

# Whole Person Care in the Outpatient Treatment Setting

## Overview

Embark Behavioral Health (“Embark”) is a nationwide network of outpatient centers and residential programs offering mental health treatment for preteens, teens, young adults, and adults. This brief presents outcomes and whole person care results for pre-teen, teen, and young-adult clients who received outpatient treatment (partial hospitalization and intensive outpatient) at Embark clinics nationwide January 1st to September 13, 2024.

## Methodology

### *Client demographics.*

Clients in this study ranged in age from 12 to 17 (upon admission to an Embark program).

### *Data.*

Covers the period from 1/1/2024 - 9/13/2024. Results were obtained from sixteen (16) Embark outpatient clinics across the nation and represent 1,105 enrollments.

### *Measures.*

The study examined the client outcomes using the following instruments.<sup>2</sup>

- Youth Outcomes Questionnaire Self Report (Y-OQ SR): Self-report of client distress; valid for clients ages 12-17
- Youth Outcomes Questionnaire 2.01 (Y-OQ 2.01): Parent report of client distress; valid for parents of clients ages 4-17
- Patient Health Questionnaire-9 (PHQ-9): Depression severity self-report

### *Analysis.*

This analysis compared average scores at admission and discharge, using matched datasets. Paired samples t-tests were conducted to assess whether the changes in scores from admission to discharge were statistically significant.

- Matched scores: refer to data where the same client or caregiver completed surveys at all designated timepoints (admission and discharge). Matched data are considered more accurate for outcome measurement as they track progress across all relevant intervals.

## Key Findings

- Client distress decreased by 34% from admission to discharge (n=225)
- Parents reported a decrease in client distress by 28% from admission to discharge (n=345)
- Client depression symptoms decreased by 39% from admission to discharge (n=346)
- At discharge, 75% of clients reported 0 thoughts of suicide or hurting themselves as measured by item 9 on the PHQ-9 (n=346)<sup>1</sup>

[1] PHQ-9 “Over the last 2 weeks, how often have you been bothered by any of the following problems?” Item-9, “Thoughts that you would be better off dead, or of hurting yourself”

[2] Instrument and source: Y-OQ SR (Burlingame et al., 2001); Y-OQ 2.01 (Burlingame et al., 2001); PHQ-9 (Kroenke et al., 2001)

### ***Analysis (cont).***

- T-test: Statistical test used to determine whether there is a significant difference between the means of two groups. It helps assess whether observed differences are likely due to chance or if they reflect actual differences in the populations being studied.
- Statistical and clinical significance: Statistical significance indicates whether a change in scores is unlikely due to chance, while clinical significance assesses whether the change is meaningful in a client's real-world functioning. The Y-OQ SR and Y-OQ 2.01 utilize a Reliable Change Index (RCI) to determine if the change is clinically significant.
- Clinical cutoff: Clinical cutoff scores for self-report measures provide a means of evaluating clinically significant pathology during and after treatment.

## **Whole Person Health Impact**

Embark aims to treat the whole person. A person's biology, behavior, and social networks interact to influence health and well-being, so Embark measure domains associated with the complex interaction between mind and body.

### **Intrapersonal Distress Subscale**

- The Intrapersonal Distress Subscale on the Y-OQ SR assesses symptoms associated with fearfulness, anxiety, and depression.
- Percentage of clients struggling with intrapersonal distress decreased from 84% at admission to 62% at discharge.

### **Somatic Subscale**

- Physical ailments are associated with mental illness. These are assessed with the Y-OQ SR Somatic Subscale, which measures muscle and body aches, stomach pains/nausea, dizziness, and poor sleep hygiene.
- Percentage of clients struggling with somatic symptom distress decreased from 73% at admission to 53% at discharge.

### **Interpersonal Relations Subscale**

- Relationships play a significant role in overall well-being. The Y-OQ SR Interpersonal Relations subscale assesses the quality of trusting relationships, disputes between friends and family, and relational fulfillment.
- Percentage of clients struggling with interpersonal relation distress decreased from 66% at admission to 47% at discharge.

## Results

### Distress.

- The Y-OQ measures distress and behavioral functioning; lower scores indicate less distress. Both clients and parents complete the Y-OQ.
- Client and parent-reported distress decreased 34% and 28%, respectively.
- Scores at or below the clinical cutoff line of 47 indicate healthy functioning. (Figure 1).

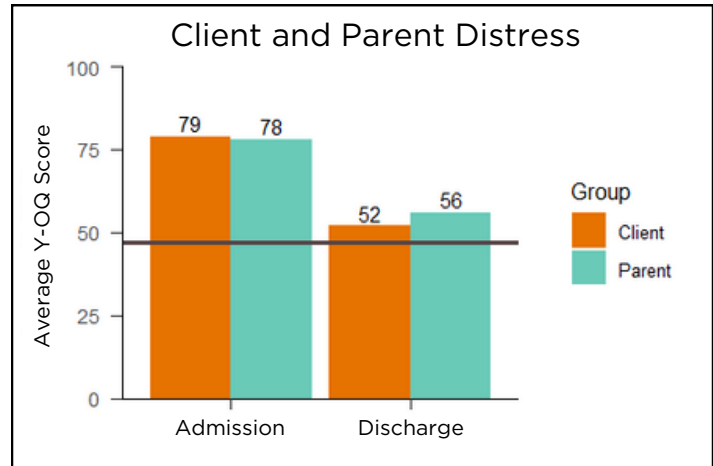


Figure 1. **Clinical cutoff:** Scores at or below 47 indicate healthy functioning. The clinical cutoff is represented by a grey, horizontal line. **Sample size:** 225 clients and 345 parents. **Significance:** Paired sample t-tests found a statistically significant decrease at the  $p < .001$  level. Score decreases of 27 and 22 points for clients and parents respectively were considered clinically significant via the RCI.

### Depression.

- The PHQ-9 measures depression; lower scores indicate fewer depressive symptoms. Clients complete the PHQ-9, parents do not.
- Client depression symptoms decreased by 39% from admission to discharge, with 75% of clients reporting no thoughts of suicide or self-harm at discharge per item 9.
- Scores at or below the clinical cutoff line of 9 indicate healthy functioning (Figure 2).

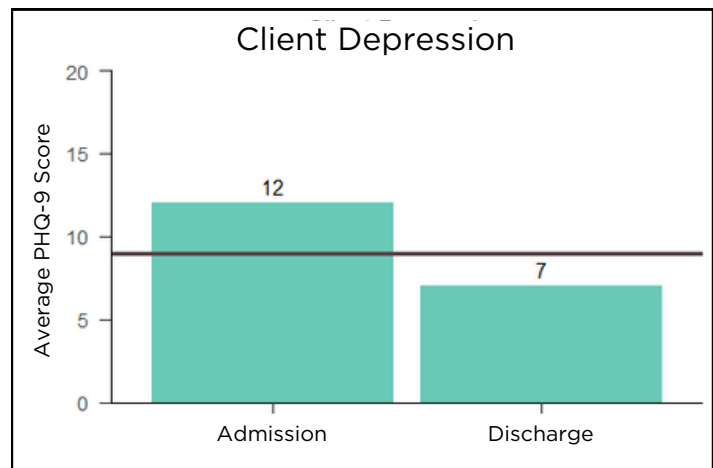


Figure 2. **Clinical cutoff:** Scores at or below 9 indicate healthy functioning. The clinical cutoff is represented by a grey, horizontal line. **Sample size:** 346 clients. **Significance:** Paired sample t-tests found a statistically significant decrease at the  $p < .001$  level.

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