

# Assessment of Mental Health

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# Why

- What are the different reasons we would carry out an assessment of a person's mental health

# Current use

What do you use now

# Purpose

- Screening
- Assessment of need
- Monitoring change
- Lack of psychiatrists and psychologists to assess.

# Screening Tools

## *Purpose*

- To detect poor mental health

## *Examples*

- Reiss Screen
- PAS-ADD
- PIMRA

# Screening

- Can be used by most people employed in services
- Helps sign-post people to the right services
- Indicates further assessment needed

# Assessment

## Multi-trait vs Single trait

# Multi-trait

Covers range of mental health concerns

## *Examples*

- Standard Symptom Checklist- Revised-90.
- Brief Symptom Inventory.

# Single Trait

Assesses one symptom domain

## *Examples*

- Beck Depression Inventory
- Zung Anxiety Scale
- Glasgow Depression Scale
- Glasgow Anxiety Scale

# Wider screening

- What other aspects of mental health do we need to consider?

# Going beyond usual symptom domains

## *Examples*

- Anger
- Interpersonal problems
- Self esteem
- Challenging behaviour

# Why Wider screening

- Anger and Challenging Behaviour create the largest number of referrals to services
- Poor self esteem
- Difficulties in relationships

# Screening, assessment and change

- Some measures are only valid to screen for mental health problems
- Some scales also enable measurement of change over time.

# Which do what?

- Diagnose/Screen
- Measure change

# Why measure change

- Evaluate interventions
- Evaluate impact of services

# What makes a good measure

- Appropriate for the person
- Assesses relevant issues
- Reliability
- Validity

# Reliability

- Internal consistency (Cronbach's Alpha)
- Test re-test

# Problem

- Lack of reliability data for populations who have ID
- Practitioners and researchers induct reliability data from other populations

# Inducting

“The practice of inducting and citing reliability coefficients from prior studies is only modestly plausible when the composition of and variability between the two participant groups is explicitly and directly compared”

(Whittington, 2003)

# Validity

- Construct Validity (measures what it says it will)
- Convergent validity (extent to which it correlates with measure of the same construct)
- Discriminative Validity (It discriminates between clinical and non-clinical populations)

# Example the BSI

- 53 items covering 9 dimensions
- Administered to 200 people who have ID
- Recruited from Clinical, community and forensic settings

# Questions

- Are the nine dimensions there?
- Is the instrument internally reliable/
- Is it stable?
- Does it discriminate between the three groups?
- Does it correlate with similar measures eg PASSAD

# BSI Results

- An eight factor solution emerged with high face validity
- Six of the original scales were broadly reproduced

# BSI

- Anger items formed a new factor
- Suicidal ideation formed a new factor
- The psychoticism and interpersonal sensitivity scales did not factor
- Anxiety and Phobic anxiety scale items formed a single factor
- Only one item did not factor

# BSI

- The scales have high internal reliability
- The overall score had high test-re-test reliability (.93)
- Participants were responding to a large proportion of the items in a similar manner to non-disabled adults
- Effectively discriminated between clinical and community groups.
- Suggests we can use this tool but should adopt a slightly different interpretation to the original.

# Rosenberg Self Esteem

- One-dimensional scale
- Used in research and treatment evaluations with people who have ID
- New versions developed and used without appropriate consideration of their reliability and validity.

# Rosenberg

- Administered to 219 adults who have ID
- Recruited from clinical and community settings

# Rosenberg results

- Modest test retest reliability (.63)
- Modest internal consistency (.64)
- Produced two factors (self worth and self criticism)
- Two items did not load.
- Did not discriminate
- Found inverse relationship with IIP 32 ( $r=.32, p < .05$ )

# Rosenberg

- Recommend discontinue current version
- Carry out further analysis on two factors found.
- Explore whether there is a possible measure in it.

# Conclusions

- Good assessment need sound instruments
- Sound instruments have been shown to have good psychometric properties with the population they are to be used with
- Been a lack of attention to this issue
- Some sound instruments available
- But more work is needed.

# SO CHECK

- Is it reliable to use with this client
- Is it a screening tool or can it evaluate change
- Does it measure what it says it measures
- Can it discriminate between those with mental health needs and those that do not.