

Consumer-Clinician Relationships in Mental Health: A Study Based on Lived Experience



Nicole Varca, Victoria Hendel, Christian Rosa Baez, Susan Landy, Linda Larson, Nathan Schwirian, Irving Wu, Melissa Alford, Jonathan Delman, Matcheri Keshavan, Larry Seidman, Raquelle Mesholam-Gately

BACKGROUND:

- The therapeutic alliance between a clinician and a mental health consumer is associated with better symptomatic and functional outcomes.¹
- There are few instruments developed in collaboration with researchers and people with lived mental health experience to assess consumer-clinician relationships and quality of life

METHODS:

- This study examined the quality of the therapeutic alliance and the quality of life expressed by mental health consumers (N=76) between the ages of 20-76.
- Interviews were conducted and questionnaires were developed by a research team comprised of consumers with lived experience about the consumer-clinician relationship (Treatment Relationship Inventory; TRI) and subjective quality of life (a modified version of the World Health Organization Quality of Life Assessment; mWHO-QOL²).
- Correlational analyses compared total scores of the TRI and mWHO-QOL as well as the subsections within each of these instruments.

RESULTS:

- Demographics : See Table 1.
- Treatment Background Characteristics: See Table 2 .
- Total average scores for the TRI and the mWHO-QOL were significantly and positively correlated ($r_s=.402, p<.001$). See Figure 1.
- Questionnaire Averages: See Table 3.
- Subsections within the TRI (clinician relationship, emotional climate, interpersonal continuity, mutual trust) and the total average score for the mWHO-QOL were also significantly correlated (range of $r_s=.306$ to $.395$; all $ps <.01$). See Figure 2.
- Subsections within the mWHO-QOL (physical, cognitive, emotional) and the total average score for the TRI were similarly significantly correlated (range of $r_s=.237$ to $.350$; all $ps <.05$). See Figure 2.
- Specific subsections between the instruments also showed significant correlations (range of $r_s=.252$ to $.378$; all $ps <.05$). See Figure 2.

DISCUSSION:

- Findings suggest a strong therapeutic alliance and high quality of life have a close relationship.
- Certain aspects of the therapeutic alliance and quality of life have a stronger association than others.
- Further research efforts will help elucidate characteristics of the therapeutic alliance that improve treatment and quality of life for mental health consumers.

REFERENCES:

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- The World Health Organization. (2004). *The World Health Organization Quality of Life (WHO-QOL)-BREF*. Geneva, Switzerland: Marketing and Dissemination, World Health Organization.

TABLE 1. DEMOGRAPHICS		Percent
Mean (SD) Age=46 (14.18)		
Gender		
	Female	42.7%
Race		
	African American	26.7%
	American Indian	1.3%
	White	54.7%
	Multi-Racial	16.0%
	Other	1.3%
Ethnicity		
	Hispanic/Latino	14.5%
Employed vs. Unemployed		
	Employed	35.5%

Figure 1.

