MHAT

Mental Health Assessment Technology

HARRISON
HEALTHCARE

Introduction to MHAT

Harrison Vision

Prevention & personalization of care

Early assessments and management

Beyond cardiovascular disease

Address mental health in primary care

Clinical support technology

Current mental health assessments

1. Time consuming
2. Not standardized (i.e., every provider has different system for conducting assessment / asking questions)
3. Difficult to accurately screen for a number of potentially co-morbid conditions / always wondering "did I miss something?"
4. Accurate diagnosis requires remembering diagnostic criteria for 25-40 most common conditions
5. Referral requires completing a large amount of paperwork

MHAT

MHAT is an evidence-based tool designed for primary healthcare providers that:

1. Reduces the time needed for conducting comprehensive mental health assessments.
2. Standardizes mental health assessments.
3. Assists healthcare providers with accurately identifying mental health conditions.
4. Facilitates referrals to mental health specialists.

MHAT is NOT

1. MHAT is NOT a diagnostician
2. MHAT does NOT replace human judgment.
3. MHAT is NOT a symptom tracking tool.
4. MHAT is NOT more work for practitioners

What is MHAT?

Hartford HealthCare
Hartford Hospital

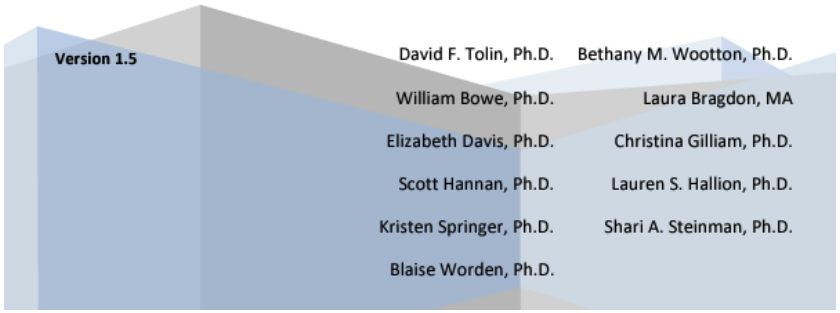
Diagnostic Interview for Anxiety, Mood, and OCD and Related Neuropsychiatric Disorders (DIAMOND)

Patient name: _____

Date of birth: _____ **Age:** _____

Interviewer: _____

Date: _____



Article

Psychometric Properties of a Structured Diagnostic Interview for *DSM-5* Anxiety, Mood, and Obsessive-Compulsive and Related Disorders

Assessment
2018, Vol. 25(1) 3–13

DOI: 10.1177/1073191116638410
journals.sagepub.com/home/asm

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Abstract

Three hundred sixty-two adult patients were administered the Diagnostic Interview for Anxiety, Mood, and OCD and Related Neuropsychiatric Disorders (DIAMOND). Of these, 121 provided interrater reliability data, and 115 provided test–retest reliability data. Participants also completed a battery of self-report measures that assess symptoms of anxiety, mood, and obsessive-compulsive and related disorders. Interrater reliability of DIAMOND anxiety, mood, and obsessive-compulsive and related diagnoses ranged from very good to excellent. Test–retest reliability of DIAMOND diagnoses ranged from good to excellent. Convergent validity was established by significant between-group comparisons on applicable self-report measures for nearly all diagnoses. The results of the present study indicate that the DIAMOND is a promising semistructured diagnostic interview for *DSM-5* disorders.

