

Comparing Pre-, Post-, and Transitional-aged Clients in U.S. Outpatient Mental Health Services

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Background and Significance

- Lack national information on transition-aged youth
- Insufficient evidence-based for planning and policymaking

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Research Aims

- To estimate the number and proportion of persons of pre-transition, transition, and post-transition age using mental health services in the U.S.
- To compare sociodemographic and clinical profiles of pre-transition, transition, and post-transition age persons
- To analyze factors associated with medication receipt among the three age groups

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1997 Client/Patient Sample Survey (CPSS)

- Nationally representative survey of 1,599 inpatient, outpatient, and residential mental health programs across the United States
- Included medical records of persons of all ages

Sampling frame

1994 Inventory of Mental Health Organizations (IMHO)

Proportions of service use

U. S. Census Bureau, July 1, 1997

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Study Sample

Selection Decisions

Under care population
Outpatient settings
Age groups

Transitional: 16-25 years old (N=620)

Pre-transitional: 6-15 years old (N= 1678)

Post-transitional: 26-35 years old (N=611)

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Measures

Clinical characteristics

- Diagnosis
- Dual diagnosis
- Functioning (GAF)
- Suicidality

Dependent variable

- Psychotropic Medication

Non-clinical characteristics

- Age Group
- Gender
- Race-ethnicity
- Payment source
- Prior service use
- Psychotherapy
- Referral

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Analytic Strategy

- Calculate proportions of service use across age groups
- Chi-square analyses to compare clinical and non-clinical differences across age groups
- Logistic regression models to examine correlates of medication receipt, with interactions
- Application of SUDAAN to adjust for standard errors

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Number and Proportion of Young Persons Under Care in Outpatient Services in US by Age Group

Age Groups	National Estimates	(%)	Cases per 100,000
Pre-transition	305,171	(42.3)	790
Transition	180,201	(25.0)	495
Post-transition	235,929	(32.7)	580
Total Served	721,301	(100.0)	624

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How do pre-, post-, and transitional-aged persons differ in their clinical profiles?

All Different: Transitional Youth are Unique
Internalizing Diagnoses : proportion greater in older groups
Externalizing Diagnoses: proportion greater in younger groups

All Similar: Transitional Youth are Like Others
Dual diagnosis
Functioning (GAF)

Transitional More Like Post-transitional
Suicidality

Transitional More Like Pre-transitional
None

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How do pre-, post-, and transitional-aged persons differ in their sociodemographic characteristics?

All Different: Transitional Youth are Unique
None

All Similar: Transitional Youth are Like Others
Race-ethnicity
Payment Source:
- Private Insurance
- State or County Funds

Transitional More Like Post-transitional
Male Gender
Payment Source:
- Medicaid
- Personal Pay (Private Resources)
- Charity Care

Transitional More Like Pre-transitional
None

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How do pre-, post-, and transitional-aged persons differ in their service characteristics?

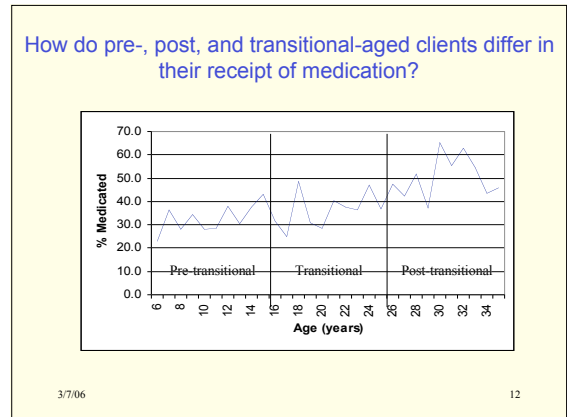
All Different: Transitional Youth are Unique
Referral Source
- Education

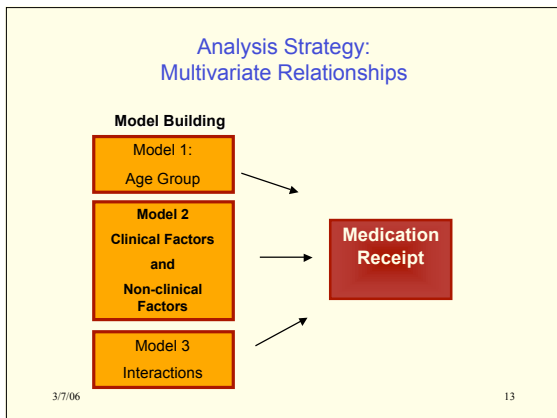
All Similar: Transitional Youth are Like Others
Referral Source
- Family
- Social Services
- Outpatient Program
Receives Psychotherapy

Transitional More Like Post-transitional
Referral Source
- Justice Program
- Inpatient Program
Prior service use

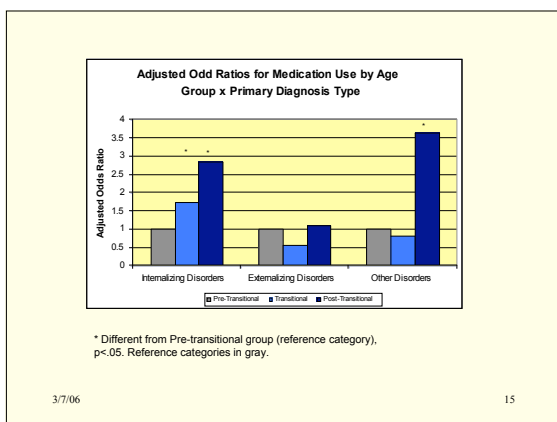
Transitional More Like Pre-transitional
None

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- ### Multivariate Results
- Factors associated with medication receipt:
 - Age group
 - Diagnostic type
 - Functioning (GAF)
 - Prior service use
 - Referral source
 - Age group X Diagnostic type
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- ### Conclusions
- In the main**
- Transition youth are unique in their clinical profiles, but look like post-transition clients in sociodemographics and service use.
 - Transition and pre-transition clients are equally likely to use medications.
 - But, controlling on other factors, transition clients are more likely to use medications than pre-transition clients when they have internalizing disorders.
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- ### Study's Strengths and Limitations
- Strengths**
- Samples from universe of U.S. mental health facilities
 - Contains multiple clinical need indicators
 - Large sample size creates statistical power enabling examination of interactions
- Limitations**
- Unknown reliability of medical record
 - Changes may have occurred since 1997
 - Underestimates numbers of clients in outpatient services
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- ### Practical Programmatic Recommendations
- Promote state-level policies that encourage seamless delivery of services for transition-aged youth
 - Tailor services to specific clinical (and developmental) needs of transition youth
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