

# The Long-term Challenges of an Outpatient Mental Health Program: Does a Structured Approach Work?

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# Disclosures

Presenters have no financial interests to disclose.

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# Outline of Presentation

- Background of bio-psychosocial needs of HIV-infected youth
- Objectives
- Bio-psychosocial Assessment Program (BAP)
- Results
- Summary
- Conclusions
- Questions and Answers



# Background

- Developmental, biological, psychological challenges compete with HIV-infected youth's:
  - Desire for autonomy
  - Independence
  - Concrete thinking
  - Self-efficacy
- Mental health difficulties
  - increase during adolescence and young adulthood
- Contributes to poorer medication adherence, sexual and substance use behaviors, and adverse mental health outcomes<sup>1</sup>
- Guidelines for the care of HIV-infected individuals include annual mental health screens<sup>2</sup>

1. *Nichols, Bethel, Garvie et al., 2013*

2. *New York State Aids Institute, 2012*



# Objectives

In Perinatally Acquired HIV Youth:

1. Describe a Bio-psychosocial Assessment Program
2. To identify mental health needs of HIV-infected youth in an outpatient clinic
3. Identify differences between the use of structured assessments versus clinical diagnostic approaches



# Bio-psychosocial Assessment Program (BAP)

Ryan White funded empirically guided, tailored mental health assessment and referral program, providing comprehensive mental health screenings:

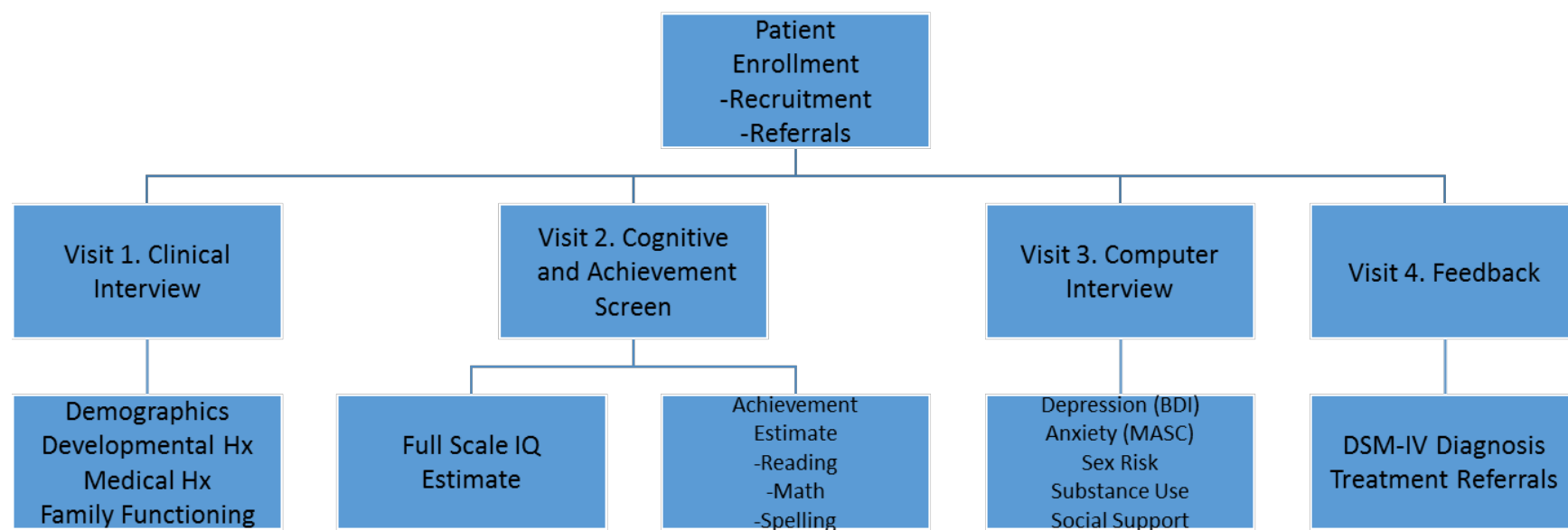
- Youth ages 6-24 years
- 4 components to complete annual assessment
- Data collection began in 2008 in the Pediatric Infectious Diseases Clinic at NYU/Bellevue Hospital Center, New York, NY
- NYU – IRB approved – R#: 06-959