Keywords

anxiety disorders, mood disorders, obsessive-compulsive and related disorders, interview, diagnosis

Inter-rater reliability

- kappa range= 0.62 (very good) – 1.00 (excellent)

Test-retest reliability

- kappa range= 0.59 (good) – 1.00 (excellent)

Convergent validity

- Median Cohen's d = 1.10 (large)

Anxiety disorders

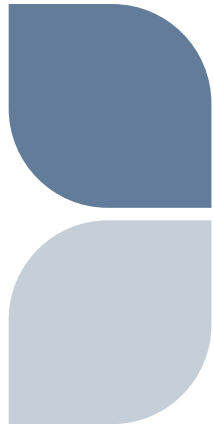
- Agoraphobia
- Generalized Anxiety
- Panic Disorder
- Social Anxiety / Phobia
- Specific Phobia

Other disorders

- Attention-deficit hyperactivity disorder
- Posttraumatic stress disorder
- Substance use disorder

Mood disorders

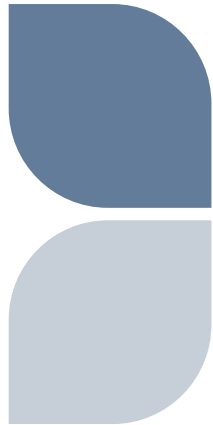
- Bipolar I and II
- Major depressive disorder
- Persistent depressive disorder/dysthymia