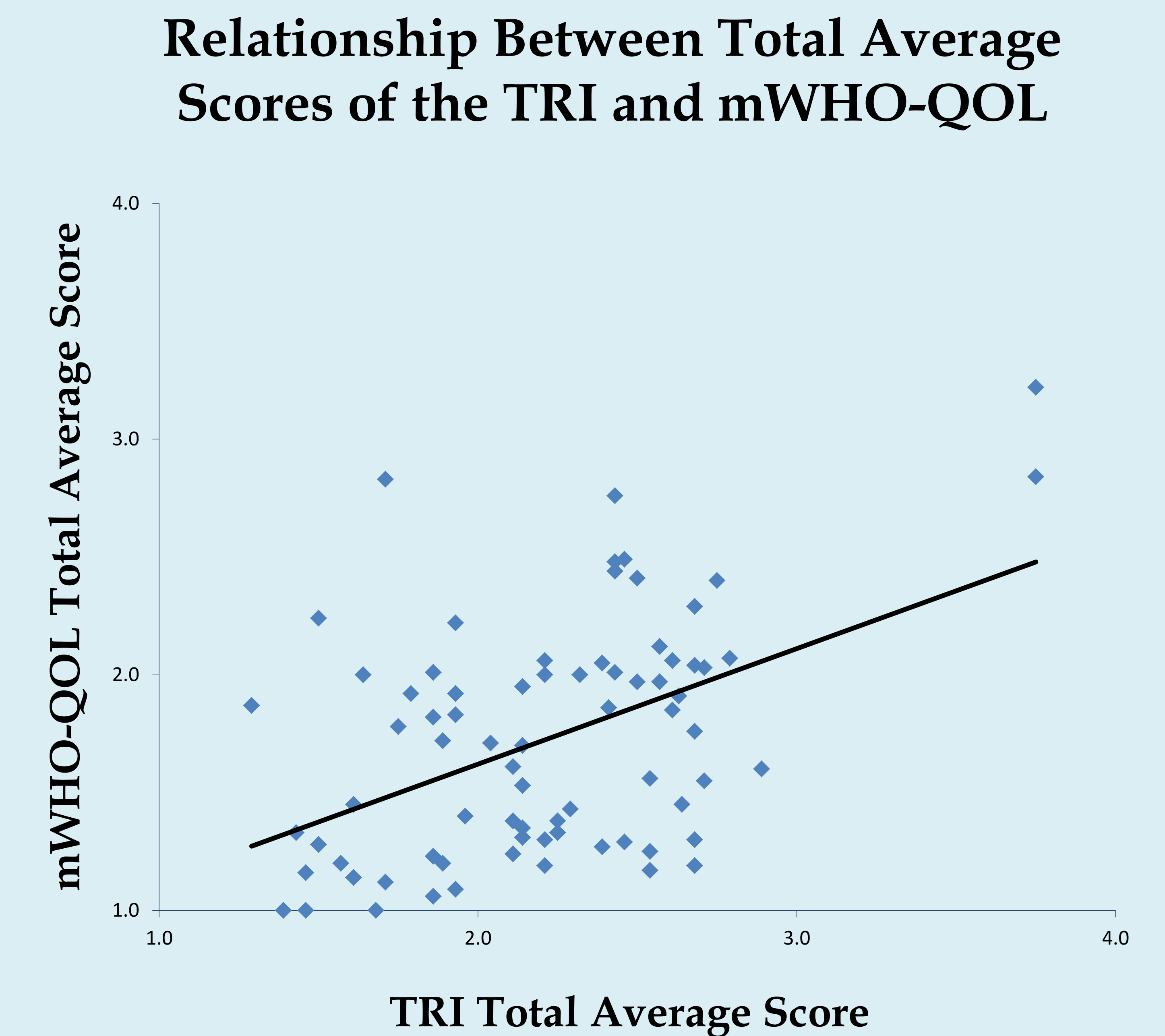
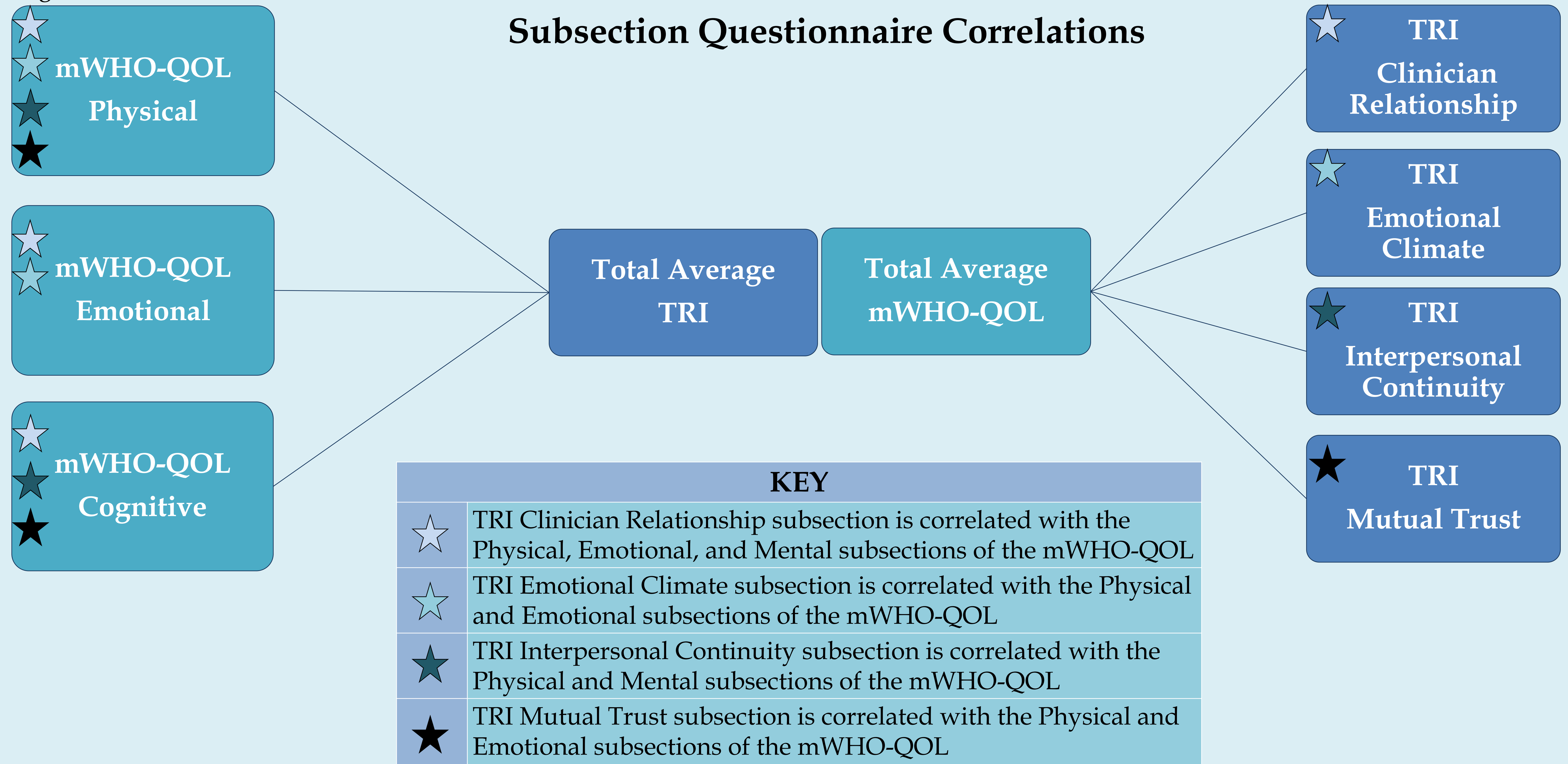


