



T O W A R D B E S T P R A C T I C E S

Top Ten Mental Health Research Findings

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Ohio Department of Mental Health
Office of Program Evaluation and Research

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Ohio Department of Mental Health

Bob Taft, Governor

Michael F. Hogan, Ph.D., Director

T O W A R D B E S T P R A C T I C E S

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Ohio Department
of Mental Health

Office of the Director

30 East Broad Street
Columbus, Ohio
43215-3430

April 9, 2002

Dear Colleagues:

Please read, consider and share this “Third Edition” of research findings from ODMH-funded studies and research programs. As you probably know, earlier reports on research findings were published in 1999 and are available on the ODMH web site.

These research results reflect high quality and often sophisticated studies, but I am struck by one pattern: **research findings reflect often-ignored common sense.**

We should not be surprised, for example, that well-designed and well-targeted interventions produce good results (see Finding #1), that attitudes can facilitate recovery (see Finding #3) or impede it (see Finding #4), and that well-managed programs also tend to be more “culturally competent” (see Finding #7).

Let’s work together to use both common sense and better data to make things better!

Best wishes,



Michael F. Hogan, Ph.D., Director
Ohio Department of Mental Health

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April 9, 2002

Dear Colleagues:

All but one of the findings in this booklet come from projects funded by the Ohio Department of Mental Health's research grants program. The other was funded by the National Institute of Mental Health but done in Ohio, and we thought its findings were sufficiently important to include it in our "Top Ten." We have also included four studies which have not yet been completed. We think the results will have such important implications that we wanted to make you aware of the work now so that you can look forward to the final results in the future.

This booklet represents 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. At the end of each summary, you will find citations indicating where to get more information. All of the projects in this "Top Ten" are featured in *New Research in Mental Health—Volume 14*. If you would like a copy of this document, please get in touch with us. Our telephone number and e-mail address are listed on the last page of this booklet.

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
Office of Program Evaluation and Research

Evidence suggests that family psychoeducation is a highly beneficial adjunctive treatment for children with mood disorders and may reduce the need for out-of-home placements.

A six-session, manual driven, psychoeducational group therapy program was found to result in improved interpersonal communication in the home environment with fewer critical comments and less hostility. Children reported increased social support from parents. Furthermore, families were better able to access and receive adequate treatment and other needed services, including medication, school services and individual counseling. Benefits were still present six months after treatment. These findings are congruent with a large body of research suggesting that family psychoeducation can dramatically reduce relapse rates for adults with severe mental illness (e.g., Hogarty et al., 1991; Holder & Anderson, 1990).

Practice Implication: Family psychoeducation is an effective component of treatment of both children and adults. Increasing opportunities for families to receive education and support regarding their family members' mental illness should be a high service priority.

Fristad, M.A., Gavazzi, S.M., & Soldano, K.W. (1998). Multi-family psychoeducation groups for childhood mood disorders: A program description and preliminary efficacy data. *Contemporary Family Therapy, 20* (3), 385-402.

Fristad, M.A., Gavazzi, S.M., Goldberg-Arnold, J.S., Soldano, K.W., & Robinson, A. (2000). Efficacy of Family psychoeducation as an adjunctive treatment for childhood and adolescent mood disorders. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 195-208). Columbus, OH: Ohio Department of Mental Health.



Parents of youth referred for community mental health services report unusually high rates of corporal punishment and physical aggression, in comparison to parents in the general population.

A sizeable percentage of referred youth report acts of severe physical aggression toward their parents and siblings.

Corporal punishment and physical aggression sharply declined as referred youth became older; however, the use of corporal punishment was relatively high for youth between the ages of 13 and 17. Rates for use of severe physical aggression by parents remained fairly stable across all ages. About 40 percent of parents and 25 percent of siblings are reported to be the targets of severe physical aggression. **Use of structured screening questionnaires during the diagnostic assessment was found to be an important strategy in detecting physical aggression within the family system.** These questionnaires provided information about violence within families, beyond what clinicians learned from typical intake interviews.

Practice Implications: Parents of youth referred to community mental health settings should be considered at risk for being victims as well as perpetrators of physical aggression within the family system. Siblings should not be “overlooked” as victims of serious violence. Screening questionnaires administered to individual family members at intake or during diagnostic assessment can augment clinicians’ information about the presence and impact of violence within a family system.

Mahoney, A.M., Donnelly, W.O., Lewis, T., & Manard, C. (2000). Mother and father self-reports of corporal punishment and severe physical aggression toward clinic-referred youth: Prevalence, demographic risk factors, and links to externalizing behavior problems. *Journal of Child Clinical Psychology, 29* (2), 266-281.

