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2024 Adult Treatment Outcomes Summary:
Patient-Reported Improvements Across Diagnostic Categories

This 2024 outcomes report highlights key changes in symptom severity, emotional functioning, and quality of life among patients receiving care across SunCloud Health's adult residential and outpatient programs. Using standardized, validated assessment tools, we measure change from admission to discharge across multiple diagnostic categories, including mood disorders, anxiety, eating disorders, substance use, PTSD, and food addiction.

Adult Patient Demographics

At SunCloud Health, we specialize in the integrated treatment of multi-diagnosed individuals, many of whom present with overlapping psychiatric, trauma-related, and behavioral health conditions. Our patient population reflects the complex realities of co-occurring disorders—where trauma, mood disorders, eating disorders, and substance use often intersect. This snapshot illustrates the depth and diversity of the individuals we serve and underscores our commitment to providing comprehensive, trauma-informed, and identity-affirming care.
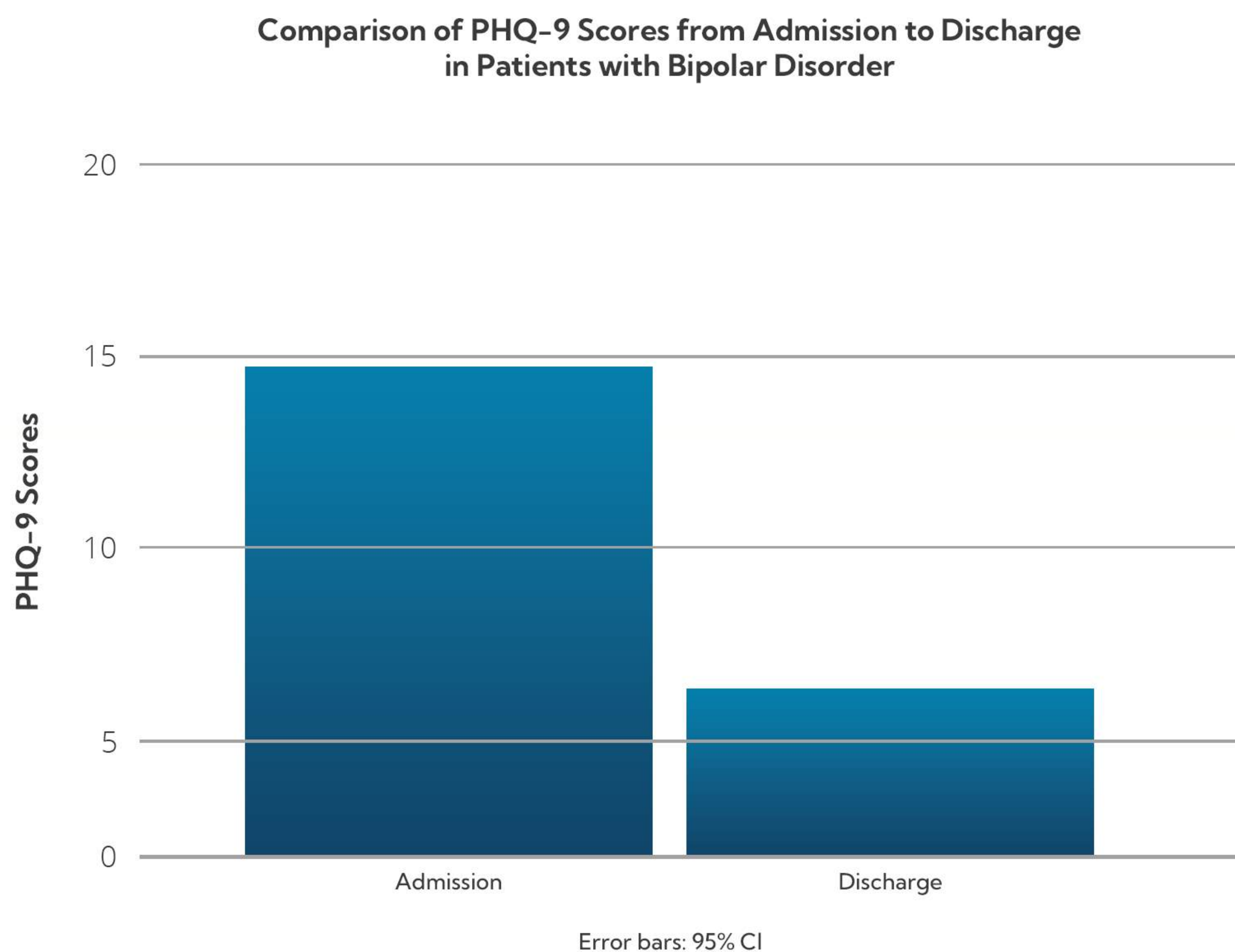
- 67% of all SunCloud patients had a substance use disorder (SUD)

- 36% of patients had an eating disorder (ED)

- 26% of patients had a dual diagnosis of an eating disorder (ED) and a substance use disorder (SUD)

- 44% of patients had a trauma and substance use disorder (SUD) diagnosis

- 26% of patients had a trauma and eating disorder (ED) diagnosis

- 90% of patients were diagnosed with 3 or more conditions

- 65% of patients had a diagnosis of a trauma and stressor-related disorder

- 73% of patients had a diagnosis of depression

- 32% of patients had a diagnosis of post-traumatic stress disorder (PTSD)

- 24% of patients had an eating disorder (ED), mood disorder, and trauma diagnosis

- 39% of patients had a substance use disorder (SUD), mood disorder, and trauma diagnosis

Mood Disorders:
Depression Symptom Reduction (PHQ-9)

The Patient Health Questionnaire-9 (PHQ-9) is used to evaluate the severity of depressive symptoms. Scores range from 0 to 27, with higher scores indicating more severe symptoms.

