Patient-Reported Outcome Measures to Inform Measurement-based Care for Youth Living with Mental Health Concerns: A mixed method study

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Introduction

Measurement-based care (MBC) describes routinely using outcome measurement to guide treatment decisions supporting **Patient-centered Care (PCC).** Patient-reported Outcome Measures (PROMs) play a vital role in MBC supporting the delivery of PCC. Despite the evidence on the benefits of using PROMs, there remains a poor consensus on which measurements are most appropriate for youth

Moreover, most PROMs have been developed without direct input from the service users. Engagement of the service users, such as patients and family members/caregivers, is vital at this stage to ensure the selected PROMs are feasible, relevant and acceptable to them.

Objective

The overall aim of this study is to inform the use of PROMs in the clinical care of youth with Mental Health Concerns focusing on anxiety and or depression.

Methods

➢Mixed-methods, multi-phased study (Two phases)
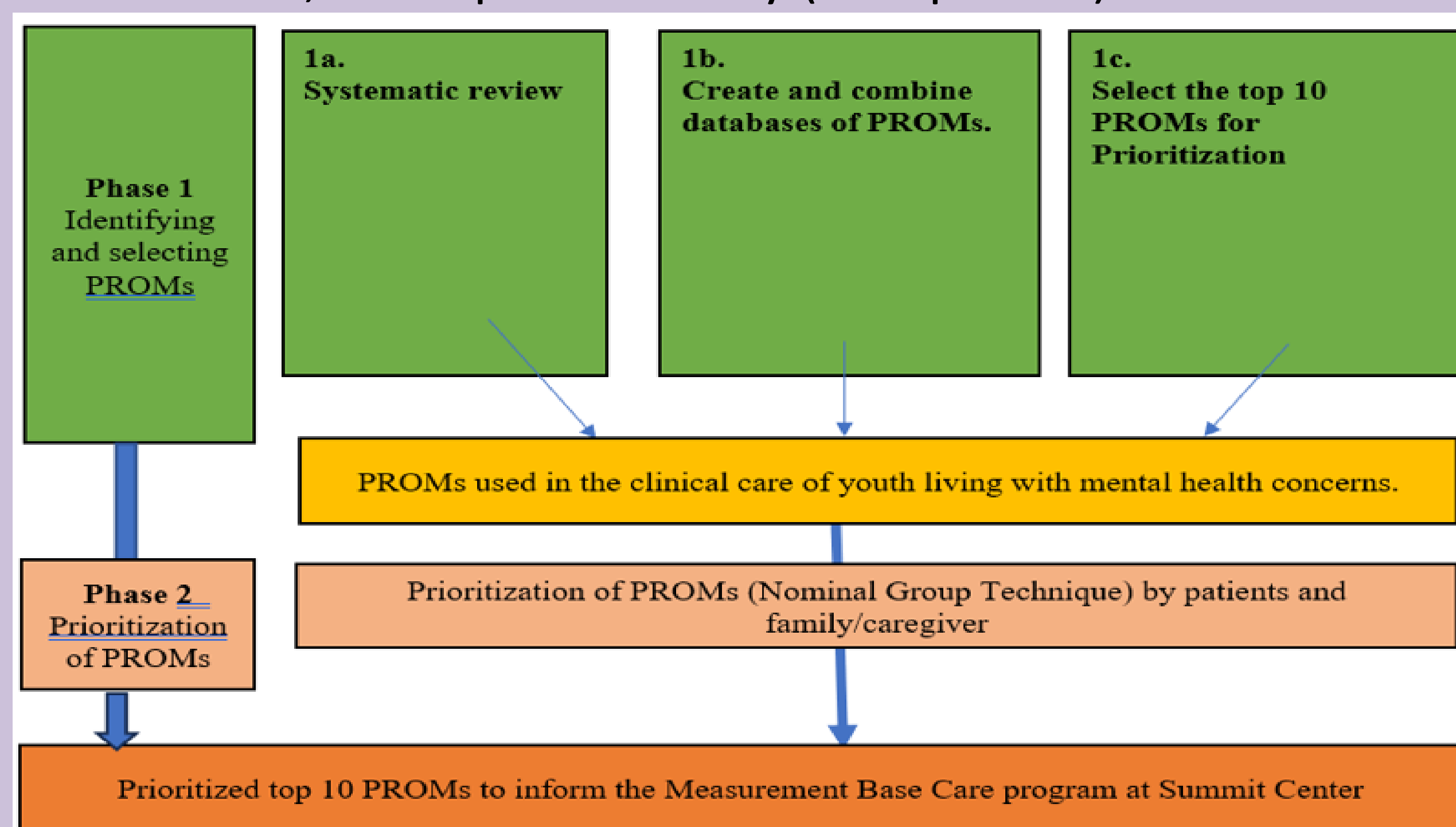
Fig: 1 Project at a glance

