

Australian Mental Health Outcomes and Classification Network

Kessler –10

Training Manual



A joint Australian, State and
Territory Government Initiative

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1. Acknowledgements

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2. Introduction to Manual

This training manual has been developed to support training of Mental Health Clinicians in the Kessler –10 (K–10). It provides an overview of the measure, its history, structure and use in clinical practice.

The manual has been structured so that trainers are provided with resources to present key points regarding the Kessler –10.

Some of the underlying principles, which shape this training manual, include:

- The need to utilise the principles of adult learning;
- ensuring that participants can relate the material to their work environment; and
- that participants have the opportunity to engage in the material.

Before training, trainers should ensure that they have access to the following training materials:

- A copy of this manual.
- Copies of the Kessler 10.

In this training manual certain symbols are used to indicate certain activities that the trainer should undertake:



This symbol indicates that trainers should make explicit certain important training points.



This symbol indicates that trainers should show a particular video clip or written vignette.



This symbol indicates that trainers should encourage group discussion.



This symbol indicates that trainers should distribute specific handout materials.

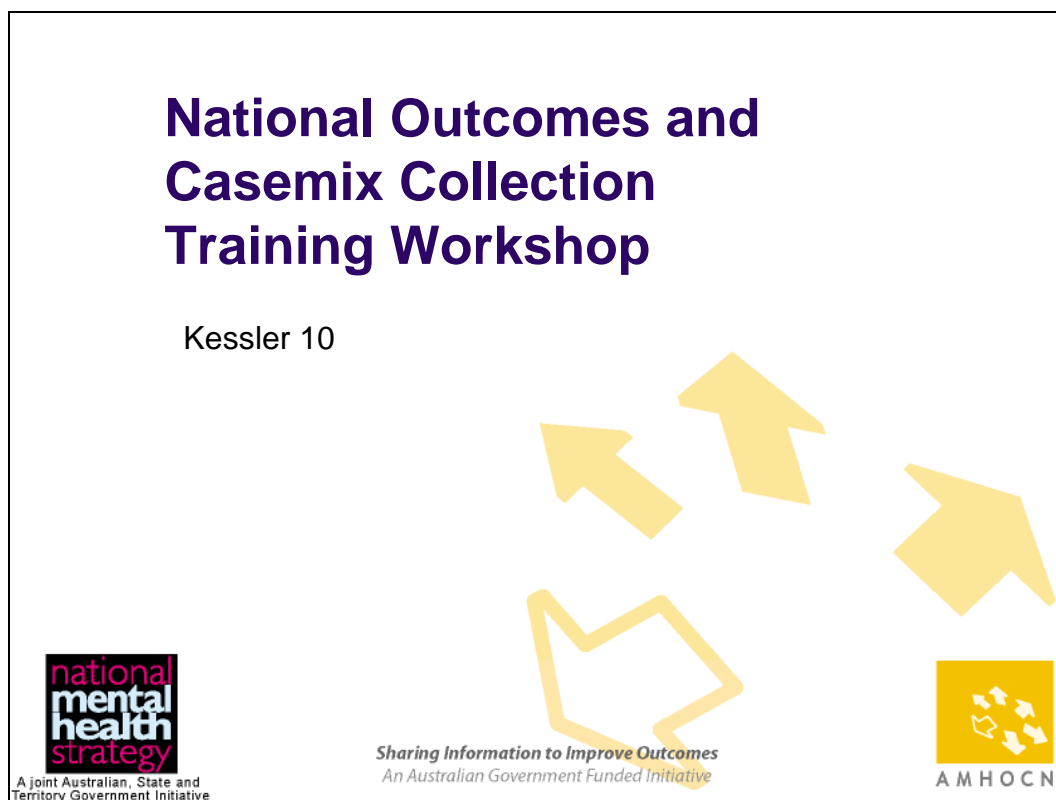


This symbol indicates that trainers should be prepared with background knowledge. Trainers will be provided with additional reference material in this section.



This symbol indicates the notional time this section should take.

3. Training Introduction and Learning Objectives



This slide simply provides an introduction to the title K-10 Training session.



Take this opportunity to undertake house keeping activities, bathrooms, messages, mobile phone etiquette.

The primary task here is the introduction of presenter and, depending on group size, participants.



This introduction section should take approximately 5 minutes to complete.

Learning Objectives

- Understanding of the background of the Kessler -10
- Understanding the versions and structure of the Kessler -10
- Understanding scoring and interpretation of the Kessler -10
- Understanding offering the Kessler -10

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Participants should be given a brief orientation to the content of this K-10 session. This includes:

- A description of the K-10;
- The background and development of the K-10;
- The various versions and structure of the K-10;
- The scoring and interpretation of the K-10; and
- Offering the K-10.



Identify the degree of experience the group has with the K-10 or any other consumer self-report measure. Support discussion regarding the uses of these measures. Do these measures support assessment? Can they be used to monitor changes in the presentation of consumers?

