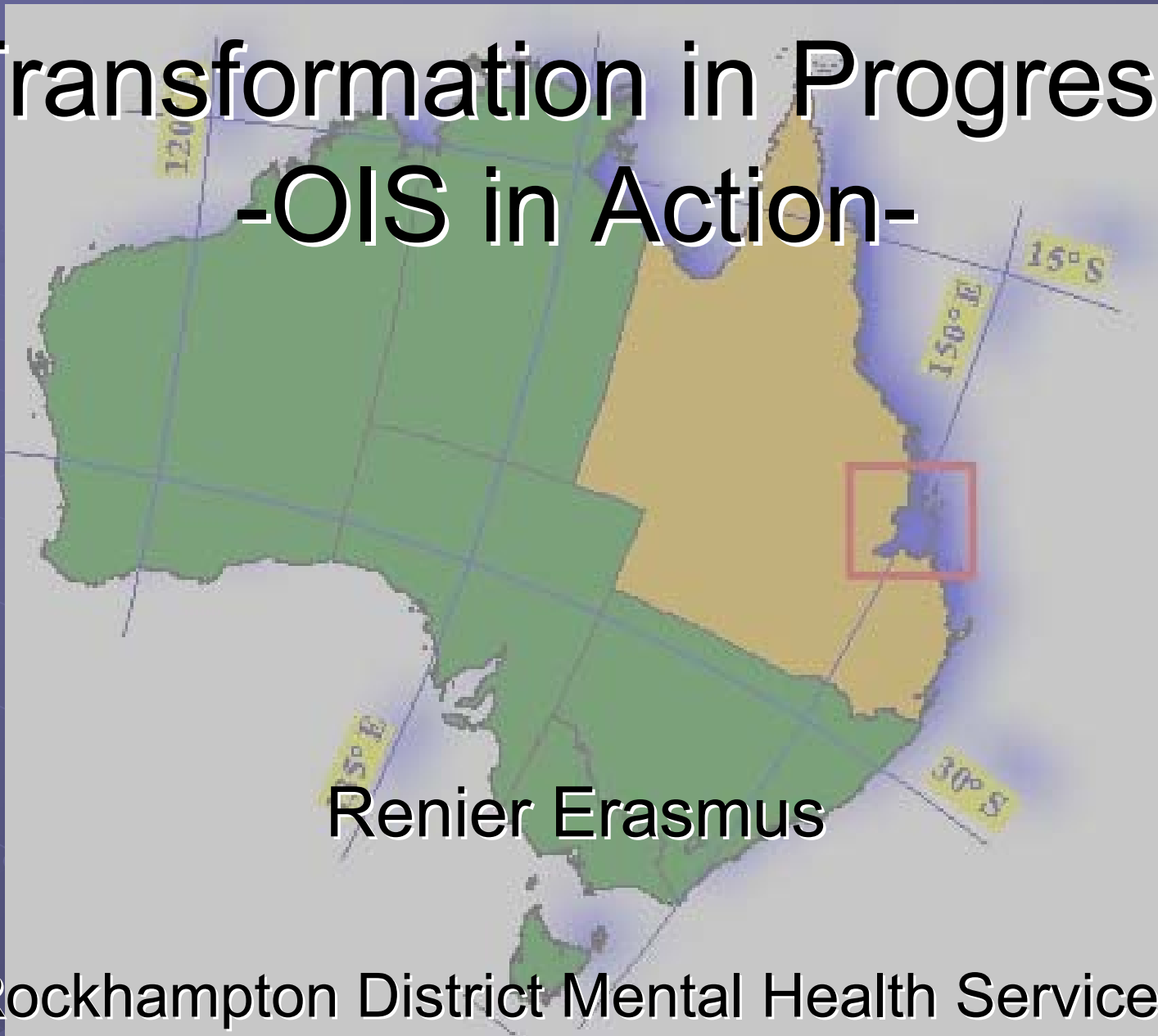


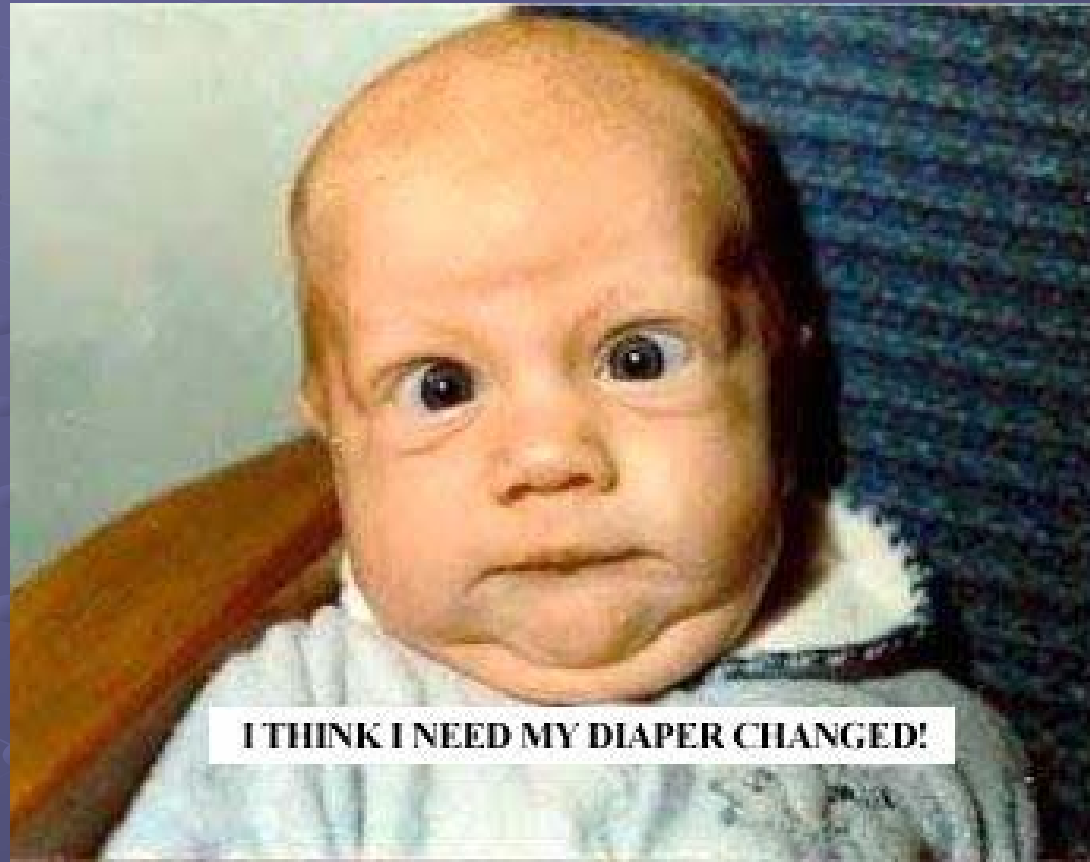
# Transformation in Progress

## -OIS in