➢The first phase included three stages: 1) a systematic review, 2) Creating and combining a database of PROMs from different sources (Systematic review, ICHOM), 3) Top 10 PROMs selected for prioritization in Phase 2.

➢Phase 2, the Nominal Group Technique (NGT) sessions to prioritize the top 10 PROMs.

➢Inclusion criteria: Youth (12-17 years of age) with anxiety and/or depression, family members/caregivers in Calgary.

Fig:2 Steps during NGT
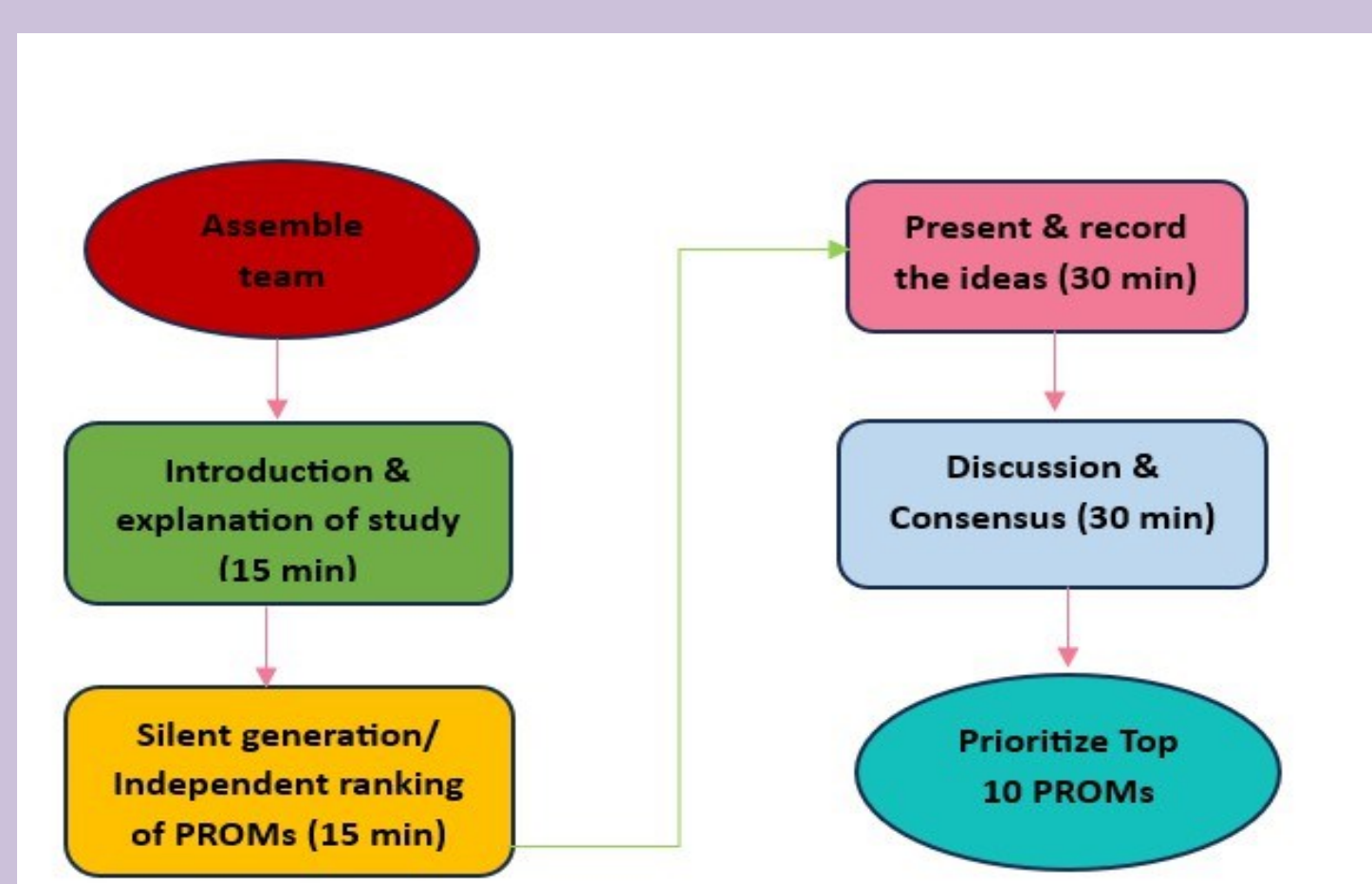
Result

Phase 1.a

Systematic review:
✓ Of the 5004 articles returned by the electronic search