4. Overview

Kessler -10

- Designed by Professor Ronald C. Kessler, Health Care Policy, Harvard University, the measure was designed as the mental health component at the 'core' of the annual United States National Health Interview Survey.
- It is a short measure of non-specific psychological distress based on questions about the level of nervousness, agitation, psychological fatigue and depression
- It has been used in a wide variety of surveys including the Australian National Survey of Mental Health and Wellbeing, Surveys in New South Wales for Chief health Officer and Surveys of Aboriginal populations in Western Australia and the Northern Territory
- Available in a variety of community languages

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Hand out copies of the measures. Use your local service material.



This slide provides a brief background and overview of the K-10. The K-10 was developed for use in the U.S. National Health Interview Survey (NHIS). The scale was developed to discriminate between those people who have a serious mental illness and those that do not. This self-report questionnaire was developed to yield a global measure of "psychosocial distress" based on questions about the level of anxiety and depressive symptoms in the past 4-weeks. It is designed to span the range from few or minimal symptoms through to extreme levels of distress. The K-10 contains both low-threshold items, which many people may endorse, through to high-threshold items which very few will endorse. It has been used in a wide variety of studies.



This brief overview should take approximately 5 to 10 minutes to complete.

5. Versions of the K-10

Versions of the K-10

K-10 available in two versions

- K10+ LM
 - Core K-10 questions
 - Plus disability Questions
 - Rated Over last month (4 weeks)
- K10 L3D
 - Core K-10 questions
 - No disability questions
 - Rated over 'last three days'
 - Only used for review and discharge in inpatient units

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This slide provides an overview of the two versions of the K-10 available for use. Note the K-10+LM is used for the majority of collections. The K-10L3D is used for reviews and discharge in inpatient units. Note that the NOCC does not require the collection of the consumer self report measure in acute inpatient settings but this does vary across jurisdictions so check local protocols to determine the use of this measure.



Have participants arrange the various versions in the order identified on the slide.



This activity should take approximately 5 minutes.

K-10

Core items measure psychological distress

Instructions

The following ten questions ask about how you have been feeling in the **last four weeks**. For each question, mark the circle under the option that best describes the amount of time you felt that way.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last four weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last four weeks, about how often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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This slide provides a brief introduction to the core items of the K-10. Note the following aspects of the K-10:

- Rating is simple;
- Each item is scored from 1 -5, from “none of the time” - “all of the time”;
- Higher scores on the K-10 indicate greater distress;
- Rating period is the last four weeks (except of the L3D version of the K-10); and
- Note how user friendly the language is.



Have participant’s review the items.

6. K-10 and disability

K-10+

Core K-10 Items plus 4 items which rate disability over preceding 4 weeks

11.	In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings? _____ (Number of days)
12.	[Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings? _____ (Number of days)
13.	In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings? _____ (Number of consultations)
14.	In the last 4 weeks, how often have physical health problems been the main cause of these feelings? None of the time <input type="radio"/> A little of the time <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> All of the time <input type="radio"/>


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This slide provides a brief introduction to additional items of the K-10, which is why the K-10 rated over the last month is referred to as the 10+. Note:

- These additional items do not contribute to the total score.
- These items assess variables relevant to distress that give an indication of the impact or degree of disability associated with the consumer's identified degree of psychological distress.
- Question 11 asks consumers to identify how many days in the last month they were **TOTALLY UNABLE** to function, while Question 12 asks of the remaining time in the last month, how many days did they have to **CUT DOWN** on activities of daily living as a result of their distress.
- Question 13 asks respondents to identify how many times they have had to consult a health professional in the last month. Note that the maximum number of consultations allowed is 89 or almost 3 a day!
- Question 14 has respondents indicate the amount of time their psychological distress is related to physical health problems.

 Have participant's review the items.

Scoring and interpretation

Scoring

- K10 Total score is based on the sum of K10 item 01 through 10
 - Score range from 10 to 50
- Items 11 through 14 of the K-10+ are excluded because they refer to the degree of disability

Interpretation

- 10-19: This score indicates that the client or patient may currently not be experiencing significant feelings of distress
- 20-24: The client or patient may be experiencing mild levels of distress consistent with a diagnosis of a mild depression and/or anxiety disorder.
- 25-29: The client or patient may be experiencing moderate levels of distress consistent with a diagnosis of a moderate depression and/or anxiety disorder.
- 30-50: The client or patient may be experiencing severe levels of distress consistent with a diagnosis of a severe depression and/or anxiety disorder.

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Scoring

Scoring the K-10 is simple. The total score is the sum of all 10 items 1 - 10. Scores range from 10 - 50. Missing items are excluded from the calculation of the total score.

Interpretation

The K-10 is a measure of psychological distress that first should be considered at face value. Higher scores indicate greater psychological distress, whatever the cause. Note that items 11 - 14 are excluded from calculation of the total score. However, they are available for consideration by the clinician and consumer to gauge the impact of the consumer's distress on his or her functioning.