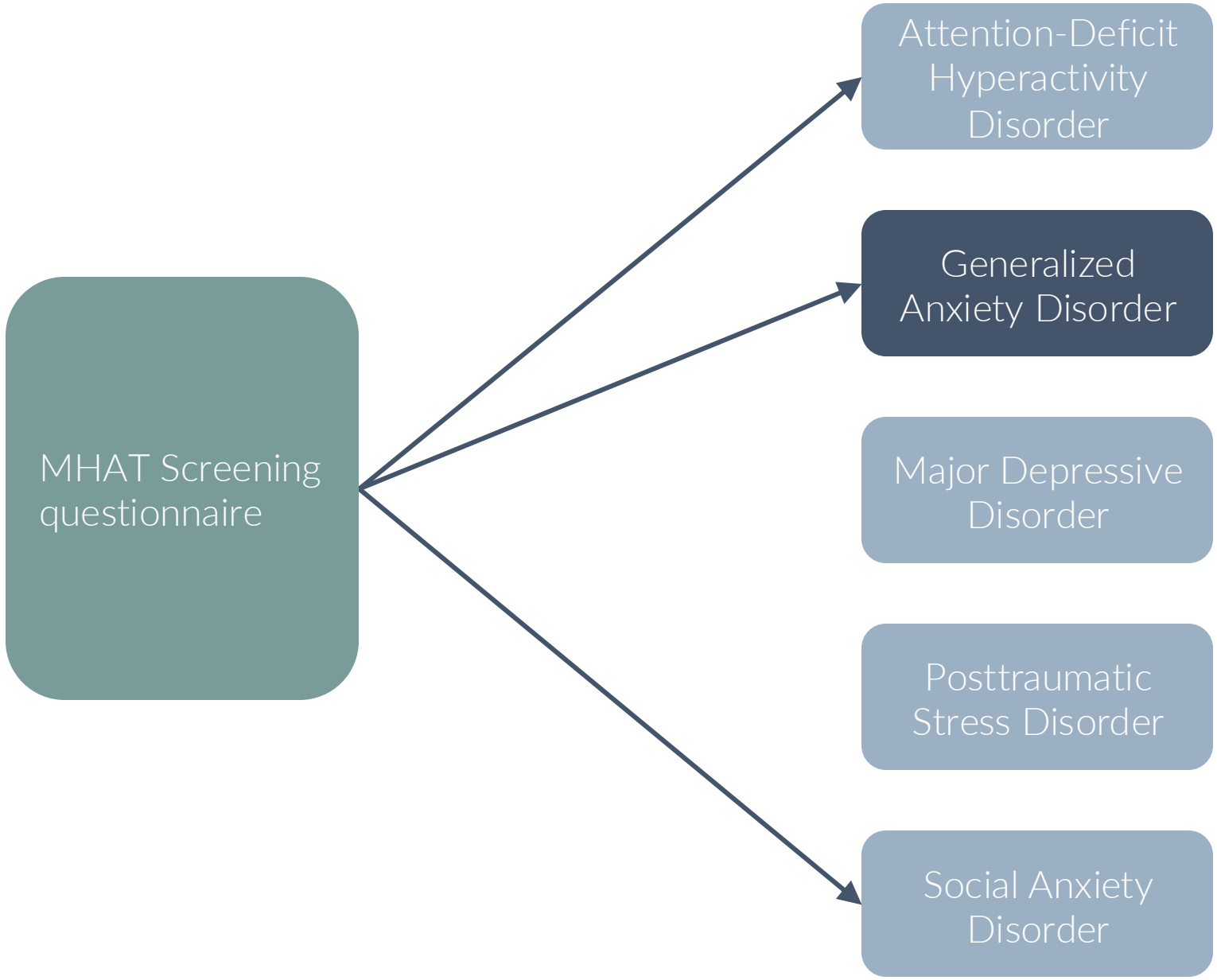


Below is a list of common worries and fears that some people experience.

Please read these carefully and select any statement you feel applied to you during the past month.

- [ ] Feeling very anxious or fearful in social situations or when you are being observed.
- [ ] Experiencing one or more panic attacks that involved a lot of fear and physical sensations that came out of the blue.
- [ ] Feeling very fearful or anxious in situations where it's difficult to escape quickly or get help.
- [ ] Frequently feeling excessively anxious or worried about many things, a lot of the time (for example, worry about finances, responsibilities at work/school, your health or the health of others).




MHAT Screening questionnaire
Attention-Deficit Hyperactivity Disorder
Generalized Anxiety Disorder
Major Depressive Disorder
Posttraumatic Stress Disorder
Social Anxiety Disorder

MHAT Report

Patient profile:	Male, early 40s, married,
Presenting Sxs:	Increased anxiety, Irritability Difficulties paying attention Occasional low mood
History:	Substance use (teens-30s)
Stressors:	Relationship difficulties Work stress

MHAT Report: Cover Page

Patient Reported Diagnoses

NEURODEVELOPEMENTAL CONDITIONS	DATE (APPROX)	DIAGNOSED BY	UNDERGOING TREATMENT
ADHD	2020	Family Physician	

MENTAL HEALTH CONDITIONS	DATE (APPROX)	DIAGNOSED BY	UNDERGOING TREATMENT
Major Depressive Disorder	2015/02	Family Physician	☑
Panic Disorder	2017/03	Psychiatrist	☑
PTSD	2008/08	Psychiatrist	☑

Specialists involved in patient's mental/developmental healthcare

SPECIALITY	NAME	CLINIC	REASON
Psychiatrist	Dr. Freen	Smile Minds	Mental health
Occupational Therapist	James Leverson	Infinity Health	Sensory issues

MHAT Report: Patient Reported Diagnoses

Patient Reported Diagnoses

MENTAL HEALTH CONDITIONS	DATE (APPROX)	DIAGNOSED BY	UNDERGOING TREATMENT
Substance Use Disorder	2003-2010	University Councellor	No

Specialists involved in patient's mental/developmental healthcare

The patient reported they are not seeing any mental health specialists.

