


Mental Health Service Use Pathways of Former System Youth with Psychiatric Difficulties



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 Agency Partners in Ohio & Young Adult Participants

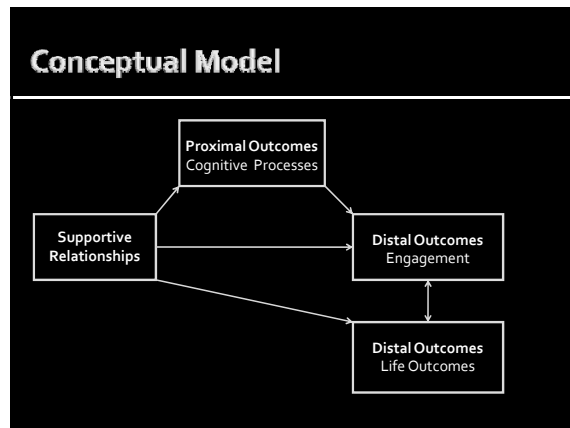
Public Health Significance

- Particularly high rates of mood disorders (McMillen et al., 2005, 27%; Teplin et al., 2002, >20%)
- Costly to society (Murray & Lopez, 1996)
- Related to poor outcomes (e.g., Diego, Field & Sanders, 2003)

- Are heavy mental health service users while in care (dos Reis et al., 2001; McMillen et al., 2004)
- Discontinue care shortly after leaving systems (60%, McMillen & Raghavan, 2009)
- Unmet need among young adults (i.e., Jalongo et al., 2004; Kessler et al., 1994; Rickwood & Braithwaite, 1994)

Theories & Assumptions

1. Supportive relationships influence psychological health and well-being (Rhodes, 2002; Scales & Gibbons, 1996; Werner & Smith, 1982, 1992)
2. Predisposing, enabling, and need factors are related to service engagement (Anderson & Newman, 1973; Pescosolido, 1991, 1992)
3. Service engagement is related to one's illness beliefs, attitudes, norms "cognitive processes" (Cauce et al., 2002; Fishbein & Ajzen, 1980; Levanthal, 1992)
4. Mood disorders are serious mental illnesses (PL 102-321)
5. Evidence-Based treatments exist for mood disorders (JAACAP, 2007a, JAACAP, 2007b)



Gaps

- Research has shed light on young adulthood among former system youth (Festinger, 1983; Barth, 1990; Courtney et al., 2001; Courtney et al., 2007; Leadbeater & Way, 2001)
- Know less about former system youth with documented need for mental health services (Davis & Vander Stoep, 1997, 2000; Davis, 2003; Gralinski-Bakker, 2005; Delman & Jones, 2002)
 - Next to nothing about their supportive relationships, cognitive processes, and outcomes

Research Questions

- 1) Do former system youth receive mental health services in young adulthood?
- 2) What do service use experiences look like over the transition to adulthood?
- 3) Do cognitive processes (i.e., attitudes and illness perceptions) differ by service use experiences?

Making the Transition: Method

- Sampling Strategy
 - Purposive; Snowball sampling
- Recruitment Procedures
 - Community partners; Hung posters and placed flyers
- Screening
 - Created a screening tool, based on the DIS
- Inclusion
 - Mood Disorder, MMH, +1 SOC, Community
- Exclusion
 - Active psychosis, use of MRDD services

Making the Transition: Method

- Sample (N=40), Mean Age (21.5)
 - 68% Female; 40% Caucasian, 42% Black/AA, 18% Multi
 - 63% Hx Depression; 55% Hx Bipolar
 - 78% Current Depression (CES-D; Locke & Putnam, 1971)
 - Mean # of SOC, 3.33 (MMH-100%, DCFS-68%, PW-60%)
- Measurement
 - Qualitative – 6 open-ended ?s & probes on service use
 - Quantitative – Service Use & Cognitive Processes
 - Service Assessment for Children & Adolescents (Horwitz et al., 2001)
 - Attitudes toward Mental Health Services (MacKenzie et al., 2004)
 - Illness Perceptions Questionnaire-Revised (Moss-Morris et al., 2002)

Making the Transition: Analysis

- Qualitative
 - Constant Comparative Method (Glaser, 1965)
 - Codes, memos, field notes, managed in Atlas.ti (Muhr, 1993)
 - Immersion/Crystalization (Borkan, 1999)
- Quantitative
 - Service use items to cross-check qualitative data
 - Bivariate tests of significance
- Rigor
 - Engagement, Triangulation, Peer Debriefing & Support; Member checking; Auditing

