

# FOCUS ON RESEARCH

## DEVELOPMENT AND ASSESSMENT OF THE BASIS MENTAL HEALTH OUTCOME MEASURE

### Researchers

IM Cameron, LI Cunningham, SA Naji, JR Crawford, JM Eagles, SV Eisen, K Lawton and RJ Hamilton.

The BASIS (Behaviour and Symptom Identification Scale) is a 24 item self report questionnaire that measures psychiatric symptoms and functioning.

### Aims

1 To assess the reliability, validity and responsiveness to change of the BASIS.

2 To establish normal ranges for the scale based on a population sample and a clinical in-patient sample.

### Project Outline/Methodology

Participation was sought from patients with a new episode of a mental health problem in three clinical settings: psychiatric in-patient, Community Mental Health Teams (CMHT) and General Practice. A general population sample was also sought. All participants were asked to complete the BASIS along with comparison measures: Brief Symptom Inventory (BSI); and Short Form 12 (SF-12) at two time points, three months apart. Information on patient diagnoses was collected for the clinical samples. The properties of the BASIS questionnaire were then assessed.

### Key Results

Five hundred and eighty-eight participants were recruited to the clinical sample of whom 418 (71%) completed a follow up questionnaire. Six hundred and thirty participants were recruited to the general population sample of whom 506 (80%) completed a follow up questionnaire.

Using standard measures of questionnaire assessment the BASIS was shown to have subscales that correspond to recognisable groupings of symptoms/behaviours. Reliability (internal consistency) was demonstrated as was validity in terms of the scale's ability to differentiate patients according to diagnosis of psychotic illness from other conditions and a substance misuse diagnosis from other conditions. It did not differentiate patients with a depressive illness. Severity of score increased progressively according to service setting with higher scores (indicating greater distress) appearing in the

in-patient sample. Comparisons were made between the BASIS and the SF-12 and BSI outcome measures. Responses in the BASIS were more closely associated with the responses in the SF-12 Mental Health subscale than with the responses in the Physical Health subscale. Assessments of scores across the two time points showed the BASIS could detect changes over time and was at least as responsive to change as the established BSI scale.

Normal ranges of the scale have been established for general population and in-patient settings to provide useful reference points for interpreting scores.

### Conclusions

The BASIS mental health outcome measure is a robust and practical tool for assessing self-reported mental health symptomatology and functioning across a range of clinical settings.

### What does this study add to the field?

The routine use of outcome measures in the Scottish mental health services has been haphazard and inconsistent. The BASIS self-report outcome measure has been shown to be both robust and practical for use in diverse clinical settings. It could therefore be introduced into routine clinical practice as well as being used for research purposes.

### Implications for Practice or Policy

The BASIS mental health outcome measure offers considerable potential for widespread introduction throughout the Scottish mental health services where it could be used to measure individual and aggregated progress of patient health.

### Where to next?

As the BASIS has been demonstrated to be both robust and practical, the next stage should be to evaluate how successfully the scale can be introduced within ordinary clinical services to provide useful feedback to clinicians and managers.

### Further details from:

Isobel Cameron, Department of Mental Health, University of Aberdeen  
Foresterhill, Aberdeen, AB25 2ZD  
i.m.cameron@abdn.ac.uk