Patients with Bipolar Disorder diagnosis
- Admission: 14.75 (Moderate)
- Discharge: 6.11 (Mild)

Comparison of PHQ-9 Scores from Admission to Discharge in Patients with Bipolar Disorder

Error bars: 95% CI

Patients with mood disorders demonstrated substantial improvement in depressive symptoms, often reducing symptom levels by more than one severity category.

Disclaimer: *While average scores can be used to identify trends, they do not guarantee success for any one individual in treatment. We use these metrics to identify areas of improvement and as an additional data point to see how our patients are responding to treatment.*
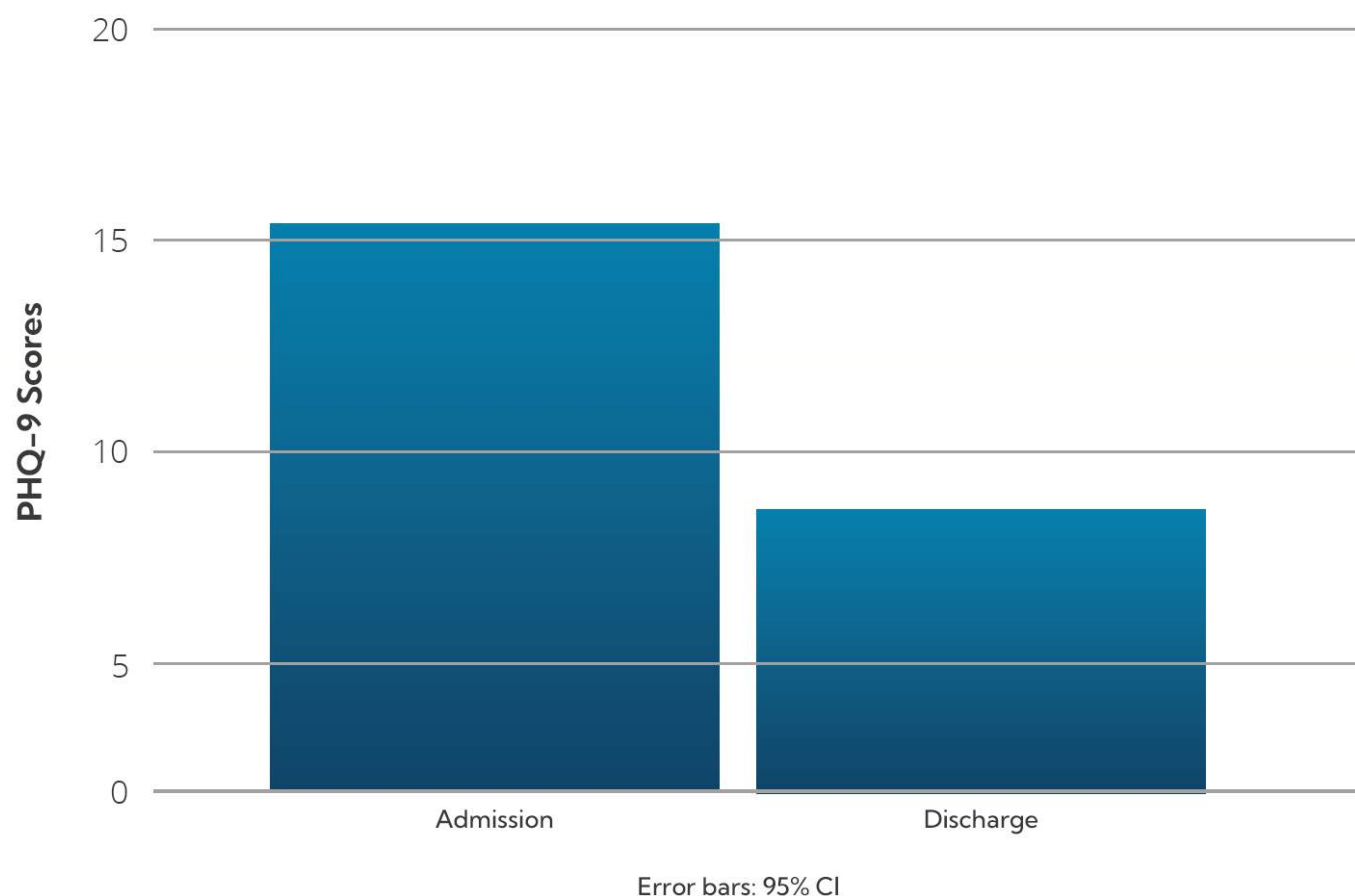
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Mood Disorders:
Depression Symptom Reduction (PHQ-9)

The Patient Health Questionnaire-9 (PHQ-9) is used to evaluate the severity of depressive symptoms. Scores range from 0 to 27, with higher scores indicating more severe symptoms.