Based on analyses of the K-10 and diagnostic data for the 10,641 Australian people aged 16 years and above interviewed in the National Survey of Mental Health and Wellbeing, the K-10 has been shown to be

a very good screening tool for detecting levels of distress that are associated with an independently determined current DSM or ICD diagnosis of an anxiety disorder and/or depressive disorder. Using this information, scores that may be consistent with the consumer having a diagnosis of depression or anxiety have been identified.

7. Offering the K-10

Consumer Self Report Measure: When not to offer

- The consumer is too unwell or distressed to complete the measure
 - Psychotic or mood disturbance prevents the consumer from understanding the measure or alternatively, completing the measure would increase their level of distress
- The consumer is unable to understand the measure
 - As a result of an organic mental disorder or a developmental disability to consumer
- Cultural or language issues make the self-report measure inappropriate

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The introduction of the K-10 provides a number of potential benefits. These include:

- Supporting the process of assessment;
- Demonstrating a genuine interest in the consumer's point of view;
- Encouraging dialogue between clinicians and consumers;
- Highlighting discrepancies between the consumer's and clinician's perceptions; and
- Involving the consumer in the process of care planning.

These benefits provide an opportunity to support the development of the therapeutic relationship between the consumer and clinician. Offering the K-10 demonstrates a genuine attempt on the part of the clinician to better understand the consumer's perception and needs and involve him or her in the process of care.

However, there are circumstances when the clinician should exercise clinical judgement when offering the measure. First, if the consumer is distressed and offering the K-10 makes them more distressed, then offering the measure is counter productive because it interferes with establishing rapport and promoting dialogue. Second, if the consumer is unable to understand the content and requirements for completing the K-10 given their disordered or compromised mental state, then it is counter productive to offer the measure and third, if there are cultural or language impediments to offering the measure to consumers, then it should not be offered.

The general rule is that clinicians should exercise clinical judgement when offering the K-10 and be mindful of the purpose of offering the measure i.e. **engaging the consumer in care.**



When administering the K-10, there are some general activities or approaches to be avoided. These constitute the Don'ts of K-10 Administration:

- Do not force or command consumers to fill out the K-10.
- Do not tell the consumer that treatment is dependent on their filling out the K-10.
- Do not minimise the importance of filling out the K-10.
- Do not accept an incomplete K-10 without first encouraging the consumer to fill out unanswered questions.
- Do not paraphrase, rephrase, interpret or explain a question.
- Do not answer the question for the consumer.
- Do not tell the consumer how you feel they should answer.
- Do not allow other people to help the consumer fill out the K-10.
- Do not assume the consumer can do it and just doesn't want to (i.e. if a person tells you they cannot do it – accept that they are telling the truth).
- Do not tell the consumer to go home and get their family to help them.

Offering the measure

- Why is it important to complete a consumer self rated measure?
- What happens if I refuse to complete the measure, will it effect my treatment?
- Who is going to use the information?
- What is the information going to be used for?
- Assure the consumer of privacy and confidentiality

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This slide identifies the types of concerns that consumers often have when offered a consumer self report measure such as the K-10.

When offering the K-10 it is important to:

- Identify for consumers that the completion of the K-10 will provide useful information for the clinician that will inform their work.
- Assure consumers that refusal to complete the K-10 will not see them treated differently.
- Explain to consumers that the information will be available to those involved in the direct care of the consumer but also that de-identified information will be available to service managers and those involved in policy development.
- Assure the consumer that the K-10 measure is subject to the same rules of confidentiality and privacy as all other information held within the medical record.
- Explain that, in the first instance, the information will be used for individual treatment planning and in a de-identified form for service development and research activities.



When administering the K-10, there are some general activities or approaches to be adopted. These are the Do's of K-10 Administration:

- Do be warm, friendly and helpful.
- Do request and encourage consumers to fill out the K-10.
- Do let consumers know that you will be there to assist them if needed.
- Do tell consumers to answer a question based on what THEY think the question means.
- Do encourage consumers to answer ALL the questions.
- Do read and repeat a question verbatim for the consumer.
- Do provide definition of a single word with which a person is unfamiliar.
- Do stress there is no right or wrong answer.
- Do inform consumers that they will be asked to fill out the K-10 again at a later date.
- Do thank consumers for filling out the K-10.

8. Further Information

Where to find additional information

www.mhnocc.org

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Discuss with trainees additional resources available, local contact people or those responsible for ongoing support.

9. Reference Material

Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures, Version 1.50. 2003, Department of Health and Ageing: Canberra.

Mental Health National Outcomes and Casemix Collection: Technical specification of State and Territory reporting requirements for the outcomes and casemix components of 'Agreed Data', Version 1.50. 2003, Department of Health and Ageing: Canberra.

Mental Health Outcomes and Assessment Tools (MH-OAT) Facilitators Manual. 2000, New South Wales Department of Health.

Proceedings 1st Australian Mental Health National Outcomes Training Forum. Melbourne June 23 –26 2002.

Proceedings 2nd Australian Mental Health National Outcomes Training Forum. Adelaide April 7 – 8 2003.

More Reference Material is available on the Mental Health National Outcomes and Casemix Collection website www.mhnooc.org