# BAP Goals

Goals achieved by:

1. Evaluating the youth's cognitive, emotional, academic functioning, sexual risk behavior, and substance use
2. Providing tailored treatment and mental health referrals to address identified problems
3. Offering feedback sessions covering the youth's diagnosis, treatment recommendations, and academic performance to youth/caregivers, following the assessments

# BAP Implementation







# Procedures

- Annual Assessments

- Semi-structured clinical interviews were conducted
- Psychosocial data was collected via ACASI
- Feedback sessions included the results and treatment recommendations:
  - need for individual psychotherapy,
  - social skills group,
  - psychopharmacology intervention,
  - school remediation,
  - vocational & career preparation,
  - referral for social work services etc.



# Results:

## Table 1. Demographics of Enrolled Youth (n=98)

Age	Range = 8-33	Mean = 22.65	SD = 4.16
		N	%
HIV Status	Infected		100
Gender	Female	55	45
Gender	Male	66	55
Ethnicity	African American	56	46
Ethnicity	Hispanic	56	46
Ethnicity	White	6	5
Ethnicity	Native American/Other	3	2



## Table 2. Completed BAP (n=98)

Year	N	%
1	71	72
2	41	42
3	23	23
4	10	10



## Table 3. Participant Status (2016)

Variable	N	%
Still active	56	57.1
Moved out of state	13	13.3
Lost to Care	24	24.5
Deceased	5	5.1
Total	98	100



## Table 4.

### Cognitive and Achievement Functioning - Year 1

Measure	Infected Mean	Percentile Rank
<b>WASI IQ Estimate (n=93)</b>	<b>88.3 (n=69)</b>	<b>21<sup>st</sup></b>
Verbal Estimate (n=92)	89.8 (n=68)	23 <sup>rd</sup>
Performance Estimate (n=92)	89.5 (n=68)	23 <sup>rd</sup>
<b>WRAT Reading (n=86)</b>	91.0 (n=66)	27 <sup>th</sup>
<b>WRAT Math (n=86)</b>	<b>83.2 (n=66)</b>	<b>18<sup>th</sup></b>
WRAT Spelling (n=86)	87.7 (n=66)	19 <sup>th</sup>