Patients with Major Depressive Disorder diagnosis
- Admission: 15.31 (Moderate–Severe)
- Discharge: 8.61 (Mild)

Comparison of PHQ-9 Scores from Admission to Discharge in Patients with Major Depressive Disorders

Error bars: 95% CI

Patients with mood disorders demonstrated substantial improvement in depressive symptoms, often reducing symptom levels by more than one severity category.

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Anxiety Disorders:
State and Trait Anxiety (STAI-Short)

The STAI-Short measures state anxiety (temporary emotional distress) and trait anxiety (long-standing anxiety tendencies). Scores above 2.0 for STAIS and 2.8 for STAIT are considered clinically significant.
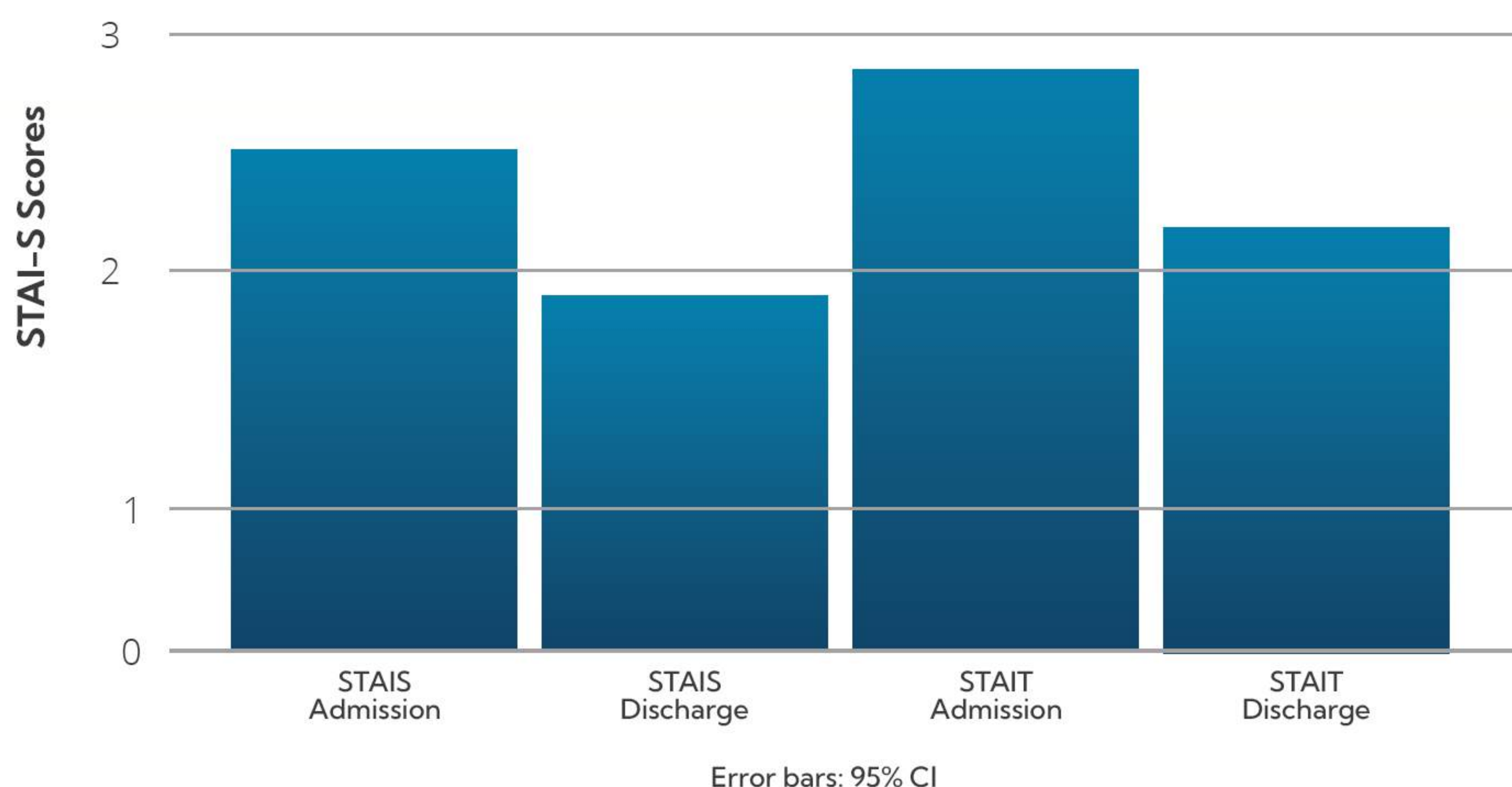
Patients with an anxiety diagnosis: State Anxiety (STAIS)

- Admission: 2.4
- Discharge: 1.9

Patients with an anxiety diagnosis: Trait Anxiety (STAIT)

- Admission: 2.8
- Discharge: 2.1

Comparison of State and Trait Anxiety Scores at Admission and Discharge in Patients with Anxiety Disorder

Error bars: 95% CI

Patients with anxiety disorders showed a reduction from clinical to subclinical ranges in both short-term emotional responses and long-standing baseline anxiety patterns.