MHAT Report: Summary of Findings

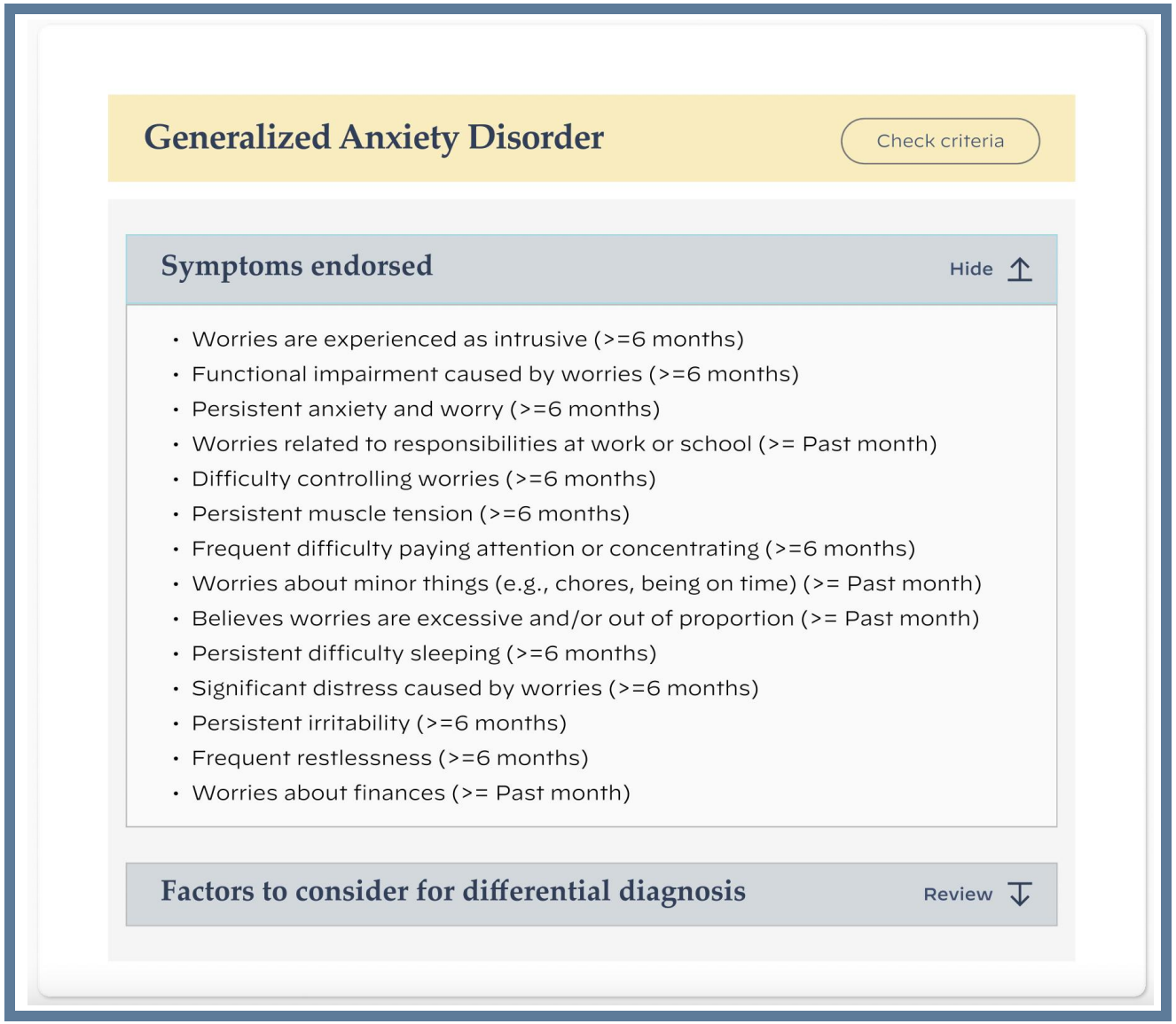
Summary of Findings

Results from MHAT are aligned with the latest diagnostic criteria for DSM-5-TR conditions. However, some DSM-5-TR conditions have yet to be integrated into MHAT. If a patient indicated symptoms of a condition not yet integrated into MHAT, that condition will be noted as an "Incomplete Assessment". The specific symptoms endorsed will be listed under the "Additional Symptoms" section at the end of this report.