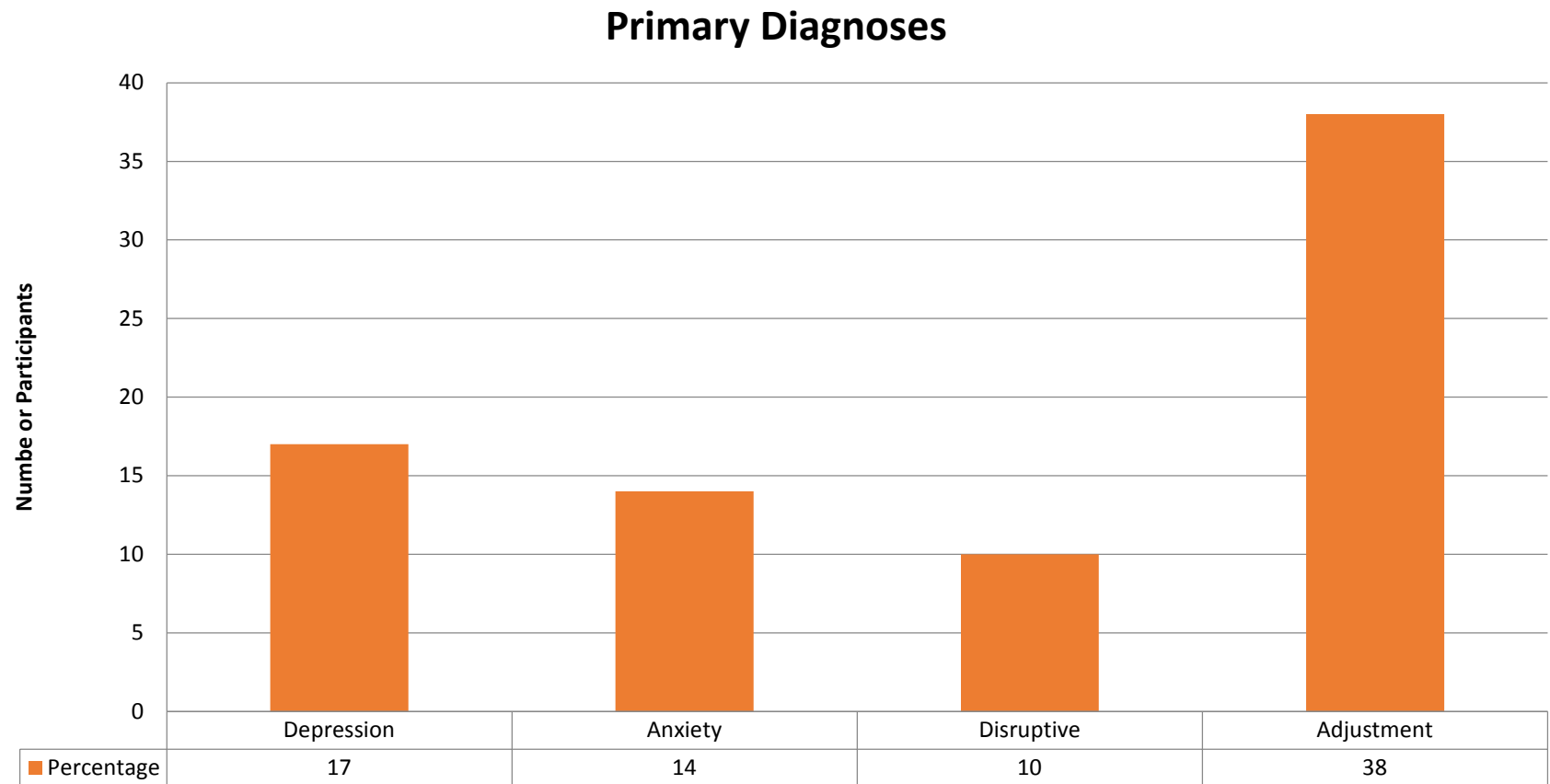
# Table 5.

## Psychosocial Trends – Year 1

Variables	Mean	SD	Range
Depression BDI	8.7	9.0	0-33
Anxiety MASC (exclude BAI)	45.5	10.3	27-70
Sex Risk Total # partners	2.3	10.4	*0-60
Substance use Current # using	.1	.4	0-2
Social Support	3.7	1.0	1-5



# Bar Graph - Primary Diagnoses





**Table 6.**  
**Depression and Anxiety Measures vs. Clinical Assessment**

Year	Number of inconsistent responses	Percentage (%)
1	35	76
2	14	66
3	11	65



# Table 7. Revision of the BAP

Variable	Original BAP (2008 – 2013)	Revised BAP (2014 - 2016)
<b>Clinical Interview</b>		
- Demographic & Medical History	X	X
- Family Functioning	X	X
- DSM-Diagnosis	X	X
- Medication Assessment	X	X
- Sleep/Appetite	X	X
- SI/HI	X	X
<b>Cognitive &amp; Achievement Screen</b>		
- WASI	X	X
- WRAT	X	-
<b>Psychosocial Measures</b>		
- Depression , Anxiety, PTSD	X	X
- Substance Use	X	X
- Vocational	-	X



# Summary Results

- Cognitive and Psychosocial Measures are stable over time
- Cognitive and Psychosocial Measures do not meet criteria for clinical significance
- Multiple choice measures of depression and anxiety less sensitive than clinician assessment in this population



# Conclusions

- Hard to retain youth in a clinical mental health program over time
- Structured tests not always sensitive in identifying cognitive & psychosocial problems
- Traditional IQ measures not sensitive in this clinical HIV-infected population
- Clinical assessment needed to continue to supplement traditional test results.
- Need to identify the utility of more focused neuro-cognitive measures

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# Treatment as a result of the BAP

- ? 98 participants received mental health treatment from 2008 – 2013 as a result of their participation in the BAP
- Treatment included individual psychotherapy to address their needs
- 95 participants received mental health services or treatment from 2014 – 2016, which included individual psychotherapy