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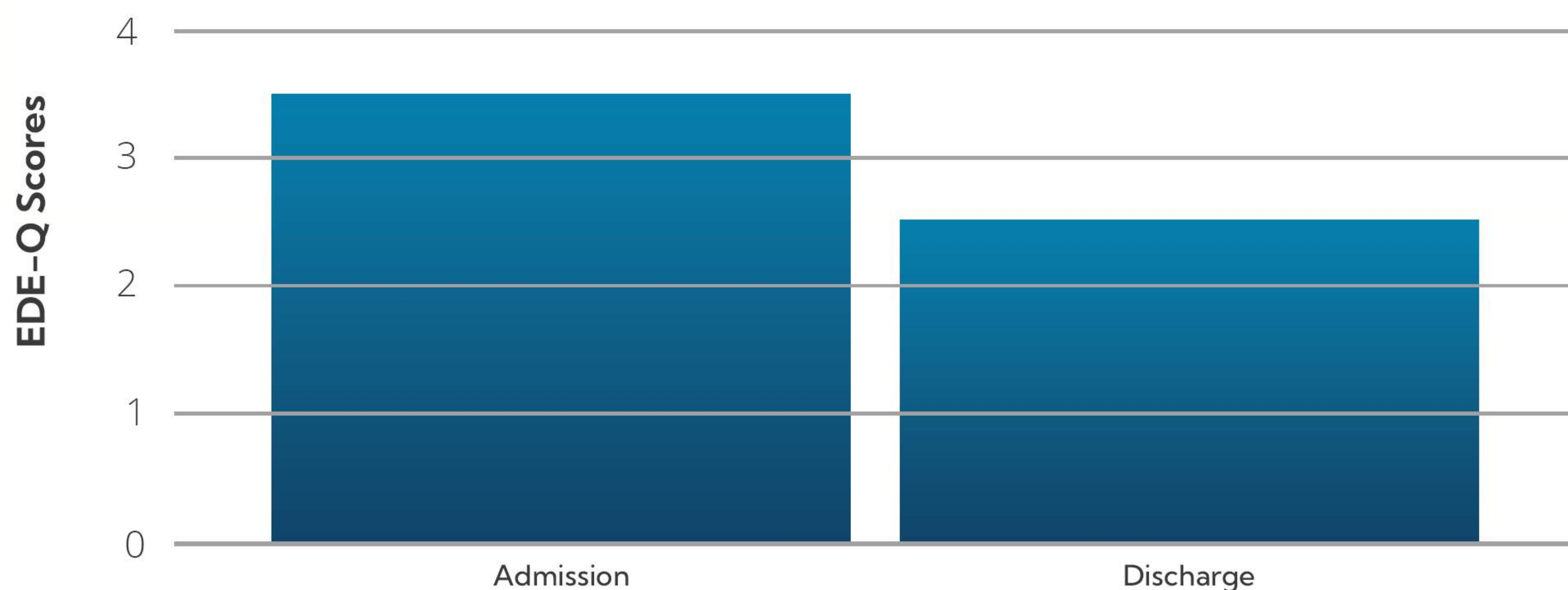
Eating Disorders:
Disordered Eating Behaviors (EDE-Q)

The Eating Disorder Examination Questionnaire (EDE-Q) assesses disordered eating behaviors over the past 28 days. A score above 2.8 is considered clinically significant.

Patients with an Eating Disorder diagnoses
- Admission: 3.4
- Discharge: 2.6

Comparison of EDE-Q Scores from Admission to Discharge in Patients with an Eating Disorder

Error bars: 95% CI

Patients with eating disorders reduced their symptoms to below the clinical threshold by discharge, suggesting strong response to treatment.

