

Service Empowerment

Our previous research findings have shown that service empowerment is an important predictor of whether or not a consumer's needs for mental health services and assistance with daily living were met. And consumers whose needs were met had better mental health outcomes (Roth, Crane-Ross, et al 1998; and Roth, Crane-Ross, et al, in press). Additionally, consumers' compliance with medication prescriptions is positively related to their reports of involvement in medication decisions (Crane-Ross and Lutz, 1999). Because of the importance of service empowerment in predicting mental health outcomes, the LCO study greatly expanded the number of questions asked about service empowerment in the 1995 (T4) and 1997/8 (T5) waves of data collection.

Say in Services

All consumers who received services from a mental health agency in the past year were asked about the input they had in the services and treatment they received, and about their involvement in the treatment planning process. Consumers were asked how much "say" they had in the services that they received from the mental health agency in all five data collection waves. In 1997/8,

- 12% (n = 37) of consumers said they had no say in the services they received,
- 45% (n = 138) of consumers said they had some say, and
- 43% (n=134) of consumers said they had a lot of say.

In 1995 and 1997/8 additional questions about service empowerment were added. Consumers were also asked if they had enough say in the services they received. In 1997/8,

- 75% (n = 227) of consumers reported having enough say in their services,
- 13% (n = 38) of consumers reported that they sometimes had enough say, and
- 13% (n = 38) of consumers reported not having enough say.

Additionally, consumers indicated that having a say in the services they received was important. Overall,

- 4% (n = 11) of consumers said having a say was not at all important,
- 8% (n = 24) of consumers said having a say was a little bit important,
- 12% (n = 37) of consumers said having a say was moderately important,
- 38% (n=118) of consumers said having a say was quite a bit important, and
- 39% (n=121) of consumers said having a say was extremely important.

Those consumers with more say in their services were more likely to report that they had enough say in their services ($P^2 [4,302]=122.5, p < .001$). Ninety-three percent (n = 24) of those who reported having a lot of say in their services reported having enough say, while only 26% (n = 9) of consumers with no say in their services reported having enough say in their services. And, 73% (n = 27) of those consumers who reported no say in their services said that having a say in their services was "quite a bit" or "extremely" important.

While most consumers felt empowered in terms of having a say in their services, fewer believed that they had control over the types of services and treatments they received. Overall,

- 14% (N = 42) said they had no control over the types of services received,
- 11% (N = 34) said they had a little control,
- 29% (N = 88) said they had some control,
- 32% (N = 99) said they had quite a bit of control, and
- 15% (N = 46) said they had complete control.

Treatment Plan and Crisis Resolution

In the last two waves of data collection, consumers were also asked how involved they were in developing their treatment plan, how much the treatment plan fit with what they wanted, how much responsibility they had for carrying out the treatment plan, and how involved they were in resolving crises that they experienced. Table 1 provides the results for these questions. Overall, consumers were more likely to report that they were responsible for carrying out their treatment plan than to report being involved in developing their plan.

Table 1

Consumer Report of Involvement in Treatment Planning and Crisis Resolution

	How much are you involved in developing your treatment plan?	How much does your treatment plan fit with what you want?	How much responsibility do you have for carrying out your treatment plan?	When you experience a crisis, how much are you involved in resolving it?
None	49 (17.0%)	18 (6.5%)	13 (4.6%)	19 (6.6%)
A little	25 (8.7%)	29 (10.4%)	17 (6.1%)	27 (9.4%)
Some	52 (18.0%)	59 (21.1%)	55 (19.6%)	71 (24.7%)
Quite a bit	118 (40.8%)	121 (43.4%)	125 (44.6%)	119 (41.5%)
Complete(ly)	45 (15.6%)	52 (18.6%)	70 (25.0%)	51 (17.8%)

Note. Table contains frequencies and percent of valid responses.

Medication Empowerment

Questions concerning involvement with medication decisions were added to the study in 1995 and these questions were asked of all consumers. A great majority of the consumers reported that someone had explained why they were prescribed their medication (86%, n = 274) and the possible side effects of their medication (75%, n = 241). Consumers were also asked how involved they were in decisions about the amount and kinds of medications they are prescribed. Overall,

- 22% (n = 70) reported no involvement in medication decisions,
- 20% (n = 64) reported a little bit of involvement,
- 15% (n = 48) reported moderate involvement,
- 28% (n = 88) reported quite a bit of involvement, and
- 15% (n = 47) reported that they were extremely involved.