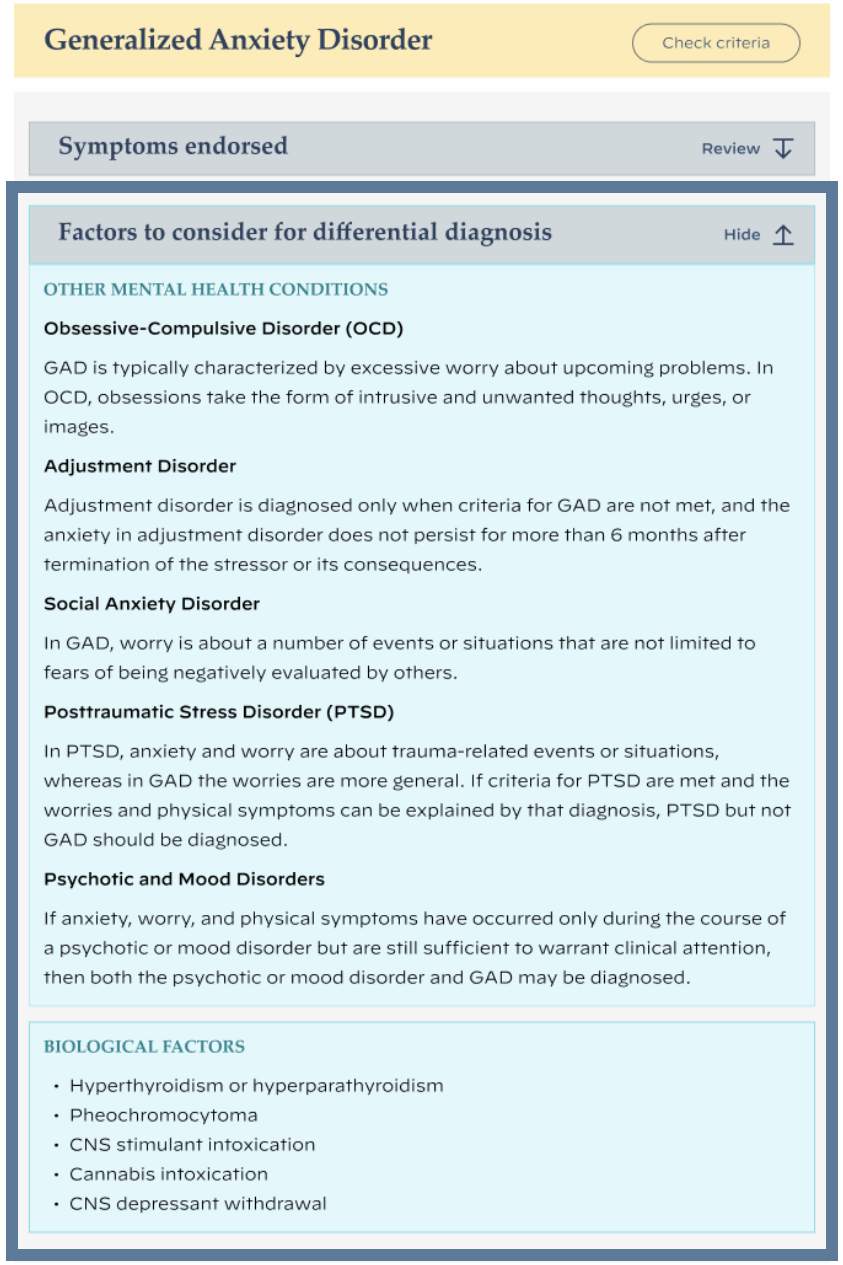
MEETS CRITERIA	COMPLETED	UNDERGOING TREATMENT	
Attention-Deficit / Hyperactivity Disorder	Oct 4, 2023		Check criteria
Generalized Anxiety Disorder	Oct 4, 2023		Check criteria

DOESN'T MEET CRITERIA	COMPLETED	UNDERGOING TREATMENT	
Major Depressive Disorder	Oct 4, 2023		Check criteria

MHAT Report: Symptoms & Differential Diagnosis



MHAT Report: Symptoms & Differential Diagnosis



MHAT in practice

MHAT Report

MD & MHN review

MD & MHN implement plan

Support & Resources

- Technical issues (access, crash) - Vera Gladkikh (vgladkikh@harrisonhealthcare.ca)
- Scientific explanations, psychometric properties – Boaz Saffer (bsaffer@harrisonhealthcare.ca)
- Clinical explanation/demystifying findings - Marty MacLure (mmaclure@harrisonhealthcare.ca),

  Amra Dizdarevic (adizdarevic@harrisonhealthcare.ca)

  Dr. Eric Gulliver (egulliver@harrisonhealthcare.ca)

Support Team Office Hours – Amra and Marty
Wednesdays at 3 pm
Thursdays at 2 pm


Questions?