✓ 34 full texts were included of which
✓ **28 PROMs** (Generic and disease-specific)

Phase 1 (b, c) Selecting top 10 PROMs

1. **Pediatric Quality of Life Inventory (PedsQl)**
2. **KIDSCREEN 10**
3. **Screen for Child Anxiety Related Disorder (SCARED)**
4. **Youth Persons' CORE (YP-CORE)**
5. **Revised Children's Anxiety and Depression Scale -25 (RCAD-25)**
6. **Child Behaviour Checklist (CBCL)**
7. **Spence Children's Anxiety Scale (SCAS)**
8. **Strength and Difficulties Questionnaire (SDQ)**
9. **Beck Depression Inventory-II**
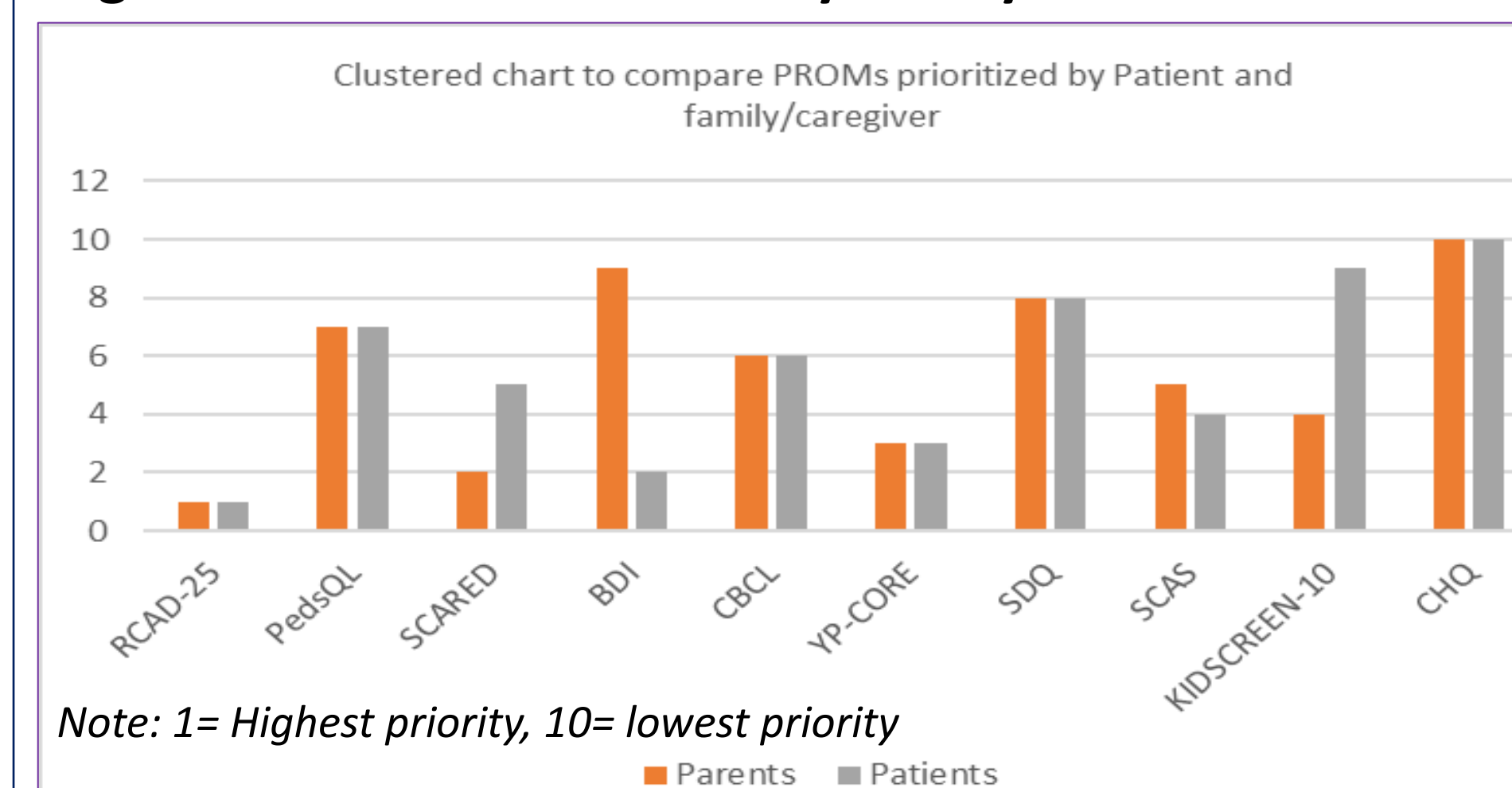10. **Child Health Questionnaire (CHQ)**