Action-

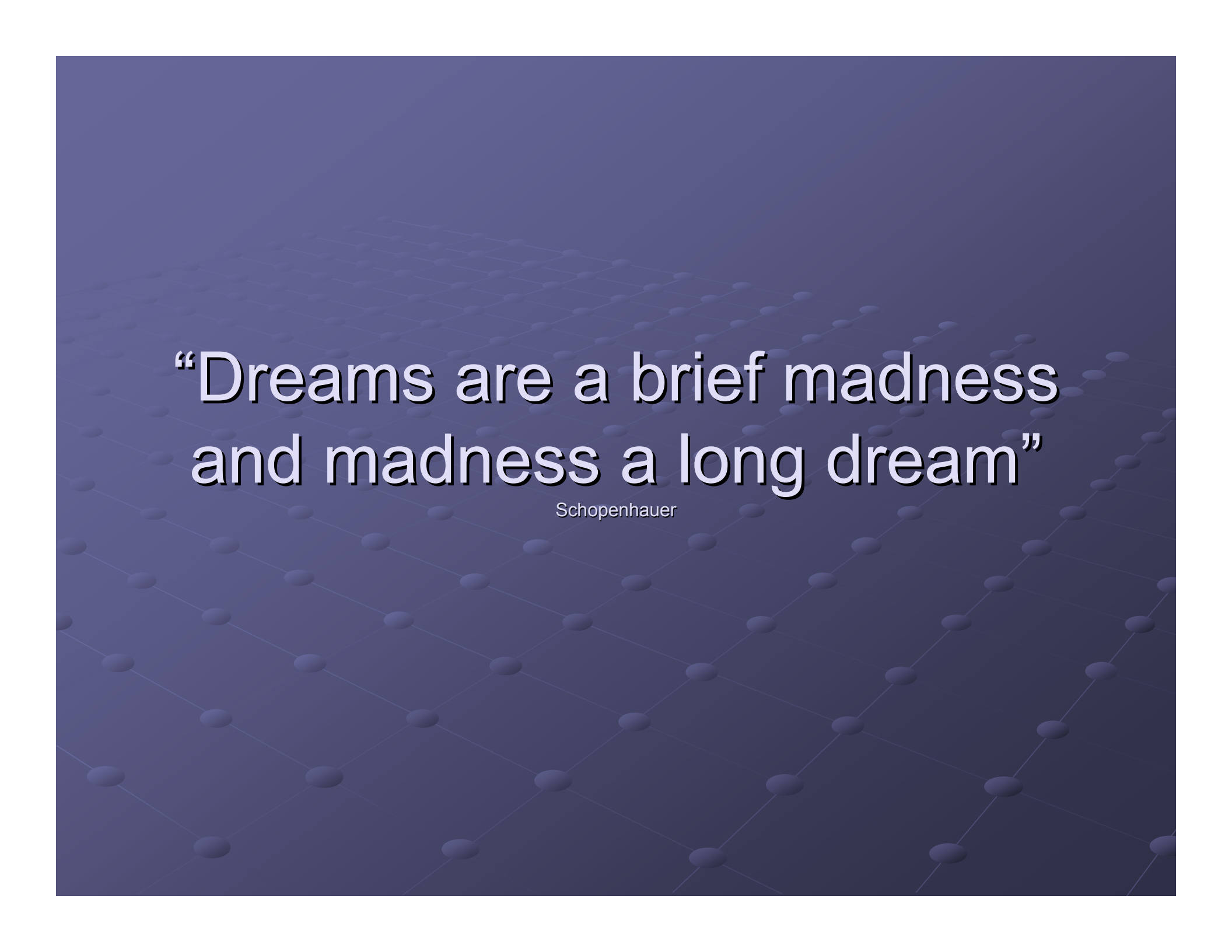


Renier Erasmus

Rockhampton District Mental Health Services