Codes, grouped codes, categories: 133 open codes, 469 quotations, 68 grouped codes

- 5 categories related to service use experiences:
 - Service Use Transition Experiences (Immersion, Arc)
 - Routes (or Pathways) to Care
 - Individual Factors (related to service use)
 - Relational Factors (related to service use)
 - System Factors (related to service use)

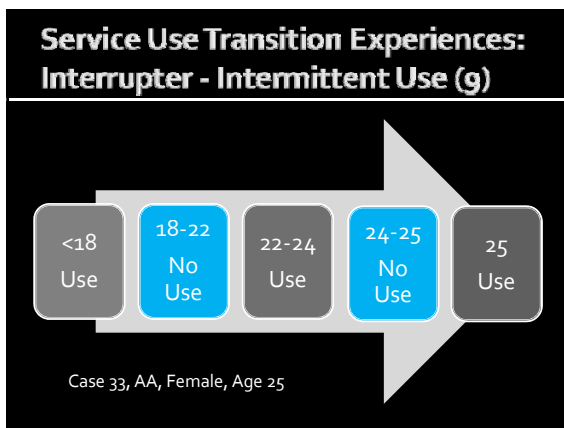
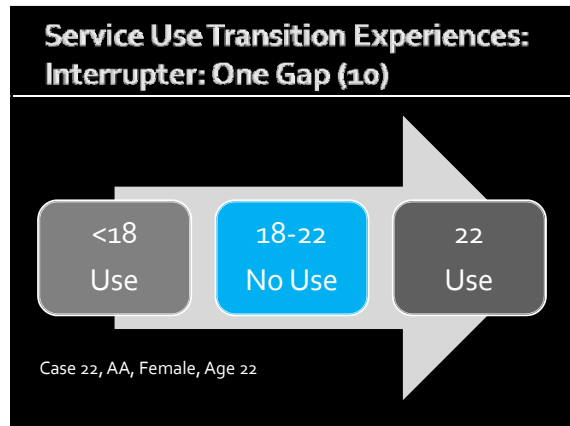
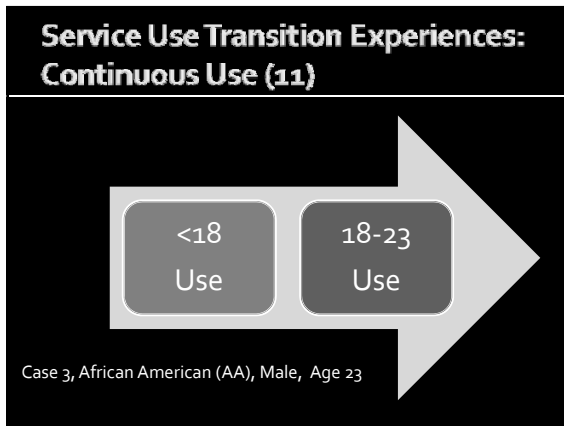
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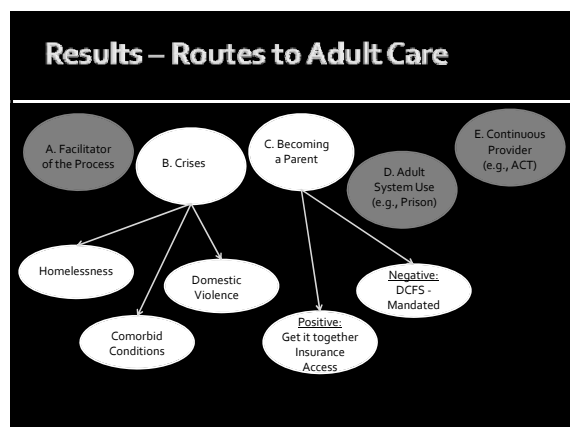
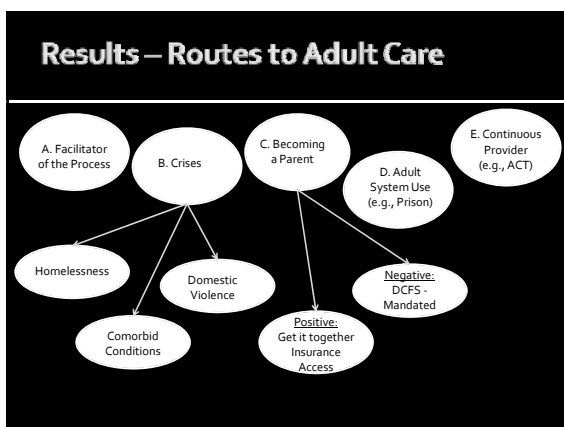
Service Use Transition Experiences: Discontinuous Use (10)

The diagram features a large grey arrow pointing to the right. Inside the arrow, there are two rounded rectangular boxes. The left box is grey and contains the text '<18 Use'. The right box is blue and contains the text '>18 No Use'. Below the arrow, the text 'Case 35, African American (AA), Male, Age 20' is displayed.

