



bStable Research Study in Partnership  
with Caminar for Mental Health



By: Nalda R. Mills, MA., MC., LPCA



## **Introduction**

It is well understood these days that more and more is expected of the medical practitioner. Doctors and their staff are being asked to do more in less time. This is an issue affecting all in the medical field. Those who service individuals challenged with mental health issues have the same constraints. They are expected to see their clients quickly and to make medical decisions based upon this information.

Everyone who has worked with individuals diagnosed with mental health issues understands that it is frequently difficult to get clients to focus on the issue that brought them in to see the doctor. Clients dealing with a psychotic episode may not disclose information because it feels shameful, or they have been unsuccessful at working with past doctors. In my career in the mental health field, I have had the opportunity to attend a multitude of medical visits with clients.

More times than not, my clients would withhold critical information or use vague language when speaking with a mental healthcare provider. This leads to an increase in frustration for both the mental healthcare provider and the client. It may also lead to failure to prescribe the appropriate dosage of psychotropic medications. I have known clients who discontinue the use of medications due to side-effects rather than work with their practitioner to find the appropriate medications. Clients who suffer from side-effects often refer to feeling like guinea pigs. Maintaining communication with client's suffering from severe mental health issues is paramount in medication management and mood stabilization.

I have seen clients who had no difficulty telling me that they are having side effects from medication or that the medication had not worked to solve the presenting symptoms. When asked the same questions by a medical professional, the client simply states that all is fine severely compromising their level of care.



## **bStable Research Study Background**

McGraw Systems developed a computer program named bStable that helps both the medical provider and the client by providing the medical provider with quantified information to provide better mental health outcomes.

McGraw Systems teamed up with Caminar to run a research study based on the idea that bStable improves mental health outcomes by optimizing patient and medical provider communication. bStable is easy for clients to use and allows clients to either email, text or hand deliver information regarding their needs to their medical provider. This information is easily read and facilitates the process of the client office visit by providing a place to begin. The information from bStable focuses both client and provider on the symptoms, side-effects, and/or changes in individuals' progress. Not only is time used more efficiently, but the quality of the meeting is improved as well.

The study used a total of ten clients. Five clients were placed in the control group where no intervention was given. Five clients were placed in the experimental group. Those in this group were provided the bStable software application and trained in its use.

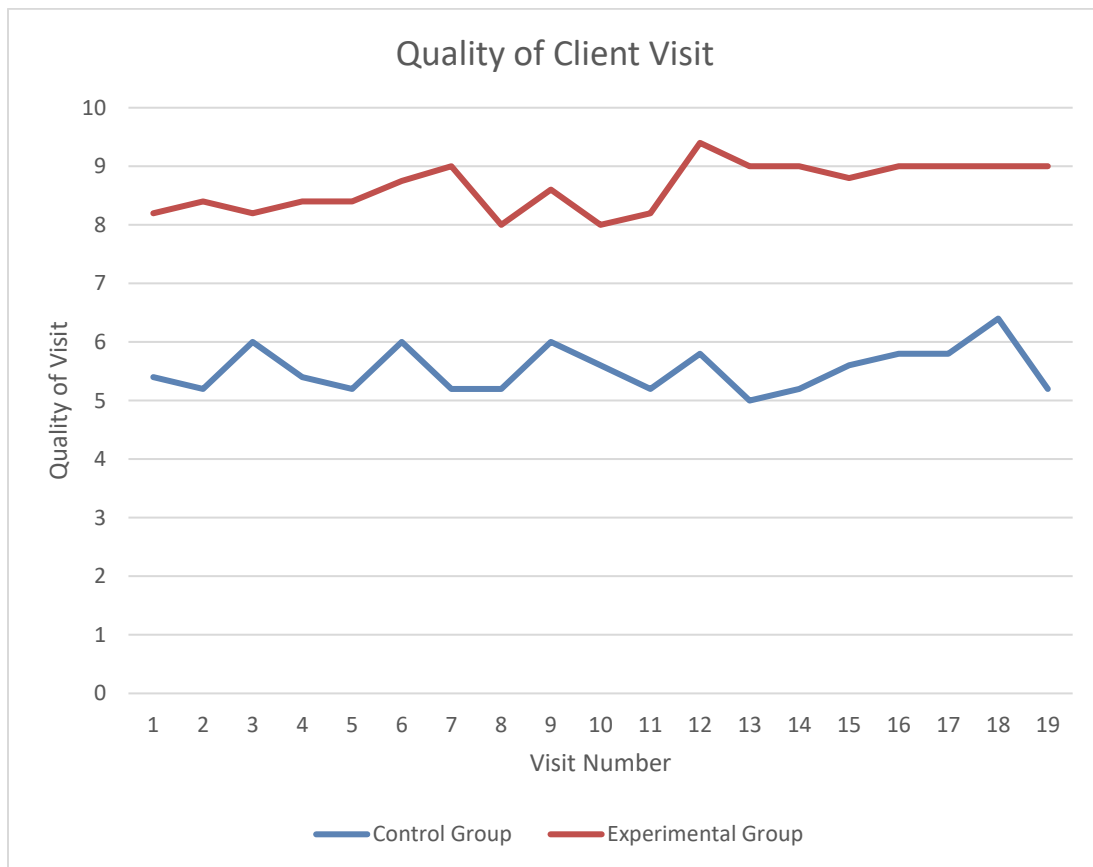
All clients were volunteers, and all met with the same registered nurse, Leslie L. Wolff. Leslie is an employee of Caminar. At each appointment, Leslie documented the amount of time that she spent obtaining information from the client in the meeting, the amount of time that she spent dealing with the client's presenting issues, and the quality of the visit. The quality of the visit was notated on a Likert scale of 1 to 10 with 10 being the highest. The study participants ranged in age from 30 to 62. There were an equal number of men and women in the study. All participants were diagnosed with a severe mental illness. Most participants were diagnosed with schizophrenia or schizoaffective disorder.