**I THINK I NEED MY DIAPER CHANGED!**



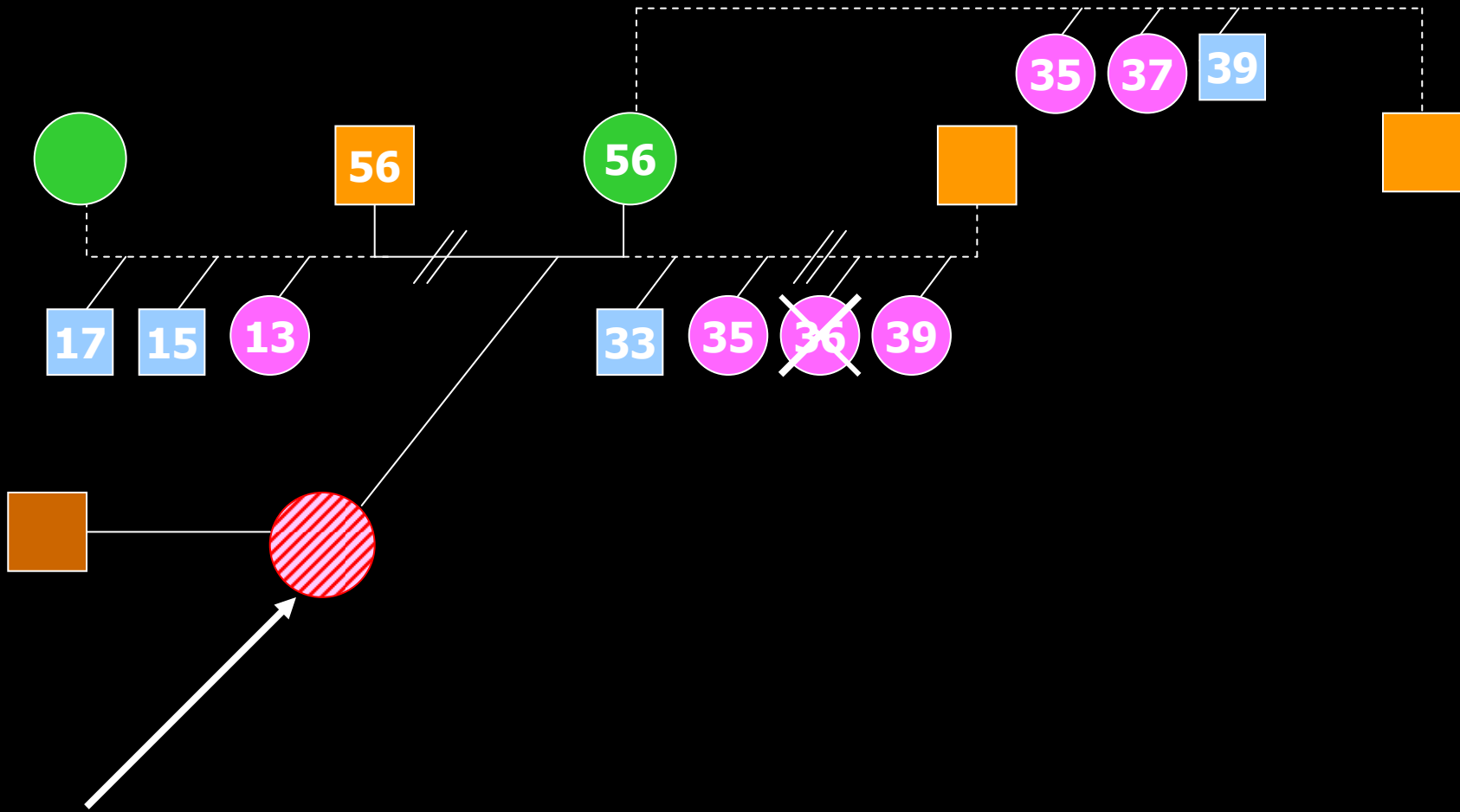
“Dreams are a brief madness  
and madness a long dream”