Case 35, African American (AA), Male, Age 20



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Becoming Parents (+/-)

INSURANCE +

- When my daughter was born...my name is on the Affidavit...So after I signed that, it legally made me a father...I got a letter about five weeks after that stating that I have insurance...So I was like 'Sweet,' so the first thing I did was I jumped in the car and went to Walgreens and filled my prescriptions. [Caucasian (C) Male, Age 20, Case 15]

MANDATED SERVICES -



- Well my son ended up...It was an accident,...the belt hit him in his face, so that opened up all the social workers...It was just I was stressed out from Depression, so it was a lot of circumstances...But that's when I had to go and get counseling and stuff... [African American (AA) Female, Age 24, Case 20]

Crisis...Symptoms...Service Use

HOMELESSNESS

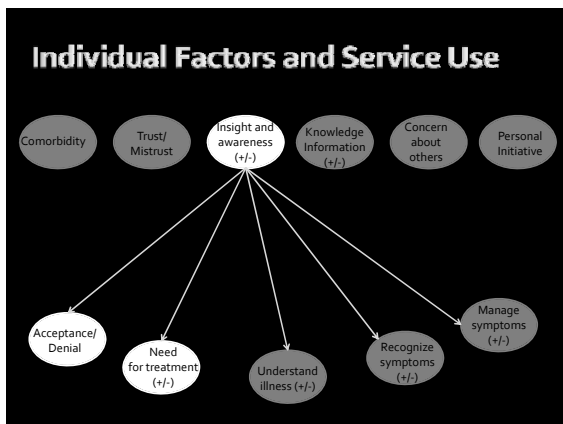
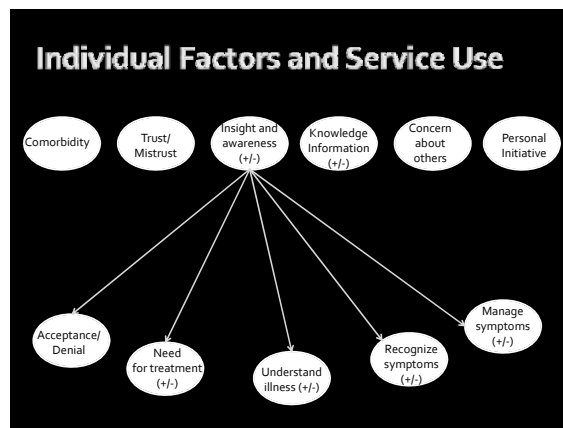


Just being homeless...worrying about where we were going to eat or when we were going to eat...that made me depressed because I was worried about my little sister and my mother...I knew I needed help...I contacted...

(C Female, Age 20, Case 26)

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I/A – Acceptance & Denial

ACCEPTANCE

- ...I think it was me just being a teenager and didn't want to go and talk to someone...I was in denial about it. I thought it was funny, but now I see that I got older it really is something wrong with me...people not gon' look at me like, 'Oh she is a silly teenager,' like I'm an adult now (AA, Female, Age 19, Case 7)

DENIAL




I just made myself be in denial like 'I don't want their help, 'cause they don't know what I'm talking about,' like all types of stuff like that (AA, Female, Age 20, Case 13)

I/A Realizing Need for Treatment (+/-)

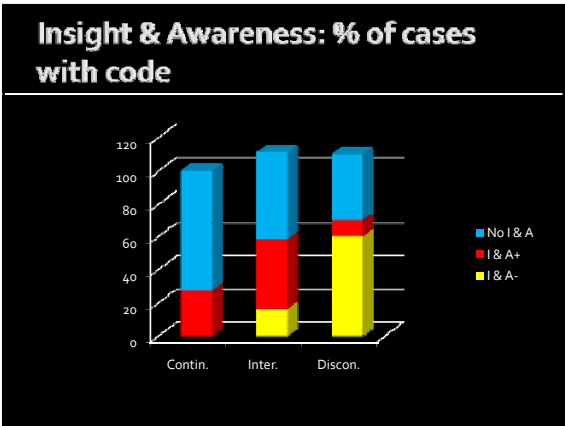
NEED FOR TREATMENT +

- Well because the older I got the more rational I thought, because before I turned 17 I swore up and down I didn't need medicine, I didn't need any treatment, and the older I got the more I realized how important it was... (C, Female, Age 19, Case 8)

