Thesis abstract

The development and implementation of youth mental health outcome measures within measurement feedback systems

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Abstract of a thesis for a Doctorate of Philosophy submitted to the University of Canberra

This thesis by published works provides an original contribution to the knowledge about mental health outcome measures used with young people aged 12 to 25 years. It discusses how such measures can be developed and implemented as a clinical tool in day-to-day practice. The main goal was to develop a routine outcome measure that was suitable for youth mental health settings that could be implemented into measurement feedback systems. The research aimed to achieve this goal by firstly identifying the gap in existing mental health outcome measures used with young people and, secondly, by examining how these measures were being used clinically. A further aim of this research was to examine the psychometric properties of a new routine outcome measure, MyLifeTracker, in youth mental health settings. It aimed to determine developmentally appropriate clinically significant change indexes, expected change trajectories, and early warning signals for MyLifeTracker, to provide clinicians with clinically useful and evidence-based benchmarks. Lastly, the research aimed to explore factors affecting the use of MyLifeTracker in measurement feedback systems across youth mental health settings.

The research used a quantitative methodology comprising four research papers, each addressing a specific research aim. The first research paper was a systematic review of general mental health outcome measures for young people aged 12 to 25 years. It identified how these measures track change and if they had been used in feedback monitoring. The second and third papers examined the use of MyLifeTracker by clients receiving support from headspace youth mental health services across Australia. The second paper explored the reliability, validity, and sensitivity to change of MyLifeTracker for young people, across gender and age groups. The third paper determined clinically significant change indexes by gender and age groups by comparing participants from headspace services to an Australian representative community sample of young people. Expected change trajectories were also determined for the clinical group using growth curve modelling. The fourth paper reports findings from a survey of 210 clinicians from headspace centres about their use of MyLifeTracker, specifically exploring three processes of measurement feedback systems: looking at MyLifeTracker before the session, using MyLifeTracker in treatment planning, and providing feedback of MyLifeTracker scores to clients.

The systematic review identified 29 different outcome measures used with young people, however, no measures were explicitly designed for this age group. Only two measures were found to be used by clinicians in measurement feedback systems in
this age range. Findings from the review led to the recommendation that measures be explicitly designed for this age group that are suitable for routine outcome monitoring. The second paper demonstrates that MyLifeTracker provides a psychometrically sound mental health outcome measure for routine use with young people. The measure has been incorporated into an electronic system for headspace services that routinely tracks session-by-session change and produces time-series charts for ease of use and interpretation. The third paper provides clinical benchmarks for MyLifeTracker, further supporting the use of the measure in measurement feedback systems. Lastly, the fourth paper reports the different levels of use of MyLifeTracker in a measurement feedback system and highlights the factors that increase clinicians' use for each process.

The thesis supports the use of mental health outcome measures to be used not only for assessing service effectiveness and quality assurance, but also as a clinical tool to support decision making and treatment planning by clinicians and clients. It provides support for brief and easy to use measures that are meaningful for clinicians and clients. The clinical benefits of measurement feedback systems are becoming more widely known and have become part of the agenda for the future progression of psychotherapy. The thesis targets a developmental age group that has high rates of clinical deterioration, treatment drop-out and missed appointments, and who may be quite responsive to feedback monitoring. The thesis concludes by offering a range of targeted strategies that can support the future implementation of outcome measurement feedback systems into practice.

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