Schopenhauer

# Who are you?

- Sue - 27 yr Female
- Born on Gold Coast, normal birth
- Married – 5 years, been with partner for 6 years
- Partner – Chef
- No children

- Parents separated - 6 yrs old
- Mum re-married
- Step-dad: alcoholic, verbally & physically abusive (Mum and Sue)
- Functional schooling
- Not settled in new school





# OUTCOMES INFORMATION SYSTEM

## CLINICAL HISTORY REPORT

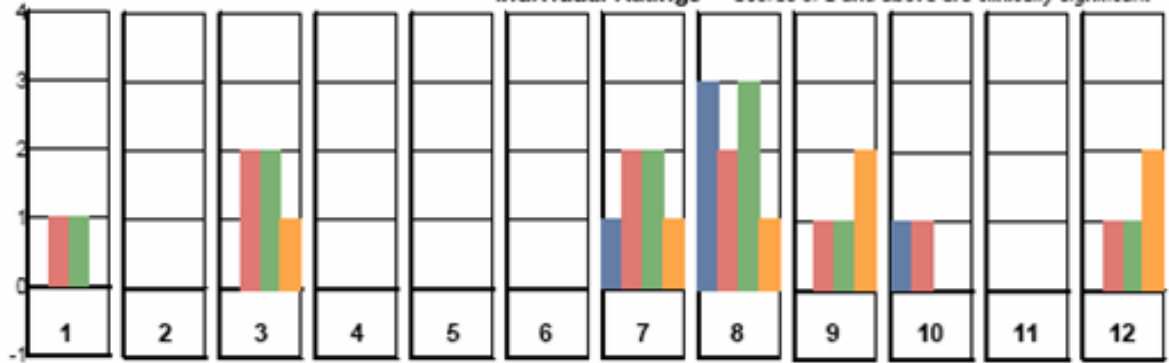
Consumer: [REDACTED]

DOB: [REDACTED]

Sex: Female

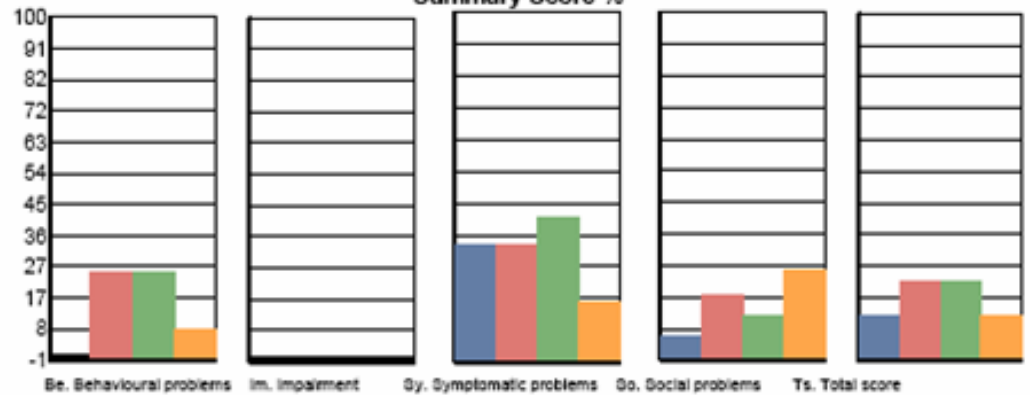
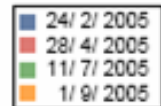
### HoNOS