Consumers were then asked how important it was for them to be involved in medication decisions. Overall,

- 7% (n = 21) said that involvement was not important,
- 8% (n = 24) said that involvement was a little bit important,
- 10% (n = 31) said that involvement was moderately important,
- 37% (n = 116) said that involvement was quite a bit important, and
- 39% (n = 123) said that involvement was extremely important.

Those consumers who attached more importance to being involved in their medication decisions reported more involvement in their medication decisions ($P^2 [16,312] = 123.64, p < .001$). However, of the 67 consumers who reported no involvement in their medication decisions, only 25% (n = 17) said such involvement was not at all important to them and 43% (n = 29) said that being involved in their medication decisions was “quite a bit” or “extremely” important to them.

Change over Time

Consumer ratings of their degree of service empowerment have, for the most part, remained unchanged over time. However, in 1997/8, consumers reported less involvement in the development of their treatment plans than they did in 1995 (Wilcoxon Signed Ranks Test, $Z [157] = -2.355, p < .05$). Among consumers in the old cohort, 8% reported no involvement in their treatment plan in 1995, compared to 21% in 1997/8.

On the other hand, consumers reported more involvement in their medication decisions in 1997/8 than in 1995 (Wilcoxon Signed Ranks Test, $Z [210] = -2.350, p < .05$). Among consumers in the old cohort, 29% reported that they were “quite a bit” or “extremely” involved in decisions about their medication in 1995, compared to 38% of consumers in 1997/8.

Group Differences

Compared to consumers in the old cohort, members of the new cohort reported having more say in the services they received ($U [309] = 8216.0, p < .005$), that it was more important to have a say in the services they received ($U [311] = 7496, p < .001$), and that they had more control over the types of services they received ($U [309] = 7713.5, p < .005$). Consumers in the new cohort also reported having more involvement in the development of their treatment plan ($U [289] = 6644.0, p < .001$), that their treatment plan fit better with what they wanted ($U [279] = 7250.5, p < .05$), and that they had more involvement in resolving the crises they experienced ($U [287] = 7699.0, p < .05$).

In the area of medication, members of the new cohort were more likely than members of the old cohort to report that someone had explained to them why they had been prescribed their medications ($P^2 [1, 318] = 8.120, p < .005$), and that someone had explained the side effects of their medications to them ($P^2 [1, 321] = 6.327, p < .05$). Additionally, members of the new cohort reported more involvement with their medication decisions ($U [317] = 7756.5, p < .001$) and attached more importance to being involved in their medication decisions ($U [315] = 7290.5, p < .001$) than consumers in the old cohort.

There were significant differences between age groups in the importance attached to having a say in services received (Kruskal Wallis Test, $P^2 [3, 301] = 24.383$, $p < .001$) and the importance attached to involvement in medication decisions ($P^2 [3, 306] = 14.151$, $p < .005$). In both cases, the 30-45 age group attached the most importance to having a say, the 18-30 age group was next, followed by the 45-60 age group; the over 65 age group considered involvement the least important. In addition, older age groups reported lower levels of involvement in developing treatment plans (Kruskal-Wallis test, $P^2 [3, 280] = 8.60$, $p < .05$).

Women reported having more say in services they received than men ($U [309] = 10067.00$, $p < .05$). Additionally, consumers from minority groups reported more involvement in developing their treatment plan than other consumers ($U [289] = 6436.5$, $p < .05$).

Discussion

A majority of consumers said that they have some say in their services and most believed that they had at least some control over the types of treatments or services they received. However consumers are not as empowered as they would like to be with regard to their treatments, services, and medications. Because of the importance of service empowerment in predicting positive mental health outcomes, there is reason to be concerned about the large number of consumers reporting no involvement in decisions about their treatment and medications.

For consumers who have been in the study since 1991, there has been no improvement in the level of consumer control or involvement with regard to services and only a small improvement with regard to involvement in medication decisions. It is a hopeful sign that consumers in the new cohort -- those who are new to 508 status -- report greater empowerment than consumers who have been 508 certified in the past. However, the lack of improvement for individuals in the old cohort raises the question of whether services to consumers who have been in the mental health system for many years are focused primarily on maintenance, rather than on enhancing empowerment and moving toward recovery.

References

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