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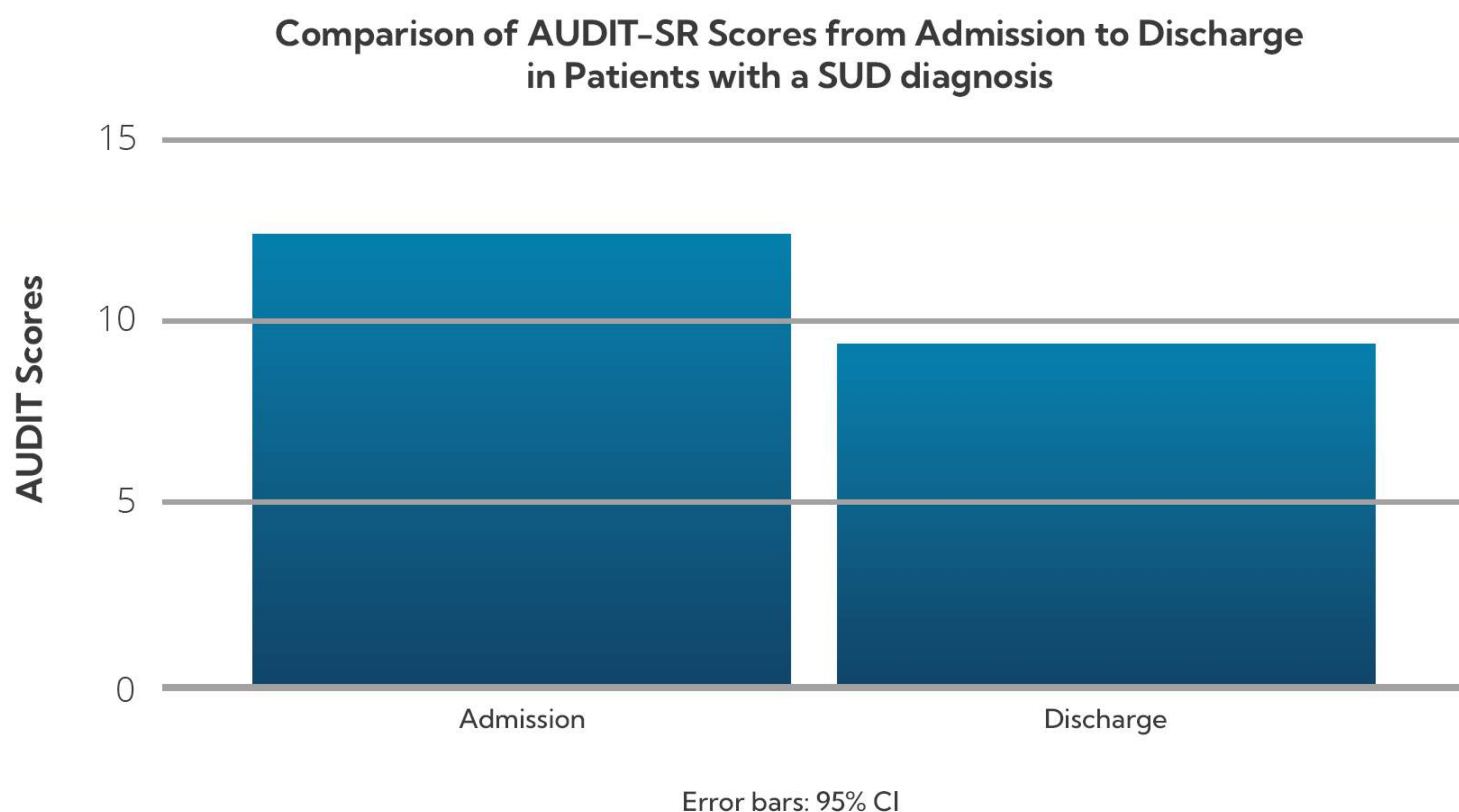
Substance Use:
Alcohol Risk Behaviors (AUDIT–SR)

The Alcohol Use Disorders Identification Test (AUDIT–SR) evaluates alcohol use severity. Scores are categorized as follows:

- 1–7: Low risk
- 8–14: Hazardous use
- 15+: Alcohol dependence

Patients with a Substance Use Disorder diagnosis:

- Admission: 12.8 (Hazardous use)
- Discharge: 9.56 (Reduced but still elevated)

Comparison of AUDIT–SR Scores from Admission to Discharge in Patients with a SUD diagnosis

Error bars: 95% CI

Patients with substance use issues demonstrated a significant reduction in alcohol-related risk behaviors.
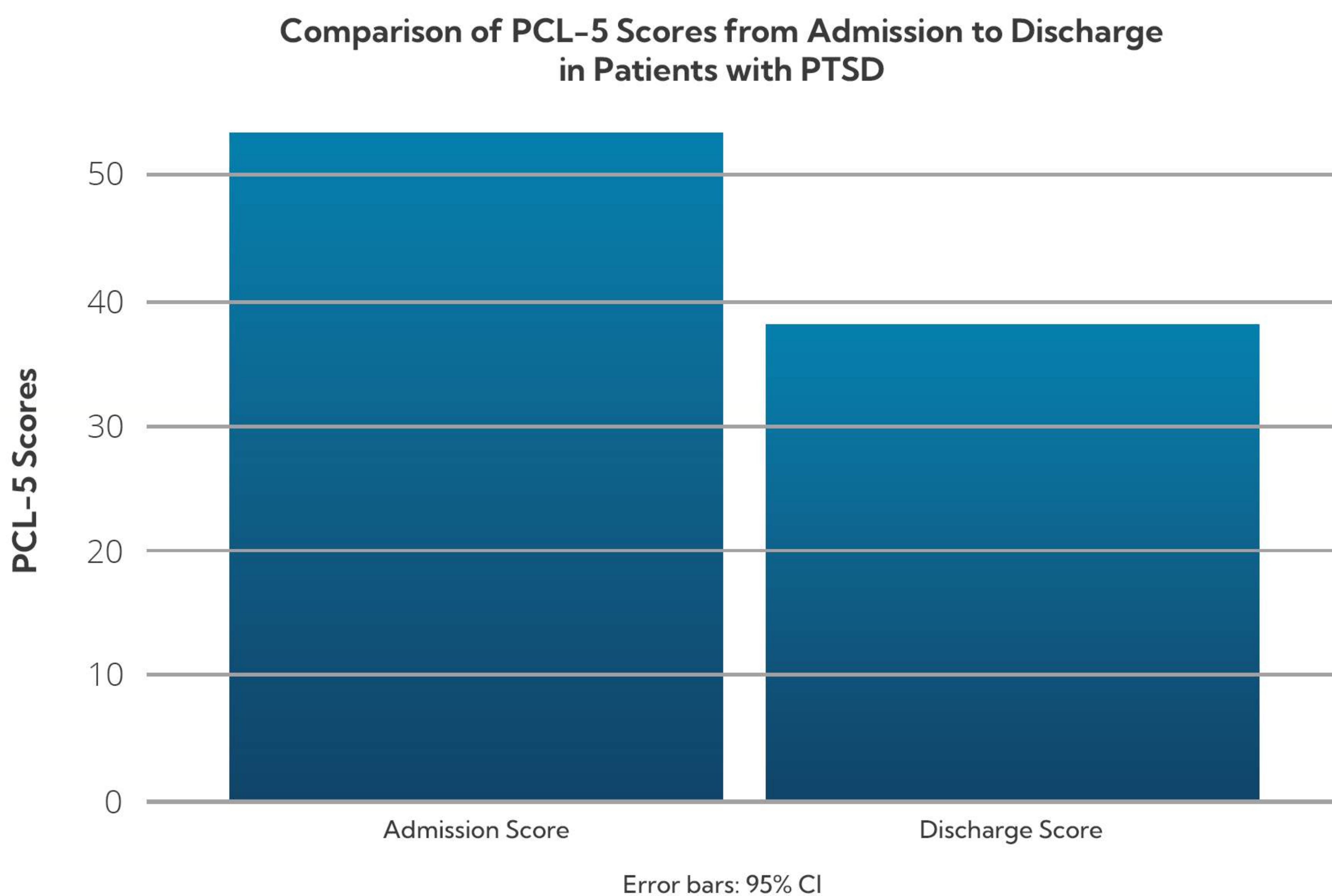
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PTSD:
Symptom Severity (PCL-5)