Individual Ratings Scores of 2 and above are clinically significant



- 1. Overactive, aggressive, disruptive or agitated behaviour
- 2. Non-accidental self-harm
- 3. Problem drinking or drug-taking
- 4. Cognitive problems
- 5. Physical illness or disability problems
- 6. Problems associated with hallucinations and delusions
- 7. Problems with depressed mood
- 8. Other mental and behavioural problems
- 9. Problems with relationships
- 10. Problems with activities of daily living
- 11. Problems with living conditions
- 12. Problems with occupation and activities

### Summary Score %





# OUTCOMES INFORMATION SYSTEM

## CLINICAL HISTORY REPORT

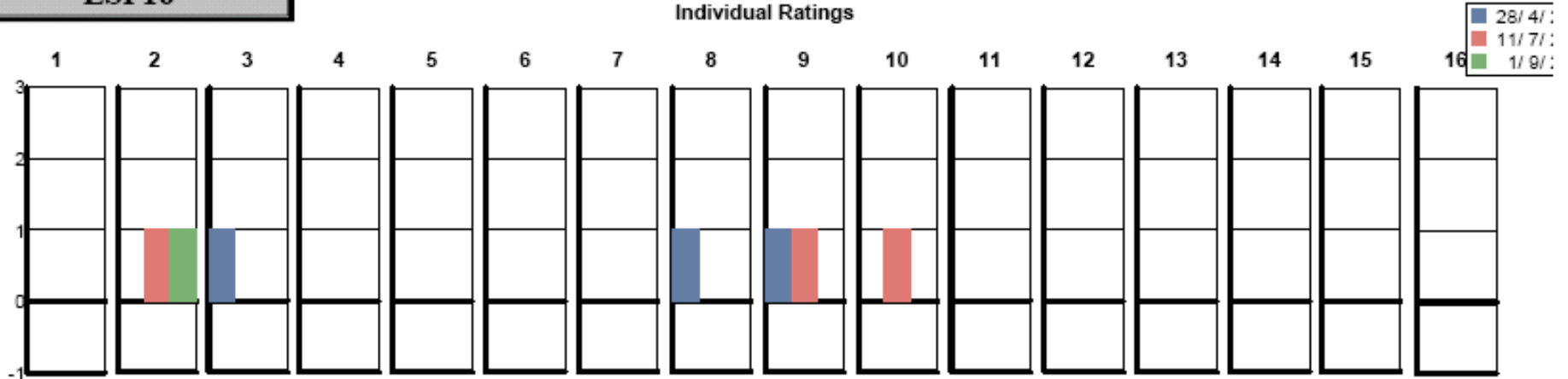
Consumer: [REDACTED]

DOB: [REDACTED]

Sex: Female

**LSP16**

### Individual Ratings



1. Does this person generally have any difficulty with initiating and responding to conversation
2. Does this person generally withdraw from social contact
3. Does this person generally show warmth to others
4. Is this person generally well groomed (e.g., neatly dressed, hair combed)
5. Does this person wear clean clothes generally, or ensure that they are cleaned if dirty
6. Does this person generally neglect their physical health

7. Is this person violent to others
8. Does this person generally make and/or keep up friendships
9. Does this person generally maintain an adequate diet
10. Does this person generally look after and take their own prescribed medication (or attend for prescribed injections) on time
11. Is the person willing to take psychiatric medication when prescribed by a doctor
12. Does this person co-operate with health services (e.g., doctors and/or other health workers)

13. Does this person generally have problems (e.g., friction, avoidance) living with others in the household
14. Does this person behave offensively (Includes sexual behaviour)
15. Does this person behave irresponsibly
16. What sort of work is this person capable of (even if unemployed, retired or doing unpaid domestic duties)

### Summary Score %





# OUTCOMES INFORMATION SYSTEM

## CLINICAL HISTORY REPORT

Consumer: [REDACTED]

