[ PUBLISHED ORIGINAL RESEARCH ]

# Systematic Study of Structured Diagnostic Procedures in Outpatient Psychiatric Rehabilitation:
## A Three-year, Three-cohort Study of the Stability of Psychiatric Diagnoses

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## ABSTRACT

**Background.** Psychiatric diagnoses are important for treatment planning. There are a number of current challenges in the area of psychiatric diagnosis with important treatment implications. In this study, we examined the differential usefulness of two semistructured interviews of differing length compared to clinical diagnoses for generation of diagnoses that did not require modification over the course of treatment.

**Methods.** We performed a three-year, three-cohort study at an outpatient psychiatric rehabilitation facility, comparing the stability of admission diagnoses when generated by unstructured procedures relying on referring clinician diagnosis, the SCID, and the MINI. We examined changes in diagnoses from admission to discharge (averaging 13 weeks) and, during the second two years, convergence between referring clinician diagnoses and those generated by structured interviews. The same three interviewers examined all patients in all three phases of the study.

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## KEY DISCUSSION POINTS

• Bipolar illness prior to admission seemed to be both over-diagnosed and under-recognized within patients referred to this treatment facility.

• Unsystematic assessment my produce both types of diagnostic errors: inadequate knowledge of the signs of a manic or hypomanic episode may lead to a false positive bipolar diagnosis and failure to assess for manic episodes may lead to false negatives.

• As treatment options for mental illnesses continue to improve, diagnostic stability and reliability become even more important in community mental health settings.

• Pharmacologic, psychotherapeutic, and social interventions used to treat patients with bipolar illness are significantly different than similar classes of interventions for patients with personality disorders or even unipolar depression.

• This study suggests that the up-front investment of efforts and time to use a structured diagnostic assessment at the time of admission to residential, partial hospitalization, and intensive outpatient programs may be a wise course of action for patients and payers alike. Matching specific and timely treatment to the appropriate diagnosis makes sense for all stakeholders, despite the requisite time involved in administering the assessments.

**TABLE 1.** Diagnoses at admission over a three-year, three-cohort prospective study

| N | DIAGNOSTIC METHOD (YEAR) | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| | CLINICAL (ONE) | | SCID (TWO) | | MINI (THREE) | |
| | 110 | | 101 | | 110 | |
| | M | SD | M | SD | M | SD |
| Age | 36.4 | 12.6 | 34.1 | 13.4 | 31.9 | 11.8 |
| Length of stay (days) | 90.6 | 66.6 | 86.7 | 75.2 | 81.8 | 51.2 |
| Gender (% male) | 62 | | 59 | | 50 | |
| Axis-I admission diagnosis | | | | | | |
| Bipolar | 46 | | 38 | | 50 | |
| Major depression | 30 | | 38 | | 40 | |
| Schizoaffective | 11 | | 1 | | 1 | |
| Schizophrenia | 6 | | 16 | | 7 | |
| Anxiety (includes PTSD) | 6 | | 4 | | 10 | |
| Other | 1 | | 4 | | 2 | |

**TABLE 2.** Changes in referral source diagnoses across during Years 2 and 3 of the study after application of structured diagnostic interviews

| REFERRAL DIAGNOSIS | YEAR 2, % CONFIRMED | YEAR 3, % CONFIRMED |
| --- | --- | --- |
| Bipolar | 40 | 50 |
| Major depression | 50 | 65 |
| Schizoaffective | 10 | 11 |
| Schizophrenia | 50 | 57 |
| Anxiety | 75 | 50 |
| Overall confirmation rate | 44 | 58 |

*Abstract continued from reverse.*

**Results.** Admission and discharge diagnoses were available for 313 cases. Diagnoses generated with the unstructured procedure were changed by discharge 74 percent of the time, compared to four percent for SCID diagnoses and 11 percent for MINI diagnoses. Referring clinician diagnoses were disconfirmed in Years 2 and 3 in 56 percent of SCID cases and 44 percent of MINI cases. The distinctions between unipolar and bipolar disorders were particular points of disagreement, with similar rates of under and overdiagnosis of bipolar disorder. The rate of confirmation of referring clinician diagnoses of schizoaffective disorder was 10 percent with the SCID and 11 percent with the MINI.

**Discussion.** In this setting, there appears to be a reasonable trade-off between brevity and accuracy through the use of the MINI compared to the SCID, with substantial improvements in stability of diagnoses compared to clinician diagnoses. Clinical diagnoses were minimally overlapping with the results of structured diagnoses, suggesting that structured assessment, particularly early in the illness or in short term treatment settings, may improve treatment planning.

## About Outcomes Research at Skyland Trail

The research and outcomes program at Skyland Trail strives to ensure that our services are evidence-based and that our clinical programs are data-driven. We continually analyze the effectiveness of our current treatments and use outcomes data to drive programmatic innovations. In addition, we contribute knowledge of "best practices" through scholarly contributions to the medical literature, including research in areas such as predictive genetics, family dynamics, and the inextricable links between physical and mental health.

## About Skyland Trail

Located in Atlanta, Skyland Trail is a nationally recognized nonprofit mental health treatment organization offering residential and day treatment programs for adults ages 18 and older. Our goal is to help individuals recover from mental illness and live as independently and successfully as possible in the community. We treat adults with mood and thought disorders, including bipolar illness, major depression, schizophrenia, and anxiety disorders. We specialize in treating patients who have complex diagnoses involving substance misuse or personality disorders and those who have physical health needs in addition to psychiatric needs. Learn more at www.skylandtrail.org.