The PTSD Checklist for DSM-5 (PCL-5) measures trauma symptom severity. A score of 33 or higher indicates clinical PTSD.

PTSD diagnoses

- Admission: 52.57
- Discharge: 38.9

Comparison of PCL-5 Scores from Admission to Discharge in Patients with PTSD

Error bars: 95% CI

Patients with PTSD showed measurable progress and appeared to respond positively to integrated treatment where both their symptoms and underlying trauma is addressed.

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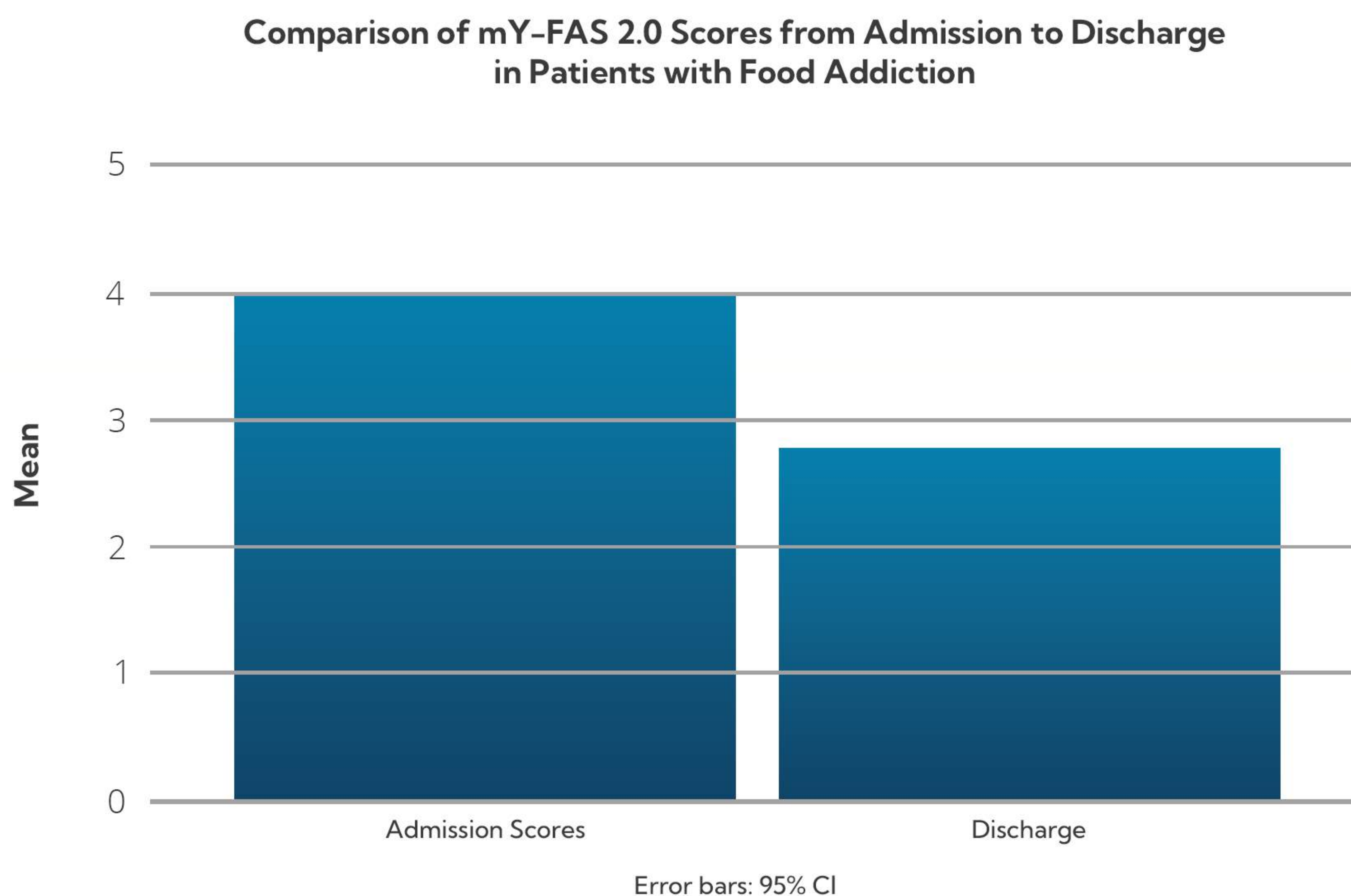
Food Addiction:
Compulsive Eating Behaviors (mY-FAS 2.0)