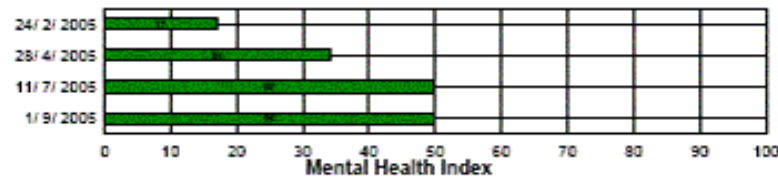
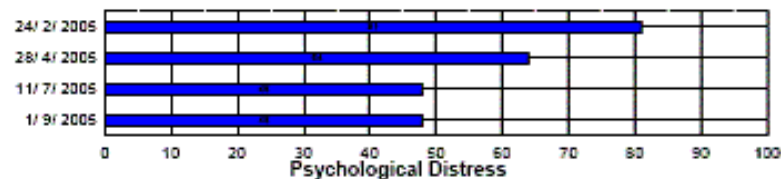
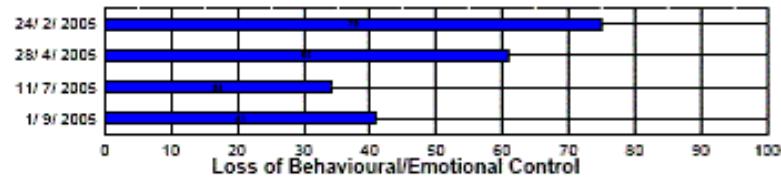
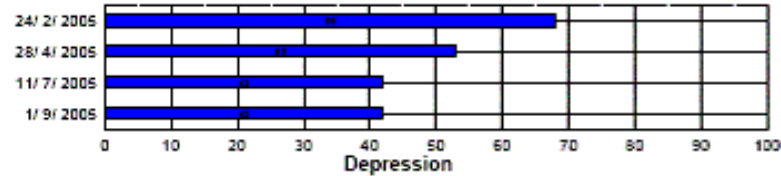
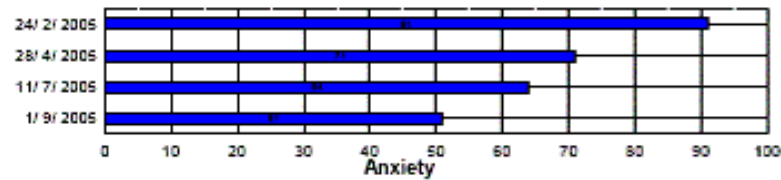
DOB: [REDACTED]

Sex: Female

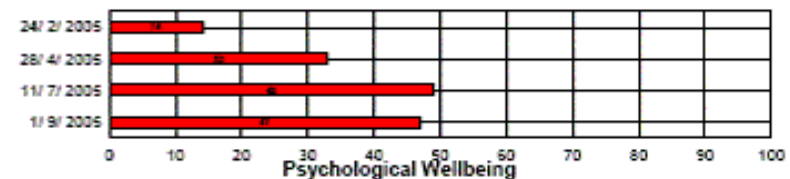
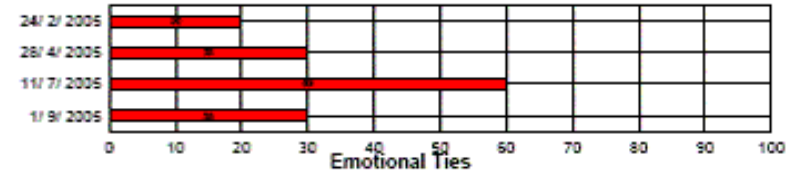
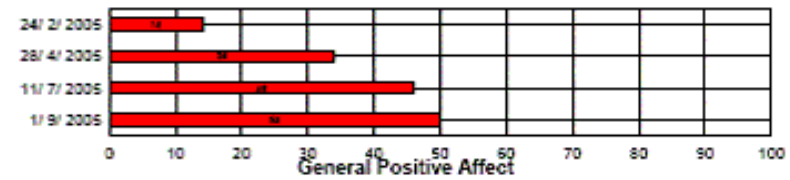
### MHI

*When interpreting scores please note that the psychological wellbeing scales are different to the psychological distress scales*

#### Psychological Distress



#### Psychological Wellbeing





# OUTCOMES INFORMATION SYSTEM

## CLINICAL HISTORY REPORT

Consumer: [REDACTED]

DOB: [REDACTED]

Sex: Female

### Summary Page

### HoNOS

Collection Date	Collection Occasion	Service Type	HoNOS Items												Summary Scores %					Total raw score	
			1	2	3	4	5	6	7	8	8a	9	10	11	12	Be	Im	Sy	So	Ts	Ts
24/2/2005	New episode: new referral	Community/Ambulatory	0	0	0	0	0	0	1	3	B	0	1	0	0	0	0	33	6	12	5
28/4/2005	Review: standard	Community/Ambulatory	1	0	2	0	0	0	2	2	B	1	1	0	1	25	0	33	18	22	9
11/7/2005	Review: standard	Community/Ambulatory	1	0	2	0	0	0	2	3	B	1	0	0	1	25	0	41	12	22	9
1/9/2005	Review: ad hoc	Community/Ambulatory	0	0	1	0	0	0	1	1	B	2	0	0	2	8	0	16	25	12	5