Phase 2

Table 1. Prioritization of PROMs by parents/caregiver

Measures	P1	P2	P3	P4	P5	P6	P7	P8	Prioritization Rank	Median (IQR)
Revised Child Anxiety and Depression Scale (RCAD-25)	8	10	8	10	9	10	10	3	1	9.5 (10-8)
Screen for Child Anxiety Related Disorders (SCARED)	8	10	8	7	9	10	3	7	2	8 (9.5-7)
The Young Person's Core (YP-CORE)	6	7	7	8	10	8	10	7	3	7.5 (9-7)
Child Health Questionnaire (CHQ)	8	6	9	9	6	7	8	5	4	7.25 (8.5-6)
Pediatric Quality of Life Inventory (PedsQl)	7	8	10	2	2	5	10	7	5	7 (9-3.5)
Strength and Difficulties Questionnaire (SDQ)	6	7	8	4	5	10	8	7	6	7(8-5.5)
Child Behaviour Checklist (CBCL)	7	7	8	3	6	10	6	7	7	7(7.5-6)
Spence Children's Anxiety Scale (SCAS)	8	5	7	6	5	10	8	4	8	6.5(8-5)
Beck Depression Inventory (BDI)	8	5	8	0	8	10	3	4	9	6.5(8-3.5)
KIDSCREEN-10	6	7	8	5	1	3	10	5	10	5.5(7.5-4)

Table 3. Prioritization of PROMs by patients (n=5)

Measures	P1	P2	P3	P4	P5	Prioritization Rank	Median (IQR)
Revised Child Anxiety and Depression Scale (RCAD-25)	10	7	10	6	9	1	9(10-6.5)
Beck Depression Inventory (BDI)	10	6	9	10	6	2	9(10-6)
The Young Person's Core (YP-CORE)	10	6	9	8	7	3	8(9.5-6.5)
Child Behaviour Checklist (CBCL)	10	4	8	9	7	4	8(9.5-5.5)
Screen for Child Anxiety Related Disorders (SCARED)	10	8	8	3	6	5	8(9-4.5)
Pediatric Quality of Life Inventory (PedsQl)	9	8	7	4	8	6	8(8.5-5.5)
Spence Children's Anxiety Scale (SCAS)	10	6	9	6	7	7	7(9.5-6)
Strength and Difficulties Questionnaire (SDQ)	10	5	7	5	8	8	7(9-5)
KIDSCREEN-10	9	9	4	1	7	9	7 (9-2.5)
Child Health Questionnaire (CHQ)	9	8	4	6	5	10	6(8.5-4.5)

Figure 3: PROMs Prioritized by Family and Patients

Clustered chart to compare PROMs prioritized by Patient and family/caregiver

Note: 1= Highest priority, 10= lowest priority
■ Parents ■ Patients

➢ There were 5 (youth) and 8 (parents/caregivers) participants.
➢**RCAD 25** and **YP-CORE** were the highest priority for both participants.
➢Both felt **RCAD 25** was **comprehensive, short, easy, and quick to complete**.
➢Due to some specific concerns, **SDQ** and **CHQ** were the lowest prioritized by participants.

Conclusions

It is of utmost importance that patient's and family/caregivers' voices or opinions are considered while selecting and implementing PROMs in mental health settings. This study presents an excellent opportunity to leverage these findings to support the scale-up implementation of PROMs in clinical care for youth living with mental health in Alberta.

Acknowledgements

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