The Modified Yale Food Addiction Scale assesses symptoms of addictive-like eating behaviors.

Scoring Levels: Mild (2–3), Moderate (4–5), Severe (6+)
Clients with Food Addiction

- Admission: 4.0 (Moderate)
- Discharge: 2.7 (Mild)

Comparison of mY-FAS 2.0 Scores from Admission to Discharge in Patients with Food Addiction

Error bars: 95% CI

Treatment at SunCloud led to a significant drop in compulsive eating behaviors, bringing average scores below the moderate range.
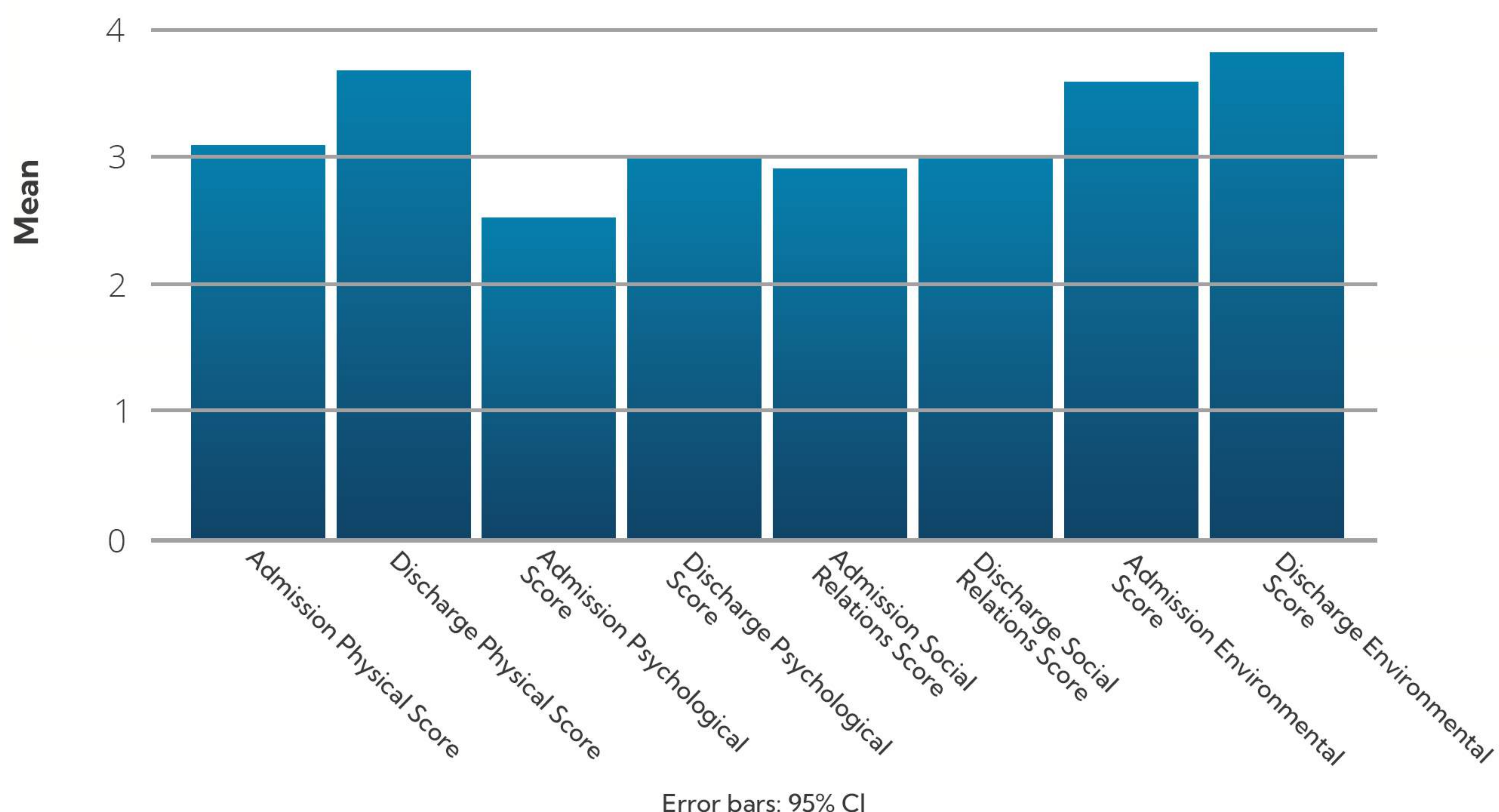
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Overall Wellness:
Quality of Life (WHOQOL-BREF)

The WHOQOL-BREF assesses perceived quality of life across four domains: physical health, psychological well-being, social relationships, and environment.

