

Toward Best Practices: Selected Mental Health Research Findings 1996 – 1998



Ohio Department of Mental Health
Office of Program Evaluation & Research

February 8, 1999

Dear Colleagues:

During 1998 we celebrated a decade and a generation of progress in reforming mental health care in Ohio. We can share unparalleled pride at the progress we have made in building a system that is community based and locally managed.

As we approach the beginning of a new millennium, our attention should shift from systems reform to improving opportunities and outcomes for individual consumers. Certainly one way to do this is to use the results of research projects conducted during the past decade on mental health care in Ohio.

This booklet grew out of our desire to share the "Top 10 Research Results" with Ohio's mental health community. As you will see, we have identified 16 results as the most credible and relevant findings. For many of these research findings, we have suggested how mental health services might be improved by using these results.

I believe it is also appropriate to note how these research findings validate many of our values and beliefs about mental health: the power of hope, the reality of recovery, the role of friends and family, and the importance of clinically and culturally competent services.

I hope these results are useful in your own quest to improve the quality of mental health care in Ohio. We would be happy to receive your feedback, or to hear about your experiences using research results.

Sincerely,

Michael F. Hogan, Ph.D.
Director

February 8, 1999

Dear Colleagues:

All of the findings in this booklet have come from projects funded by the Ohio Department of Mental Health's research grants program or the Office of Program Evaluation and Research's ongoing longitudinal study of consumers and services in the Ohio community mental health system.

Because of the brief format, the sections of the booklet represent only the "tip of the iceberg" of results from each of the projects. If the practice issues in some of the findings are ones that you would like to explore, we encourage you to learn more about the particular piece of research from which they came. At the end of each results paragraph you will find one or more citations indicating where to get more information about the study. If you do not have the resources on hand, you will find a tear-off section at the end of the booklet that will allow you to request them from us.

We hope you will be able to use a number of these findings to improve practice and outcomes for consumers served by your local mental health system. We would very much like to hear about your experiences in using research results and encourage you to get in touch with our office to talk about them.

Sincerely,

Dee Roth, M.A.
Chief

1

Although consumers with SMD have received a wide variety of services since the Mental Health Act of 1988, approximately 50% of them receive few services.

Averages for individuals within the Few Services Cluster ranged from 10 units in 1989 to 17 units in 1996. Practice Question: Are individuals with SMD receiving adequate amounts of service to meet their needs?

Roth, D., Lauber, B. G., Crane-Ross, D., & Clark, J. A. (1997). Impact of state mental health reform on patterns of service delivery. Community Mental Health Journal, 33, 473-486.

2

Since the Mental Health Act of 1988, the overall patterns of services received by individuals with SMD have increased in complexity and diversity, with fewer consumers receiving only one type of service, such as medication. This change suggests that consumers are receiving more individualized care. Practice Question: Are services for consumers in your program/system what individual consumers want and need?

Roth, D., Lauber, B. G., Crane-Ross, D., & Clark, J. A. (1997). Impact of state mental health reform on patterns of service delivery. Community Mental Health Journal, 33, 473-486.

3

Since the Mental Health Act of 1988, individual service patterns have also fluctuated a great deal from year to year. Cluster analysis results demonstrate that in each year approximately 35% of clients experience major changes in service patterns, and an additional 15% stop receiving services. System Issue: These results suggest that efforts to develop capitation rates based on previous service usage should be considered with caution. Practice Question: Are services for individual consumers in your program/system delivered based on a long term *individual* plan?

Roth, D., Snapp, M. B., Lauber, B. G., & Clark, J. A. (1998). Consumer turnover in identified patterns of community mental health service utilization. Administration and Policy in Mental Health, 25 (3), 241-255.

4

Consumers and case managers disagree on the extent to which consumers' needs are met by current levels of service. Consumers are more likely than case managers to focus on needs for assistance with navigating a large service system and community support needs associated with daily living. Consumers are more likely than case managers to report unmet needs for the following: 1) help with finding available services, 2) complaining about services, 3) obtaining benefits and income support, 4) vocational services, 5) transportation, 6) legal issues, and 7) talking about problems. In contrast, case managers are more likely to report that their clients had unmet needs for assistance with managing money and medications. Practice Issue: Consumers' perceptions of their needs are an integral part of service planning and should be explicitly considered in developing treatment plans.

Crane-Ross, D., Roth, D., Lauber, B. (in review). Consumers' and Case Managers' Perceptions of Mental Health and Community Support Service Needs.

5

Consumers' ratings of whether their needs are met are more closely related to many mental health outcomes than are case managers' ratings of consumers' needs. For example, with regard to symptomatology, consumers' ratings of the degree to which their needs are met predict lower levels of depression, anxiety, and psychoticism, whereas case managers' ratings only predict lower levels of depression. With regard to other outcome measures, consumers' ratings of met need predict higher skills functioning, self-esteem and quality of life. Case managers' ratings predict higher behavioral functioning and global functioning. **The amount or pattern of service receipt does not predict outcomes.** Practice Issue: An important determinant of consumers' outcomes is their own perception that their needs are met. Wellness and recovery are enhanced by empowerment and building on self-control.