### MHI

Collection Date	Collection Occasion Collection Status	Service Type	Anxiety	Depression	Loss of Control	Psych Distress	Positive Affect	Emotional Ties	Life Satisfaction	Psych Wellbeing	MHI
24/2/2005	New episode: new referral Measure completed by the consumer	Community/Ambulatory	91	58	75	81	14	20	20	14	17
28/4/2005	Review: standard Measure completed by the consumer	Community/Ambulatory	71	53	61	64	34	30	40	33	34
11/7/2005	Review: standard Measure completed by the consumer	Community/Ambulatory	64	42	34	48	45	50	60	49	50
1/9/2005	Review: ad hoc Measure completed by the consumer	Community/Ambulatory	51	42	41	48	50	30	60	47	50

### LSP16

Collection Date	Collection Occasion	Service Type	LSP16 Items													Summary Scores %							
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Wd	Sc	Co	As	Ts
28/4/2005	Review: standard	Community/Ambulatory	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	16	6	0	0	6
11/7/2005	Review: standard	Community/Ambulatory	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	8	6	11	0	6
1/9/2005	Review: ad hoc	Community/Ambulatory	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	2



# OUTCOMES INFORMATION SYSTEM

## CLINICAL HISTORY REPORT

Consumer: [REDACTED]

DOB: [REDACTED]

Sex: Female

### Dx/MHA/FoC

Collection Date	Collection Occasion	Service Type	Principal Diagnosis	Focus of Care	Mental Health Legal Status
24/2/2005	New episode: new referral	Community/Ambulatory			
28/4/2005	Review: standard	Community/Ambulatory	F41.2 Mixed anxiety and depressive disorder	2. Functional gain	Not an involuntary patient at any time
11/7/2005	Review: standard	Community/Ambulatory	F41.2 Mixed anxiety and depressive disorder	2. Functional gain	Not an involuntary patient at any time
1/9/2005	Review: ad hoc	Community/Ambulatory	F41.2 Mixed anxiety and depressive disorder	2. Functional gain	Not an involuntary patient at any time

- Left home after 14<sup>th</sup> birthday
- Studying – chef, worked for 10 yrs
- Accepted a position at “energy providing company”: tele-consultant
- Resource planner
- Position gets upgraded constantly

# What are you?

- Referred by GP
- Panic attacks for past 2.5 years; 2-3 panic attacks daily
- Px Alprazolam (Paroxetine and Citalopram, both ceased)
- On Sertraline 100 mg nocte & “Emergency Kit”
- Generally healthy
- Recently – pain on left side, painful when passing urine, experiencing reflux as well
- Constant worries about health

- Describes Panic: late afternoons
- Symptoms: hyperventilation, tightness in chest, heart palpitations, sweaty palms & hands, shaking, restlessness, dizziness, light-headedness
- Attacks in her car
- Confined spaces & flying
- Social withdrawal
- Partner works long hours
- Sleeps with a light on, poor sleep cycles
- Stresses easily
- Poor appetite
- Seldom normal elimination – alternate between extremes



What do we learn from our OIS?

# 1<sup>st</sup> Measure

- Presented with anxiety / panic
- Concerns - low mood & ADL's
- HoNOS correlates strongly with MHI on:
  - Anxiety
  - Depression
  - Loss of Behavioural/Emotional Control
- Psychological Distress, classic symptoms of panic
- Impacts negatively on her mood; loss of esteem, motivation
- Social isolation, longer work hours
- Debilitating, impacts on Psychological Wellbeing
- Low on all scores on MHI & low Total MHI Index scores indicative of poor coping functionality

# Between 1<sup>st</sup> & 2<sup>nd</sup>

- Increase Sertraline - 100mgs, maintain Alprazolam
- Intervene with psychological interventions:
  - CBT & Psych Education
  - Relaxation and distraction techniques enforced
- Core-Beliefs identified:
  - Belief she is not good enough
  - Belief she will not succeed
  - Belief she has to prove herself over-and-over to others
  - Catastrophise / globalise these beliefs to her whole world
- Fear that she is not in control of her life
- Fear she might die / is busy dying
- Fear she is suffering from a disease

## 2<sup>nd</sup> Measure

- HoNOS: Increase in measures
- Reported some fall-outs with friends and partner
- Describes “mood swings”, restlessness
- Would cry at night when by herself
- Concerns about her relationships
- No contact with her mother
- Issues with colleagues at work
- Describes ‘discriminating’ against her / trying to prove her wrong
- Identified one person in specific who tries to alienate her from her manager

