The Impact of Mobile Crisis Services on the Use of Community-Based Mental Health Services

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Mobile Crisis Patients Vs. ER Patients

Gillig, Dumaine & Hillard (1990) found that mobile crisis patients were:

- Older
- More likely to be referred by family members
- Refused e.r. trtmt or unaware of need for treatment
- Less likely to be meeting own basic physical needs
- More major disorders than e.r. patients
Who Uses Community Mental Health Services?

- Female
- Separated, divorced or widowed
- Receiving public assistance
- Past-year diagnosis of mental illness
Most Common Users of Services With Severe Mental Disabilities

- Male
- Young
- Schizophrenia psychosis
- Receiving public assistance
Possible Predictors of Post-Crisis Service Use

- Previous involvement in community mental health system
- Psychiatric history (prior admissions)
- Treatment system responsiveness (medications, referrals, appointments)
  (Klinkenberg & Calsyn, 1996 & 1999)
Main Study Questions

1. How effective is a community-based mobile crisis intervention compared to hospital-based psych e.r. intervention in increasing the use of follow-up community-based mental health services?

2. What are the characteristics of mental health consumers who are most likely to use community-based services?
Method

- Large, midwestern industrial metropolis
- Interdisciplinary mobile crisis team instituted in 1996
- Prior to 1996, hospital-based psych e.r. w/interdisciplinary team
Study Design

- Hospital-based intervention cohort received face-to-face crisis services during fy 1995
- Mobile crisis intervention cohort received face-to-face crisis service during fy 1997
- Comm. service use followed for 90 days post-intervention
Matched Control Group

- Ex post matched control group quasi-experimental design
- Community-based intervention cohort consumers matched w/consumers of hospital intervention on variables of gender, race, age, diagnostic group, prior service use, substance abuse, and certification of severe mental disability (SMD)
Study Sample

- Total = 2,374 (1,187 in each cohort)
- Only 63% of mobile crisis consumers had matches in hospital cohort (37% were not used in study)
- Study sample had younger, fewer males, fewer people of “other” race category, and fewer certified SMD than group of users of mobile crisis services
Statistical Analysis

- Cox proportional hazards model
- Hazard rate = translates the length of time it takes an event to occur into a rate
- Hazard rate for community mh service use within the 90-day window
Sample Characteristics

- More m than f; more AA than W
- Average age at contact = 35.7 years old
- Most frequent diagnoses = depressed mood; suicidal; affective psychosis; alcohol/drug
- > 50% had substance abuse issues
- 1/3 certified as SMD
- 3 out of 5 were new to the mental health system
Use of Follow-Up Services

- 37.4% of hospital-based cohort received community mental health services within 90 days
- 45.1% of mobile crisis cohort received community mental health services within 90 days
- At any point in time during the 90 days, a larger percentage of mobile crisis cohort was connected to community services
Service Follow-Up According to Recency of Service Activity

- Likelihood of receiving community mental health services was no different between the two cohorts for those who had received services before;

- For consumers new to the mental health system, a difference was noted. . .
Difference For Those New to the MH System

- 18% of hospital-based consumers received services within 90 days post-crisis
- 31.1% of mobile crisis consumers received services within 90 days post-crisis
- Mobile crisis cohort was 48% more likely than hosp-based cohort to receive post-crisis mental health services
Overall Consumer Characteristics (1)

- AA more likely than W to receive services
- Homeless more likely than homeowners or those living w/friends or relatives to receive services
- Depressed mood more likely to receive services than those with substance abuse
Overall Consumer Characteristics (2)

- Schizophrenia or affective psychosis more likely to receive services than substance abuse
- SMD more than twice as likely to receive services as those not SMD
- Consumers previously active in mental health system more than twice as likely to receive services as those with no history in system
Hospitalization

- Greater percentage of the hosp-based intervention cohort was hospitalized as result of intervention.

- The fact that they were in the hospital does not explain the lack of receipt of community services (because hospital stays are short (usually < 2 weeks), and there is more emphasis on community linkage post-hospitalization).

Limitations?
What is the Importance of Social Work and the Social Worker’s Role in Community-Based Crisis Mental Health Services?
References