Adult consumers with serious mental illness had significantly increased levels of self-esteem, empowerment and community living skills, and decreased levels of symptoms after a 16-week psychoeducational program.

The Consumer Leadership Education Program was designed to promote recovery and to prepare consumers for leadership positions on community agency boards and committees. The curriculum focused on attitude and self-esteem, group dynamics and group process, and board/committee functions and policy development. Gains in self-efficacy, community living skills and empowerment were still significant after a six-month follow up, although improvements did not hold with regard to psychiatric symptoms. Hence, a consumer's feelings of self-efficacy and empowerment are likely to be more stable indicators of recovery than waxing and waning levels of symptoms.

Practice Implication: Local systems should consider offering this type of psychoeducation program to consumers, in order to facilitate recovery.

Bullock, W. A., Ensing, D. S., & Alloy, V. (2000). Consumer leadership education: Evaluation of a program to promote recovery in persons with psychiatric disabilities. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 354-366). Columbus, OH: Ohio Department of Mental Health.

Bullock, W. A., Ensing, D. S., Alloy, V. E., & Weddle, C. C. (2000). Consumer leadership education: Evaluation of a program to promote recovery in persons with psychiatric disabilities. *Psychiatric Rehabilitation Journal, 24*, 3-24 .

Young, S. L., Ensing, D., & Bullock, W. A. (2000). Mental Health Recovery Measure: Background, Scoring, and Psychometrics. In R. O. Ralph, K. Kidder, & D. Phillips (Eds.), *Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments* (pp. 99-108). Cambridge, MA: The Evaluation Center at Human Services Research Institute.

Ohio's case managers differ widely in their opinions about the most important areas to focus on in their work with consumers, but employment goals are seen as least important.

A **maintenance ideology**, which emphasizes safety, access to benefits and stable functioning, is most strongly endorsed by case managers, and if they do not stress these goals in treatment team meetings, they are often criticized by team leaders and other case managers. A **growth ideology**, which focuses on enhancing consumers' quality of life through minimizing psychiatric symptoms, strengthening social skills and increasing optimism for the future, is less often endorsed. A **vocational ideology**, which focuses on employment and building vocational skills, is least endorsed by case managers and tends to draw objections and criticism if these goals are mentioned in team meetings.

Practice Implication: The majority of consumers indicate that they want to work, yet the treatment philosophy of case managers does not support that goal. These findings may result from inadequate support to case managers in recovery-oriented practices and principles.

Note: This study was funded by the National Institute of Mental Health, Grant No. MH5560.

Heaney, C. A., & Burke, A. C. (2000). Ideologies of care and management practices. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 408-416). Columbus, OH: Ohio Department of Mental Health.

Heaney, C. A., Burke, A. C. (2000, July). *Ideologies of care: What are case managers who serve people with severe mental illness trying to accomplish?* Paper presented at the National Institute of Mental Health's Challenges for the 21st Century: Mental Health Services Research Conference. Washington, DC.

Youth with serious emotional disturbances are more likely than youth without SED to be victims of violence and to engage in violent acts themselves.

Two thirds of SED boys in grades three through eight reported threatening, hitting, or beating up people in the past year. **Both SED and non-SED youth have high rates of exposure to violence, and the degree of violence exposure is significantly associated with the level of trauma symptoms (e.g., depression, anxiety, dissociation and post-traumatic stress disorder).** However, SED youth exhibited higher levels of trauma symptoms. Recent exposure to violence is a significant factor in predicting trauma levels, and being a victim or witness to violence at home was the most powerful contributing factor to total trauma symptoms.

Practice Implications: Service providers should screen youth who present with emotional and behavioral problems for violence exposure and possible coexisting trauma symptoms. Programs should be developed to identify and interrupt victimization, particularly that which is occurring in the youth's home.

Singer, M. I. (2000). Exposure to violence, trauma symptoms and violent behavior among severely emotionally disturbed children. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 66-72). Columbus, OH: Ohio Department of Mental Health.

Adult female survivors of childhood sexual abuse often develop post-traumatic like symptoms. They may experience depression, low self-esteem, and difficulty developing and maintaining relationships with others. They may also have a higher incidence of sexual and physical abuse.

Childhood sexual abuse is a prevalent occurrence in psychiatric populations. Untreated childhood sexual abuse may contribute to a chronic pattern of negative psychological symptoms and a higher risk for development of serious and persistent mental disorders. Extended group therapy assists women in dealing with their psychotherapeutic issues and trauma. A group of women who had experienced childhood abuse and were diagnosed with serious mental illness participated in a year of psychotherapy sessions. The outcome was that these women experienced lower levels of depressive symptomatology and higher levels of self-esteem. Women described their participation in the psychotherapy groups as being “healing, enlightening, and positive.”

