Patterns of Utilization of Mental Health Services by Persons with Severe Mental Illness: Consumer Survey

Dafna Haran + Denise Naon

The study was funded with the assistance of the Israel National Institute for Health Policy Research, the Wohl Strategic Fund and the Laszlo N. Tauber Family Foundation.
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Executive Summary

1. Introduction and Study Goals
In July 2015, the mental health (MH) insurance reform was introduced, transferring responsibility for the provision of MH services from the Ministry of Health to the health plans. This substantial change in the structure, funding and provision of MH services, raised the need to examine the patterns of utilization of these services by different population groups. One of these groups is the population of people with severe mental illness (PSMI), who, due to their MH status, are entitled to a general disability allowance from the National Insurance Institute (NII). These individuals have extensive and complex needs in the area of MH as well as other areas such as general health and social services, but in most cases, they are found on the margins of social and research discourse. A 2009 study by Myers-JDC-Brookdale Institute examined a variety of service systems for PSMI, based on administrative data. However, to the best of our knowledge, to date no survey has been conducted to examine the extent and characteristics of service use, as experienced by the consumers.

This study is intended to provide comprehensive data on the patterns of use of MH services by PSMI at the outset of the insurance reform. MH services include psychiatric hospitalization, psychiatric rehabilitation and community-based MH treatment (i.e., clinical treatment in an outpatient rather than inpatient setting). Based on Andersen's 1995 behavioral model of health service consumption, the study examines which factors promote or impede service utilization. These factors include individual characteristics (e.g., socio-demographic and clinical profile, and attitudes in the area of MH) as well as system level characteristics (e.g., availability, accessibility and continuity of care).

Some of the PSMI have additional disabilities (persons with multiple disabilities). Their needs are more multifaceted and possibly different from those of PSMI with a MH disability alone. In addition, persons with multiple disabilities may be more significantly impacted by the MH reform, which aims to strengthen the links between mental and general healthcare. Therefore, the factors associated with service use were examined separately for PSMI with and without additional disabilities.

2. Study Method
A telephone survey of 350 PSMI (persons eligible for NII disability allowance due to a MH disability) sampled from NII records. These individuals constitute a representative sample of the target population of 75,000 people, about a third of whom have another disability clause in addition to the MH one. Using a structured questionnaire, we inquired about the respondents' utilization of the MH services,

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their perception of the care coordination of these services, their utilization of general health services, their physical and mental health, their attitudes toward the MH system, and their familiarity with the services to which they are eligible. In light of the complex needs of persons with multiple disabilities and due to the fragmented MH service system, we examined the data of all PSMI together, and then separately for those with a MH disability alone and those with multiple disabilities. The interviews were conducted between December 2015 and April 2016.

3. Findings

- **The extent of utilization of MH services:** 90% of the PSMI received community-based MH treatment during the year prior to the survey, 30% had been hospitalized in a psychiatric facility during the previous five years, and 32% were utilizing rehabilitation services at the time of the survey. The utilization of each of the services was lower among PSMI with multiple disabilities than among those with a MH disability alone: Community-based MH treatment: 79% vs. 93%; psychiatric hospitalization: 23% vs. 33%; and psychiatric rehabilitation: 22% vs. 37%. The lower use of rehabilitation services by people with multiple disabilities may reflect their additional difficulties in navigating the psycho-social rehabilitation system (housing, employment, etc.), which is divided between the Ministry of Health, responsible for providing services to people with MH disabilities, and the Ministry of Labor and Social Affairs, responsible for providing services to people with physical disabilities. As the three types of MH services are intertwined, the lower utilization of psychiatric rehabilitation services might affect the extent of utilization of the other two.

- **PSMI with multiple disabilities have fewer resources than those with a MH disability alone:** The survey found that first, people with multiple disabilities are older, and in poorer physical health, their ADL/IADL functioning is lower, and they make greater use of general health services. Second, relatively more of them live in the periphery (the north and south of Israel), where there are fewer health and social services, including MH services, than in the center of the country, and the services themselves are less accessible and less flexible. Third, fewer of them are employed. Beyond lower income and social status, non-employment means less involvement in general society on a daily basis. Finally, although the NII measures of the severity of the MH disability in both groups is similar, those with multiple disabilities experience more subjective mental distress than those with a MH disability alone.