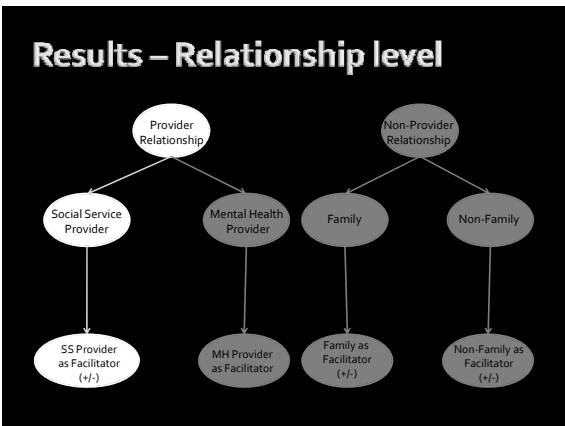
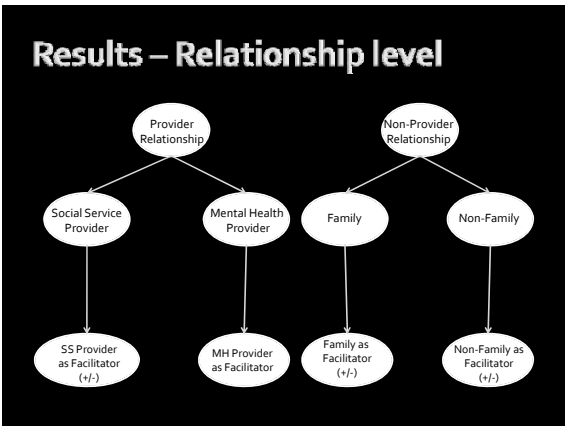
NEED FOR TREATMENT -



- I don't think I need to talk to nobody cause I know how to control myself. Like before I used to get angry or mad and I'll bust out windows or start a fight. Now I won't. I know not to do that no more (AA, Female, Age 21, Case 2)



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Service Use Facilitator (+/-)

FACILITATOR (+)

My old Caseworker, one of them, I still go down there to this day and try and see him. He don't directly, 'cause he knows how I am, he don't directly tell me to go there (mental health agency) or nothing like that, but he gives me ideas on how to find out things and where to go and stuff... (C, Male, Age 20, Case 31)

LACK OF FACILITATOR (-)

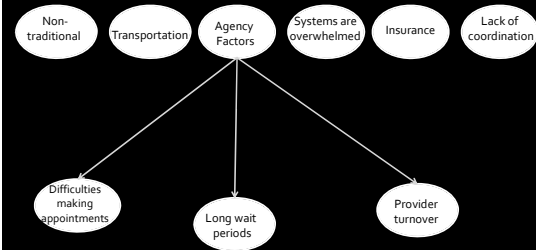


- I would say my depression was more maintained when I was in foster care, because all your support is right there, and then versus you being out on your own and there's nobody really forcing you to go help yourself, like help you get help for your depression. It's just kind of like all on you... (AA, Female, Age 21, Case 28)

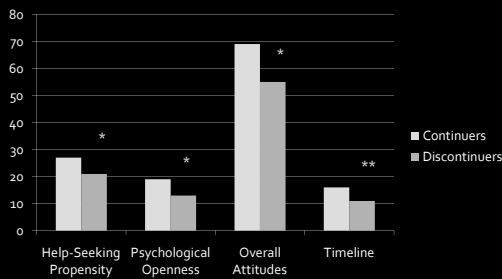
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Results – System level



Differences in Cognitive Processes



*p<.05, **p<.01

Summary


- Service use experiences are related to cognitive processes
- Service facilitators make a difference in service engagement

Implications

- Practice
 - Integrate psychoeducation modules in transition programs
- Policy
 - Reconsider eligibility criteria for insurance -- "aging out"
 - Legislate for increased support for "bridge" programs
- Research
 - Examine data as it relates to 'finding a way' or develop new theory
 - Member checking, refining interview, and further data collection

Limitations

- Youth Self-Report
- Selection Bias
- Limited Generalizability
 - Thus far, minimal member-checking
 - Potential underestimation of intermittent group
- Various system use history



Q & A