Practice Implications: It is important that mental health professionals assess female clients for the presence of sexual abuse and victimization. The client’s level of readiness for dealing with past sexual abuse and victimization should also be assessed. Psychotherapeutic groups may be helpful in assisting women to deal with their negative and traumatic psychological feelings.

Kriedler, M. C. (2000). Group therapy for survivors of childhood sexual abuse who are labeled severely mentally disabled. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 304-317). Columbus, OH: Ohio Department of Mental Health.

Kreidler, M., Einsporn, R, Zupanic, M., & Masterson, C. (1998). Group therapy for survivors of childhood sexual abuse who are severely and persistently mentally ill. *Journal of the American Psychiatric Nurses Association, 5* (5), 73-79.



Organizational aspects within agencies contribute to successful community outcomes for African American consumers.

This study examined differences in service delivery elements within agencies in which “gaps” between outcomes for African American and Caucasian consumers were pronounced and those in which such “gaps” were negligible. Several clusters of variables were found to make a difference in community outcomes for African American clients. The following variable clusters were associated with more positive outcomes and better maintenance of African American clients: 1) a strong pro-agency culture among agency personnel; 2) openness of agency personnel to innovation, to ideas in the wider community, and to systemic change; 3) supportive supervision and concrete support for continuing education of staff; 4) “cultural commitments,” including acceptance of diversity and programmatic commitment to diversity within the agency; and 5) a strong sense of “teamness” or the extent to which individuals on treatment teams were involved in case deliberations and supervision.

Practice Implications: These elements suggest administrative “best practices” that create an organizational climate which enhances the capacity of staff and facilitates the delivery of services to consumers from diverse backgrounds.

Kondrat, M. E., Winbush, G., & Greene, G. J. (2000). A naturalistic study of clinical and social care and decision making for diverse SMD clients. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 217-230). Columbus, OH: Ohio Department of Mental Health.



RESIDENTIAL STABILITY

The interaction of high poverty, lower socioeconomic status, and social disorganization often increases individual stress and the risk of relapse for persons diagnosed with schizophrenia and schizoaffective disorder.

Components within social disorganization include the level of resident and housing stability, housing turnover, and home ownership. In fact, the presence of an unstable physical environment often disrupts the emotional balance within individuals and contributes to earlier incidences of relapse. **Consequently, persons diagnosed with schizophrenia function better living in a structured stable, physical environment.**

Practice Implications: It is important to assess the level of stability within clients' neighborhoods, as unstable environments may promote early and more frequent relapses. In addition, client programming and assessment of outcomes need to incorporate treatment approaches that promote the maintenance and/or development of stability within clients' environments.

Kennedy, M. (2000). The effect of neighborhood environments on schizophrenic relapse: A sociocultural approach. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 54-65). Columbus, OH: Ohio Department of Mental Health.

Kennedy, M. (2000). *The effect of neighborhood environments on schizophrenic relapse: A sociocultural approach*. Unpublished doctoral dissertation, Case Western Reserve University, Cleveland, OH.



CONSUMER-DIRECTED ORGANIZATION

Services provided by a consumer-directed organization make an important contribution to the recovery of individuals with severe and persistent mental illness.

Consumers indicated that such an organization played a central role in their recovery process. The consumer-operated organization provided opportunities for consumers to give and receive peer support and acceptance, to access needed resources and services, and to serve as advocates for themselves and each other. In addition, opportunities were provided for education and participation in work and other meaningful activities.

Policy and Practice Implications: Consumer-directed services and/or organizations should be available in local mental health systems to facilitate recovery of individuals with severe and persistent mental illness.

Johnson, L. K., & Heil, J. (2000). A consumer controlled network of support and its implications for a model of recovery. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 271-282). Columbus, OH: Ohio Department of Mental Health.

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CLUSTER - BASED PLANNING

The adult severely mentally disabled population is not a homogeneous group. Over the past 13 years, eight generalizable clusters or subgroups of the population have been identified and validated in eight local mental health systems, in both rural and urban areas.

Members of these clusters share common strengths, problems, treatment histories, social/environmental context and/or life situations. Mental health providers, consumers and family members all served as experts in developing prose descriptions of the clusters. Service, cost and outcome data differ by cluster and these data continue to validate these groupings as natural and meaningful subgroups of the larger clinical population.

Practice Implication: Agencies should consider using the cluster-based planning approach to organize their service delivery process and to help guide quality improvement activities.

The Cluster-Based Planning Alliance, an ODMH Coordinating Center of Excellence, is now training providers in the use of this approach. Telephone: (614) 365-9444.