FAQs

- How does a client get to complete MHAT?
- When is it appropriate for a client to complete MHAT?
- MHAT Research?
- How long does it take to review the MHAT report?
- What if they do not meet criteria for an expected dx?
- Adding to JUNO ?
- MHAt ok for billing

What MHAT is not:

MHAT will **NOT diagnose** your patients.

*MHAT as a diagnosis optimization tool that is designed to identify patients' mental health concerns and suggest diagnoses for providers to review with their patients.

It is up to the providers to (a) confirm that their patients are experiencing the symptoms identified by MHAT, (b) determine whether patients meet the criteria for the diagnoses, (c) explore whether their patients experience additional symptoms missed / not included in MHAT, and (d) use the cheat sheets and their training to determine the most appropriate diagnosis.

(2) MHAT does **NOT replace human judgment.**

MHAT does not replace GP or human factor.

If anything in strengthens the rapport between client and physician and helps to navigate clearer conversations. The physician is still deciding care plan options – including if/when to refer clients. *Food for thought; it is in the best interest of all parties to get familiar with the first and graduating versions of MHAT as psychiatry referrals are often lacking thus PG are more pillars for client's mental health care then previously.

(3) MHAT is **NOT a symptom tracking tool.**

MHAT should not be administered on a weekly or monthly basis to track client progress because it does not quantitatively estimate the severity of patients' mental health symptoms. There are appropriate tools for this (e.g., PHQ-9, GAD-7, etc) that can be administered weekly/bi-weekly/monthly and should therefore be used instead of MHAT.

That said, MHAT can be re-administered at a later date (ideally after quantitative estimates suggest that the patient's symptoms have meaningfully reduced) *to help providers determine whether the improvement in a patients' condition is significant enough that they now longer meet diagnostic criteria for their previous condition, which can be used by providers to guide their decision-making (e.g., if a patient is ready to return to work / school, etc).*

(4) MHAT is **NOT more** work for PCPs.

As per Amra's points on how much time is spent on mental health factors earlier - this tool is designed efficiency and clarity.

The client is the one completing the questionnaires and the design of MHAT is to clarify currently struggles to save time, struggles and frustration for the future.

MHAT currently screens for the following mental health conditions:

Anxiety Disorders
Agoraphobia
General Anxiety Disorder
Panic Disorder
Social Anxiety Disorder
Specific Phobia

Mood Disorders
Mania (Bipolar I / Bipolar II)
Major Depressive Disorder
Persistent Depressive Disorder

Neurodevelopmental Disorders
ADHD

Stressor & Substance-related Disorders
Acute Stress Disorder
Posttraumatic Stress Disorder
Alcohol Use Disorder
Substance Use Disorder

Additional modules in development for MHAT integration:

Anxiety Disorders
Separation Anxiety Disorder

Mood Disorders
Premenstrual Dysphoric Disorder

Feeding & Eating Disorders
Anorexia Nervosa
Avoidant/Restrictive Food Intake Disorder
Binge Eating Disorder
Bulimia Nervosa

Obsessive-Compulsive & Related Disorders
Body Dysmorphic Disorder
Excoriation/ Skin Picking
Hoarding Disorder
Obsessive-Compulsive Disorder
Trichotillomania

Schizophrenia Spectrum & Other Psychotic Disorders
Delusional disorder
Schizophrenia
Schizoaffective Disorder
Schizophreniform Disorder