### bStable Research Study Results

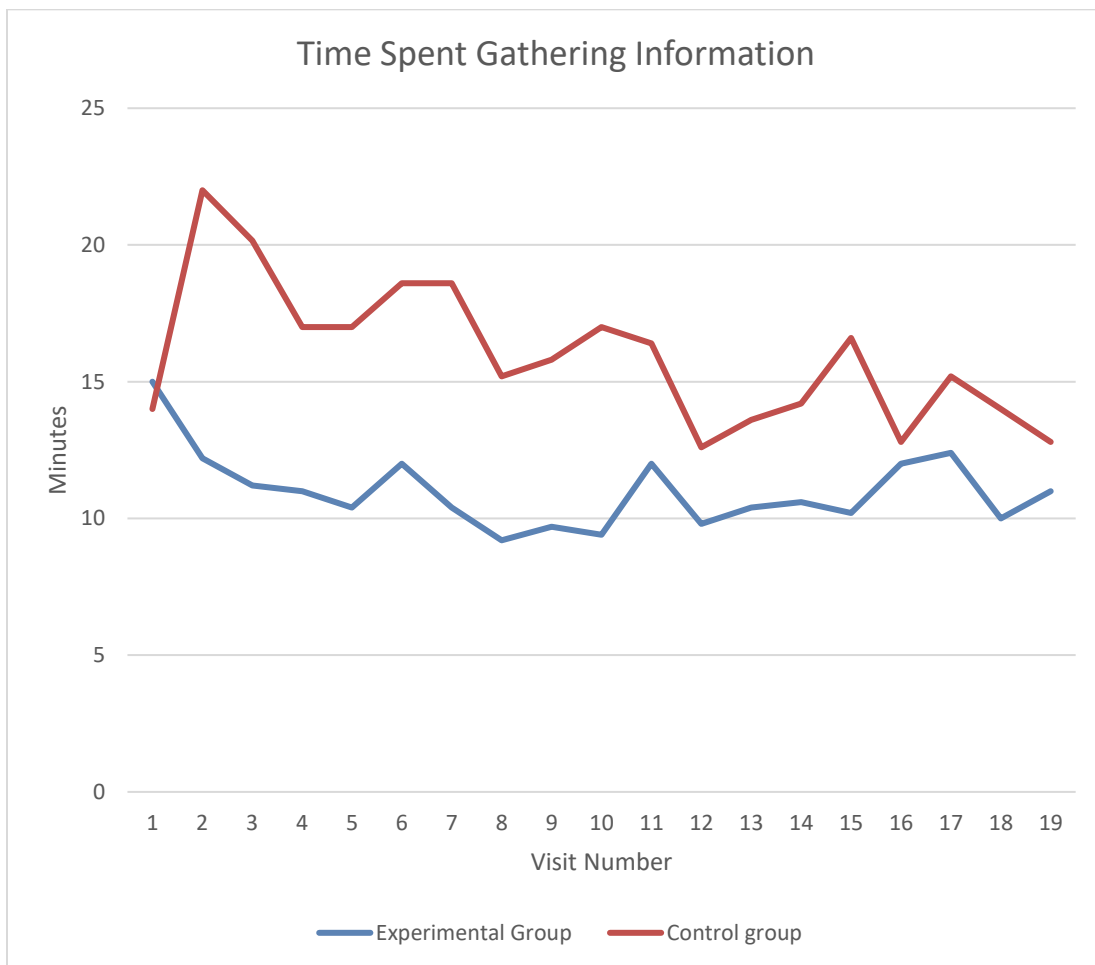
Findings indicate that bStable improved communication between the client and mental health provider. This is indicated both in the differences we see between the means of experimental and control groups and the amount of time spent gathering information, and the quality of visit indicated after each session.

This chart shows the difference in the quality of the visit for the Control Group and the bStable Experimental Group. From beginning to end, clients using bStable obtained much higher quality levels in their sessions.





This graph shows the difference in the mean amounts of time spent gathering information in the experimental and control groups. The only point where the two groups have a similar amount of time spent gathering information is in the initial baseline visit session. After this session, it took the provider more time gathering information from clients who did not use bStable. This is precious time that could have been better utilized addressing client problems at hand.





## **Conclusion**

*The bStable study data demonstrates that bStable improves both the efficiency in communication with clients as well as improves the quality of client sessions.*

## **About the Author**

I currently work as a Community Support Specialist in Mitchell County, North Carolina. I work with a dual diagnosed population in an area with little support for those dealing with mental health substance abuse issues. I generally work with individuals who are at high-risk for hospitalization, harm to self, or significant relapse. I work with a wonderful team located in Marion, North Carolina to provide enhanced support and connect clients to resources available in their community. I work closely with Probation Officers, DSS, the court system, housing, and community resources.

I have provided direct support to self-advocates in the area through Arc of the Triangle in Chapel Hill, North Carolina. Prior to this, I worked as Associate Director and Member Records Coordinator for a small ICCD affiliated clubhouse providing psycho-social rehabilitation to individuals struggling with severe mental illness. This was a culmination of a lifetime of education, volunteering, and paid labor in the fields of mental health, wellness, and education. I have worked as a case manager, clinical liaison, and therapist with SMI, dual diagnosed, and medical clients. I have also taught sociology, psychology, and philosophy for a variety of colleges and universities. Additionally, I have had the luck to participate in every stage of academic research projects.