Rubin, W.V., & Panzano, P.C. (in press). Identifying meaningful subgroups of adults with severe mental disabilities. *Psychiatric Services*.

Rubin, W.V., Panzano, P.C., Bunt, E., Ossa, J., Schwartz, J.L. & Sheppard, G. (1998). Goodness of fit in managed mental health care: Service protocols, outcomes, and local control. In D. Roth (Ed.), *New Research in Mental Health, Vol. 13* (pp. 206-216), Columbus, OH: Ohio Department of Mental Health.

Rubin, W. V., Panzano, P. C., Granger, D., Bunt, E. C., & Ossa, J. (2000). Goodness of fit in managed mental health care: Service protocols, outcomes, and local control. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 295-303). Columbus, OH: Ohio Department of Mental Health.



FUTURE TOP TEN RESEARCH

Brief psycho-educational interventions appear to be promising as a primary prevention strategy for high risk youth.

A study is currently in progress to determine whether a primary prevention program can prevent the onset of psychopathology. This computer-based program targets a risk factor, known as anxiety sensitivity, which has been linked to several psychiatric conditions (e.g., major depression, social phobia, alcohol and substance abuse, and post-traumatic stress disorder). Preliminary results, based on a sample of 400 youth and young adults, indicate that this prevention strategy is very successful in reducing the target risk factor.

Practice Implication: If shown to be effective, this intervention program could be offered to individuals in school settings as well as the larger community.

Schmidt, N. B., & Vasey, M. (2000). Primary prevention of psychopathology in a high risk youth population. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 267-270). Columbus, OH: Ohio Department of Mental Health.

The role of treatment fidelity and continuous outcomes feedback in the wraparound approach

This study is comparing a group of youth and their families who are receiving wraparound services with a second group, receiving wraparound services but also receiving feedback about outcomes. In the second group, youth, parents and staff all receive ongoing feedback about the progress of the youth in treatment. The research questions focus on: 1) the effectiveness of the wraparound approach and 2) the effect of all parties getting standardized feedback about outcomes. Preliminary results are indicating that youth are doing better in treatment teams that are getting outcomes feedback.

Practice Implications: If the hypotheses are confirmed, this study will provide evidence that wraparound services are effective. It will also show that services are more effective when clinicians regularly measure outcomes and use outcomes data in ongoing treatment.

Ogles, B. M., Fields, S. A., & Melendez, G. (2000). The role of treatment fidelity and continuous feedback in the wraparound approach. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 290-294). Columbus, OH: Ohio Department of Mental Health.

The goal of this study is to determine the extent to which the Job Characteristics Model (Hackman & Oldham, 1976) can be used to improve work experience and work-related outcomes for adults with severe and persistent mental illness.

The Job Characteristics Model suggests that a worker's motivation for work and perceptions about key job factors are critical in understanding job satisfaction, tenure and work performance. After gathering extensive input from consumers, mental health and vocational rehabilitation professionals about the applicability of this model to the population of adults with severe and persistent mental illness, an expanded version of the model was created. This expanded model is currently being tested in four areas in the state.

Practice Implication: If the hypotheses are confirmed, consideration of the components of the expanded Job Characteristics Model will be useful in engaging consumers in discussions about work, as well as enhancing the capability of job developers, consumers and employers in identifying or redesigning jobs to suit both employees and employer interests.

Panzano, P. C., & Baird, P. D. (2000). Examining the value of the Job Characteristics Model for improving the experience of work and work-related outcomes for adults with severe and persistent mental illness. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 105-109). Columbus, OH: Ohio Department of Mental Health.

H health status,
service utilization,
costs and barriers to
care among the
severely mentally
disabled population

Individuals with severe mental disability (SMD) are known to experience poorer physical health and higher mortality rates than the general population. This study is examining factors that contribute to this excess morbidity and mortality in the SMD population. Through interviews with individuals with SMD and focus groups with service providers at community mental health agencies, several provider, system and client barriers to obtaining needed healthcare have been identified. The final phase of the study is focusing on identifying factors related to costs associated with providing physical health care to individuals with SMD.

Policy and Practice Implications: Findings from this study will provide a more complete understanding of the health, services use, and service costs for this severely impaired population, and point to ways in which barriers to healthcare may be reduced.

Kennedy, C. W., Salsberry, P. J., & Nickel, J. T. (2000). Health status, service utilization, and barriers to care among the seriously mentally disabled population. In D. Roth (Ed.), *New Research in Mental Health, Vol. 14* (pp. 8209-216). Columbus, OH: Ohio Department of Mental Health.



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