Outcome: Clinically significant improvement across all domains from admission to discharge. Higher scores reflect positive improvement.

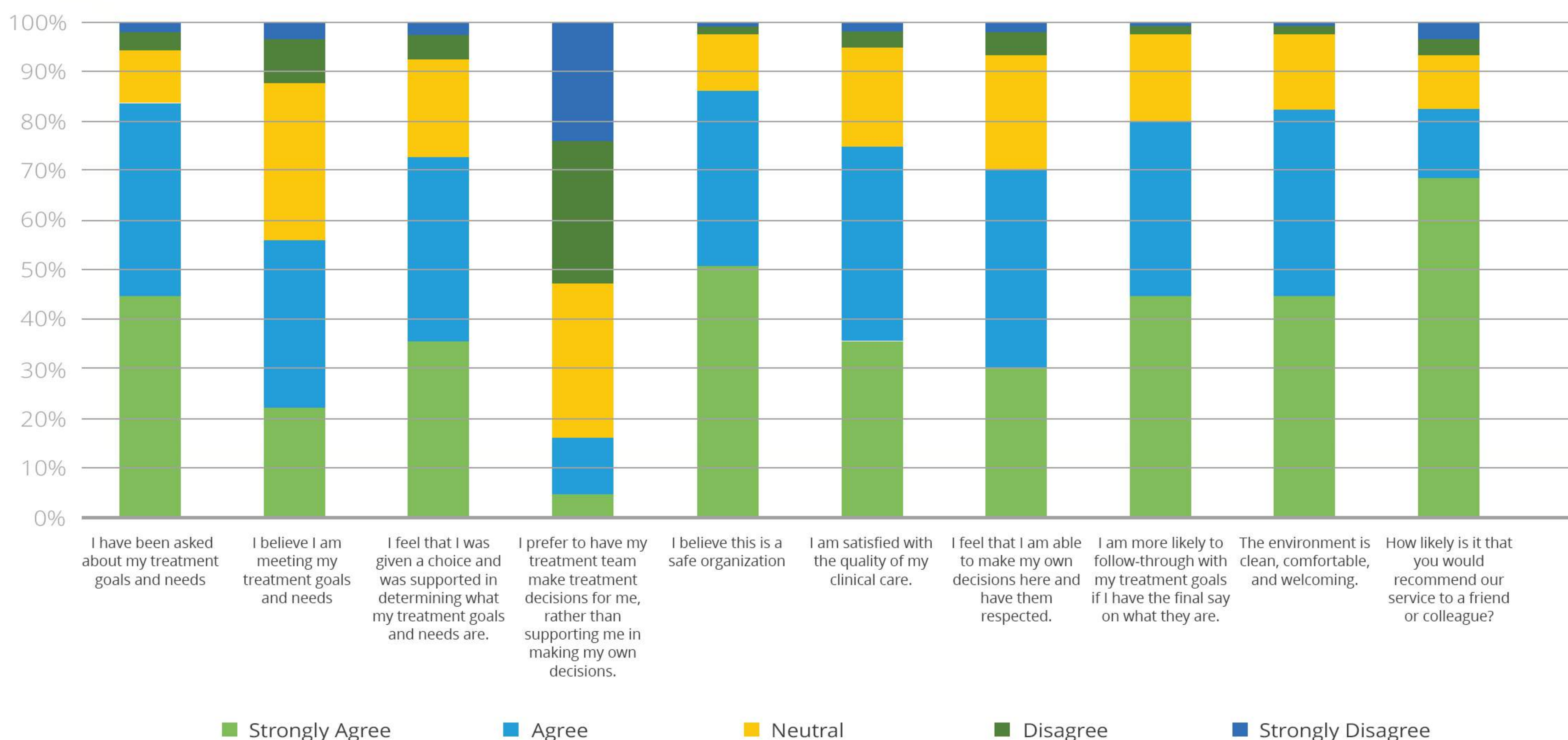**Comparison of Quality of Life Scores at Admission to Discharge**

Error bars: 95% CI

This broad-based improvement reflects enhanced day-to-day functioning and life satisfaction among SunCloud program participants.

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Patient Satisfaction Survey

The following chart summarizes results from SunCloud Health's Patient Satisfaction Survey, collected from 1,544 participants between August 2023 and April 2025. Respondents rated their experiences across key areas of treatment, including goal-setting, autonomy, emotional safety, care quality, and overall satisfaction.

August 2023 - April 2025 Patient Satisfaction Survey - 1,544 Participants

Legend: Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree

The results reflect strong levels of engagement, trust, and respect, with the majority of patients reporting positive experiences and outcomes throughout their care journey.

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Conclusion

Across diagnostic groups, patients at SunCloud Health experience substantial reductions in symptom severity and meaningful improvements in emotional regulation, behavior, and overall quality of life. These outcomes support the effectiveness of our integrated, trauma-informed care model.