Roth, D., Crane-Ross, D., Hannon, M., Cusick, G., & Doklovic, S. (in press). A longitudinal study of mental health services and consumer outcomes in a changing system. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

6

Consumers' perceptions of their level of service empowerment (e.g., involvement in planning and carrying out their treatment plan) are more closely related to their mental health outcomes than are case managers' perceptions of consumers' service empowerment. For consumers, service empowerment is related to the following outcomes: lower levels of depression, anxiety, and psychoticism, as well as increased functioning, quality of life, and self-esteem. However, case managers' ratings of consumer service empowerment are related to only one outcome: lower levels of psychoticism. Practice Issue: Consumers' perceptions of their involvement in service decisions make an important contribution to their mental health outcomes.

Roth, D., Crane-Ross, D., Hannon, M., Cusick, G., & Doklovic, S. (in press). A longitudinal study of mental health services and consumer outcomes in a changing system. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

7

Family members are important sources of support for many consumer needs. They are the primary sources of help with many community support service needs (e.g., daily living skills, transportation, housing, legal issues), interpersonal needs (e.g., issues involving family, friends, and roommates) and crisis-related needs. Practice Issues: Treatment planning could be strengthened by attending to family sources of support. Services should strengthen and supplement family members' ability to provide support.

Roth, D., Crane-Ross, D., Hannon, M., Cusick, G., & Doklovic, S. (in press). A longitudinal study of mental health services and consumer outcomes in a changing system. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

8

Family members' satisfaction with mental health professionals, services, and systems in Ohio has decreased substantially over time, based on longitudinal data collected between 1995 and 1997. Their satisfaction is significantly associated with the amount of information they receive about their relative's mental health services.

Most family members indicate that their relative is the primary source of information and that case managers provide very little information. Identification of case managers as the primary source of information has decreased substantially over time from 20.4% in 1995 to 9.7% in 1997. System and Practice Issue: Increased communication among family members, service providers, and consumers is needed. This could strengthen consumers' support and family satisfaction.

Tessler, R. (1998). Evaluating family experiences with clients and services in Ohio. Final Report. Columbus, OH: Ohio Department of Mental Health.

Tessler, R., & Gamache, G. (in press). Evaluating family experiences with clients and services in Ohio. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

9

Groups of family members, consumers, mental health board staff, and service providers have identified **barriers faced by African-American caregivers** with a family member with mental illness. (Concept mapping was used to delineate these barriers.) **All four groups express concern that family members are excluded from the treatment process and experience inadequate guidance and support from the mental health system.** Case managers and supervisors note that family members lack knowledge about mental illness and its treatment. Consumers indicate that family members do not understand mental illness and often treat them inappropriately. System and Practice Issues: Caregivers want more information about obtaining and monitoring psychotropic medications. Family (and consumer) education and support should be high service priorities.

Biegel, D. E., Johnsen, J. A., & Shafran, R. (1997). Overcoming barriers faced by African-American families with a family member with mental illness. Family Relations, 46 (2), 163-178.

10

The cluster analytic planning and evaluation technique, which is grounded in clinical practice and categorization theory, can be used effectively to identify and validate subgroups of persons with severe mental disorders. **These clusters have been shown to have considerable utility for predicting differential outcomes and for predicting service utilization and costs for both adults and children.** "Best practice" models, which are called "Preferred Service Models" in the research study, are currently being developed and tested in mental health agencies.

Rubin, W. A., Panzano, P. C., Bunt, E., Ossa, J., Schwartz, J. L., & Sheppard, G. (in press). Goodness of fit in managed mental health care: Service protocols, outcomes, and local control. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

11

A high rate of exposure to violence exists among both high school and younger students from metropolitan (large and small) and rural areas of Ohio. (For example, approximately three in four adolescents [grades 9 to 12] and two in three boys [grades 3 to 8] reported witnessing someone being threatened or hit during the past year. In central city Cleveland, approximately half of the adolescents reported witnessing at least one shooting within the past year.) **Violence exposure is significantly related to trauma symptoms (e.g., depression, anxiety, dissociation, and post-trauma stress disorder) and students' own violent and predatory behaviors.** Unlike popular beliefs about children and violence, youth do not habituate to high levels of violence exposure and continue to display substantial levels of trauma symptoms. Practice Issues: There is a need for screening and treating violence exposed youth within schools and community agencies, and considering approaches to violence prevention.

Singer, M., Anglin, T., Song, L., & Lunghofer, L. (1995). Adolescents' exposure to violence and the association of psychological trauma. Journal of the American Medical Association, 273, 477-482.

Singer, M. I., & Miller, D. (in press). Mental health consequences of children's exposure to violence. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

12

A substantial portion of the patients (70%) in Ohio's state hospitals were found to be ineligible for clozapine because they had not had the required previous trials of two antipsychotic medications at adequate dosage levels. This finding is similar to those of the PORT study, however the information was subsequently used to improve clinical practice in state hospitals. Practice Issue: Ongoing *active* medication management is a high priority across Ohio's system of care.