## 2<sup>nd</sup> Measure

- Measures improved on MHI
- More in control, less anxious & less depressed
- Worrying & being nervous; bothers her that she can't stop
- Positive effects with relaxation techniques
- Less sceptic towards future
- Able to identify positive aspects
- Still concerned about control (life, mood & prospects)
- Depicted in her globalisation of identified beliefs
- Attributes the physical symptoms of anxiety to her not being well

# Between 2<sup>nd</sup> & 3<sup>rd</sup>

- Continue Sertraline 100 mg
- Negotiated slow downward titration / withdrawal - Alprazolam
- Continue with distraction techniques
- Introduced Schema Therapy
- Identified following schema modes:
  - Disconnection / Instability
    - Abandonment
    - Mistrust / abuse
    - Emotional deprivation
    - Defectiveness / shame
    - Social isolation/ alienation

# Between 2<sup>nd</sup> & 3<sup>rd</sup>

- Impaired Autonomy / Performance
  - Vulnerability to harm / illness
  - Failure
- Subjugation of Emotions
- Approval / recognition-seeking
- Over-vigilance
  - Unrelenting standards
- Strong issues with her mother, negotiated expression of anger
- Process of creating Healthy Adult – to nurture Lonely Child
- Challenge Self-Aggrandizer – less need for approval
- Focus on minimizing Detached Self-Soother – focus to true nurturance

# 3<sup>rd</sup> Measure

- HoNOS - little change
- Measure 8 (Anxiety) increased to same level as in 1<sup>st</sup> measure
- Anxiety experienced from withdrawal of Alprazolam
- Concerns about ADL's 'resolved'
- Responded well to Schema Mode challenges
- Still expressed "learned symptomology" of anxiety and depression
- Partner supportive 'when available'
- Still negotiating 'rules-of-engagement' with close family
- Became overly supportive towards certain members

# 3<sup>rd</sup> Measure

- Similar inversely positive trend on measures for psychological wellbeing
- Concerns about calmness and being peaceful
- Described mood-swings (new) ??Alprazolam decreases
- Having to deal with 'her life'
- Increase pressure at work
- Nominated and won award
- Able to challenge herself and her current 'life situation'
- Noticeable changes in appearance, thinking and self-analysis patterns & future orientation
- Philosophical questions arising

# Between 3<sup>rd</sup> and 4<sup>th</sup>

- Started dynamic interventions
- Identified various unconscious thoughts and noticeably less use of defense mechanisms
- “It feels like I am living my third life”
- Continues Sertraline 100 mg (requested splitting dose??)
- Alprazolam – 2/day with more consistency
- Felt more in control of anxiety
- Teary / emotional – more than usual
- Started expressing concerns about her relationship with her partner
- “Is there only one person to love?”
- Dealing with conflicting / complex thoughts
- Overall impression still positive

# 4<sup>th</sup> Measure

- HoNOS: Positive trend - depression / anxiety scores
- Increase in relationship tension (partner involvement)
- Questioning work ethics / long-term feasibility
- Current state correlates with MHI:
  - Anxiety still on downwards trend (n=51)
  - No change in Depression (?cause)
  - Increase in LOC – increase in work stress and well and future nomination / withdrawal from Alprazolam

# 4<sup>th</sup> Measure

- Psychological Wellbeing – similar pattern
- Positive affect increased – more certainty towards her future based on her past success
- Emotional Ties decrease – in relation to partner?
- No change for Life Satisfaction
- Overall picture (and score) unchanged
- Could be due to many factors??
- Investigated aspects with her – she feels that she might still be putting very high expectations / standards for herself to achieve



# Comments on OIS

- Good to compare / evaluate clinician-rated versus client-rated reports
- Less emphasis on DX – rather listen to what client says
- Good to measure the affective components of psychological wellbeing and distress – as is (in life)

# Comments on OIS

- MHI – strong correlation to Affective Disorders as well as Anxiety Disorders
- Good for use in most age groups
- Questions relating to lack of self-harm / suicidal thoughts when measuring LOC or emotional control

# Comments on OIS

- Not a diagnostic tool
- Could indicate possible undiagnosed symptoms
- (I feel) More useful as an ongoing measurement tool to:
  - Establish direction of therapy
  - Self-monitoring for the consumer
  - Clinician self-evaluation

# Comments on OIS

- Clinician resistance?
- Consumer resistance?
- What does resistance tell us?
- How do we market and sell mental wellness (if at all)?