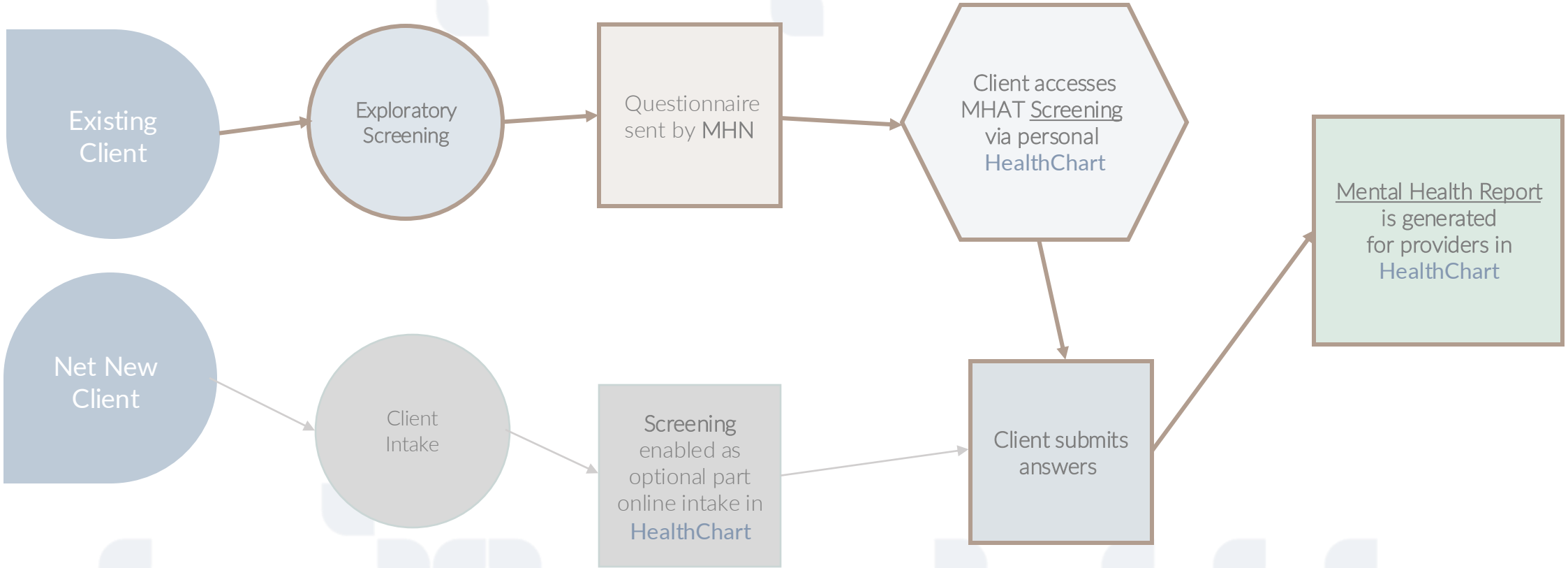
Somatic Symptom & Related Disorders
Illness Anxiety Disorder
Somatic Symptom Disorder

Trauma & Stressor-Related Disorders
Adjustment Disorder

A Mental Health (MHAT) Screening invitation is sent to the client by the Mental Health Navigator, at the request of the physician.

- Clients access the Mental Health Assessment via their personal and secure HealthChart account.

MHAT Workflow



HARRISON HEALTHCARE

Current mental health assessments

1. Time consuming
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4. Accurate diagnosis requires remembering diagnostic criteria for 30-50 most common conditions
5. Referral requires completing large amount of paperwork

MHAT Tool

MHAT is an evidence-based tool designed for primary healthcare providers (PCPs) that:

(1) **Reduces the time** needed for conducting comprehensive mental health assessments.

(2) **Standardizes** mental health assessments.

(3) Assists PCPs with **accurately diagnosing** mental health conditions.

(4) **Facilitates referrals** to mental health specialists.

MHAT is NOT

Expand on the diff screening vs. Dx

(1) MHAT will **NOT diagnose** your patients.

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Rise in mental health conditions

Prior to the COVID-19 pandemic:

Depression: 12.9%

Anxiety 11.6%

The effect of the pandemic:

Depression 38%

Anxiety 39%

Irritability 41%

Attention span 41%

Hyperactivity 23%

Obsessions/compulsions 13%

Eating disorders 50%