

Improving Patient Outcomes in the Outpatient Psychiatry Clinic by Implementing a Women's Support Group

Lily Yang DO; Taylor Dodds MD; Martyna DeVries MD; Helena Prieto DO; Brigitte DeLashmette MD; Adeyemi Oluyede MD; Faculty: Hannah Bushnell DO

Background

Research suggests that there is a growing population of older individuals, particularly women, who are at risk for loneliness and isolation. This finding has negative physiological effects, including worsening cognition, longer hospital stays, and the development of mental illnesses.^{1,2} Interventions to mitigate social isolation have been found to be more effective when the at-risk population is better targeted, and especially when participation was active rather than passive.^{3,4}

This is a quality improvement project was designed to provide a resident physician-led supportive skill-building group for older women in the outpatient behavioral health clinic to provide a service previously unavailable in the surrounding community.

Goals

- This group was established to encourage a sense of belonging and provide perspective through the open expression of common concerns in a judgment-free environment.
- In providing skills to help these women better respond to and cope with psychosocial stressors, we hope to augment their psychiatric treatment and ultimately improve patient outcomes.

Recruitment

- The target population is women 40-60 years old, though recruitment was not exclusive to this age group.
- Patients with active psychosis or a primary diagnosis of a personality disorder were excluded.
- Once recruited, patients received personal reminder calls from residents to encourage attendance.

Session Details

- Sessions were structured and facilitated by two PGY-3 psychiatry residents.
- Residents debriefed with a therapist for feedback and improvements after each session.
- Topics were addressed based on elements of Cognitive Behavioral Therapy and Dialectical Behavioral Therapy, focusing mainly on skill-building.

Session Topics

Goal Setting	Assertiveness
Life Changes	Reducing Isolation
Self-Esteem	Stress management

Data collection

- Patient outcomes were measured by comparing the patients' PHQ-9, GAD-7, BDI scores prior to session 1 and after session 6.
- An additional quality improvement survey was created to assess the patients' expectations of participating in the support group, and how it subjectively changed their psychiatric symptoms, relationships, self-esteem, and confidence levels.

Preliminary Results

- Patients gave positive verbal feedback that they enjoyed the discussions and an increased sense of purpose in being able to share their experiences with others.
- A welcome aftereffect of the support group that was observed was the formation of friendships between group members.

Limitations

- Recruitment was ongoing as sessions were held, and new members were accommodated at each subsequent session.
- Pandemic restrictions put a hold on group after 5 sessions, and results are pending session 6 surveys.

Resident Feedback

- This was a unique opportunity to create a dedicated support group syllabus.
- Valuable learning points include management of multiple psychiatric patients simultaneously, setting boundaries, and mediating discussion of difficult topics.
- This experience also allowed peer mentoring between residents through the reciprocal observation of different interview styles.

Future Considerations

Creating a support group for different at-risk populations, such as a men's group, adolescent group, or dual-diagnosis group, would be a valuable resource for patients and an excellent learning opportunity for residents.

Contact information

Lily Yang - lily.yang@arnothealth.org; Taylor Dodds - taylor.dodds@arnothealth.org

References

1. Aarts, S., et al. 2015. The relation between social network site usage and loneliness and mental health in community-dwelling older adults. *Int. J of Ger. Psych.* 30(9):942–949.
2. Aartsen, M. J., et al. 2004. A longitudinal study of the impact of physical and cognitive decline on the personal network in old age. *J of Social and Personal Relationships* 21(2):249–266.
3. Archana, et al. *Ind. Psychiatry Journal.* 2009 Jan-Jun; 18(1): 51–55.
4. National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.* Washington, DC: The National Academies Press. 10.17226/25663.