Clozapine was found to be effective for the majority of patients (80%) with treatment refractory schizophrenia in the state hospital system. Patients experienced fewer psychiatric symptoms as well as fewer symptoms of tardive dyskinesia. There was also a dramatic reduction in the use of seclusion and restraint with these patients. These improvements continued after discharge as long as patients took clozapine. Almost all readmissions to the hospital for these individuals were due to noncompliance in taking the medication. Practice Issues: Improved medication education. Improved use of newer medications.

Saveanu, T. I., Wellage, L., & Roth, D. (1996). Evaluation of the impact of use of Clozapine treatment in the Ohio state hospital system. In D. Roth (Ed.), New Research in Mental Health, 12 (pp. 198-211). Columbus, OH: Ohio Department of Mental Health.

13

The more community case management time that is invested, the longer forensic mental health clients are sustained in the community without rearrest. This relationship was significant even after controlling for age and history of previous arrest. (This study was a collaboration between the Lucas County Sheriff's Office and Harbor Behavioral Health Care and included 261 forensic mental health clients.) Policy and Practice Issue: Improve the quality and quantity of services to mentally ill offenders in order to reduce offending.

Ventura, L. A., and Cassel, C. (1996). The effects of forensic mental health services in reducing criminal recidivism of mental health clients. In D. Roth (Ed.), New Research in Mental Health, 12 (pp. 136-140). Columbus, OH: Ohio Department of Mental Health.

Ventura, L. A., Cassel, C. A., Jacoby, J. E., & Huang, B. (1998). Case management and recidivism of mentally ill persons released from jail. Psychiatric Services, 49, 1330-1337.

14

Nursing home residents with persistent mental illness are at risk for under-treatment. Those at greatest risk include older residents (75 years and older), those who are cognitively impaired, and those with social obstreperousness (helpless, dependent, withdrawn). In addition, residents of public facilities are more likely than their counterparts in private facilities to receive only medications as their treatment. Practice Issue: Treatment needs of individuals with SMD who reside in nursing homes should be actively monitored and addressed.

McGrew, K.B. (1996). Mental health treatment and services of southwest Ohio nursing home residents: An analysis of the person-behavior-environment relationship. In D. Roth (Ed.), New Research in Mental Health, 12 (pp. 164-176). Columbus, OH: Ohio Department of Mental Health.

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The majority of persons admitted to psychiatric emergency rooms (51%) have substance abuse problems. Although psychiatric diagnoses given in community mental health agencies are similar to those in psychiatric emergency rooms, agency diagnoses tend to minimize or even ignore substance abuse. The findings suggest that agency and emergency room staff may perceive patients in different ways and point to a need to examine the relative emphasis placed on substance abuse diagnoses and services within agencies. Practice Issue: Given new research findings about the effectiveness of concurrent treatment of mental illness and addiction, the mental health system must pay attention to substance abuse issues.

Schroeder, H. (1996). Repeated use of the psychiatric emergency room. In D. Roth (Ed.), New Research in Mental Health, 12 (pp. 114-120). Columbus, OH: Ohio Department of Mental Health.

Results from the Recovery Demonstration Projects indicate that consumers derive considerable benefit from participation in leadership programs and consumer-operated organizations. Involvement in governing boards of these organizations and in planning and leading activities have provided opportunities for consumers with severe mental illness to further develop interaction skills and a sense of empowerment in a cost-efficient manner. Activities such as these have significantly enhanced many consumers' progress toward recovery. Policy and Practice Implication: Consumer directed services and/or organizations should exist in every local mental health system to facilitate recovery and improve outcomes.

Borkin, J., Steffen, J. J., Ensfield, L. B., Krzton, K., Wishnick, H., Wilder, K., & Yangarber, N. (in press). Hamilton County Recovery Initiative: Evaluating its impact and exploring recovery. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

Bullock, W., & Ensing, D. (in press). Leadership education: Evaluation of a program to promote recovery from serious and persistent mental illness. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

Johnson, L., Dewees, P., Howe, S., Wilhelm, L., & Branscome, R. (in press). A consumer-controlled network of support and its implications for a model of recovery in Fairfield county. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

Murnen, S. K, & Smolak, L. (in press). Self-empowered recovery attitudes, and supportive networks among consumers of mental health services. In D. Roth (Ed.), New Research in Mental Health, 13. Columbus, OH: Ohio Department of Mental Health.

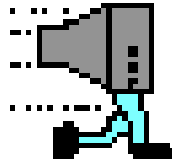
Prepared by: Wilma J. Lutz, Ph.D., R.N.
Dushka Crane-Ross, Ph.D.
Dee Roth, M.A.
Michael F. Hogan, Ph.D.

For more information regarding our research programs contact:

Dee Roth, Chief
Office of Program Evaluation & Research
30 E. Broad St., Suite 1170
Columbus, OH 43266-0414

Phone: (614) 466-8651
FAX: (614) 466-9928
e-mail: rothd@mhmail.mh.state.oh.us

You can also contact OPER via the world wide web at



<http://www.mh.state.oh.us/oper.html>