TABLE 2. TREATMENT BACKGROUND		Percent
Mean(SD) # of Clinicians Lifetime= 8.24 (7.39)		
Most Influential Clinician Type		
	Psychiatrist	25.3%
	Psychologist	22.7%
	Psychiatric Nurse	1.3%
	Social Worker	36.0%
	Mental Health Counselor	12.0%
	Other	2.7%
1 st Encounter with Mental Health Field		
	Inpatient	42.1%
	Outpatient	57.9%

TABLE 3. QUESTIONNAIRE AVERAGES		Average Score
TRI Total Average		1.82
	Clinician Relationship	1.74
	Emotional Climate	1.72
	Interpersonal Continuity	1.79
	Mutual Trust	1.75
mWHO-QOL Total Average		2.21
	Physical	2.36
	Emotional	2.08
	Mental	2.13

Figure 2.



KEY	
☆	TRI Clinician Relationship subsection is correlated with the Physical, Emotional, and Mental subsections of the mWHO-QOL
☆	TRI Emotional Climate subsection is correlated with the Physical and Emotional subsections of the mWHO-QOL
★	TRI Interpersonal Continuity subsection is correlated with the Physical and Mental subsections of the mWHO-QOL
★	TRI Mutual Trust subsection is correlated with the Physical and Emotional subsections of the mWHO-QOL