- **In most aspects, service utilization and satisfaction is similar in both groups** – despite the fact that, as noted, those with multiple disabilities use MH services to a lesser extent and have fewer resources than those with a MH disability alone, while their health-related needs are broader.

- **PSMI who were in psychiatric hospitalization** were nearly always hospitalized in their home district, with similar rates hospitalized in closed and open wards. Most were satisfied with the interventions received during hospitalization and the way they were treated by the staff.

- **Community-based MH treatment – fulfilled needs:** For two-thirds of the PSMI receiving outpatient care, the primary MH professional is a psychiatrist. Approximately 85% receive treatment through the public system, mostly in health plan clinics or in government MH clinics,
and do not pay for the treatment. Fifty-two percent of the PSMI waited up to two weeks from making their appointment to their first meeting with the primary care professional, and a negligible percentage waited over three months. Thus, it appears that with regard to treatment costs and waiting lists, which were among the main concerns that the reform was intended to address, PSMI’s needs are appropriately met.

- **Community-based MH treatment – unmet needs:** Sixty-seven percent of the PSMI see their primary care professional up to once a month, and 60% of the meetings last for up to half-an-hour. In addition, despite high satisfaction with the primary care professional and the framework in which the treatment is provided, 46% of the patients would like to have more meetings and 34% would also like to see a psychologist. Thus, although from the outset of the reform, the system provided an immediate response to the PSMI, the survey reveals the need to expand the services, both psychiatric and psychotherapeutic.

- **Psychiatric rehabilitation:** More than 15 years after the enactment of the Rehabilitation in the Community of Persons with Mental Disabilities Law (2000), about two-thirds of the PSMI are not utilizing services in the rehabilitation service package. The added benefit of psychiatric rehabilitation in reducing psychiatric hospitalization has long been established. The current study substantiates earlier findings and demonstrates that PSMI who integrate into psychiatric rehabilitation benefit from fairly developed interventions. Some 55% are accompanied to the rehabilitation committee by a MH professional, around 70% undergo preparation for the committee, some 90% are satisfied with the services in the rehabilitation package in various areas, and around 80% believe that the services help them to manage more independently in the community. However, as noted, the larger proportion of the PSMI population do not utilize the services in the rehabilitation package and have never gone through a rehabilitation committee. Approximately 70% of the latter report a lack of relevant information, bureaucratic difficulties or an absence of professional guidance.

- **Continuity of care:** PSMI who are treated by several professionals were asked to what extent their treatment was continuous and coordinated and how they assess the efficiency of the transfer of information about them among the professionals. A mixed picture emerged: About half of them reported that the coordination was reasonable, about a quarter noted that it was good, and about a quarter reported that there was no coordination at all. However, the data shows that the continuity of care in practice has some deficiencies. For example, almost all PSMI receive community-based MH treatment, in most cases for several years, and all of them are eligible by law for psychiatric rehabilitation services. Despite these facts, only a third of them actually receive the latter type of service. Furthermore, among those who went through a psychiatric rehabilitation committee, approximately 55% would like to receive services in additional areas (such as housing, employment, etc.). These findings indicate the need for improved integration among the various MH services, and, in particular, in referring PSMI to

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the psychiatric rehabilitation service package, which is an essential link in comprehensive community care.

- **Familiarity with the MH reform:** The current reform, which consists of transferring the provision of MH services from the Ministry of Health to the health plans, may involve far-reaching changes in a key service system in the lives of PSMI. Despite that, only half of the respondents were familiar with the reform. Those with multiple disabilities, for whom the enhanced coordination between MH and physical healthcare and the provision of all services through one system (the health plans) may be particularly advantageous, know still less about those changes.

### 4. Conclusion and Possible Programmatic Directions

In light of the above, several proactive steps aimed at making MH services more accessible and improving the coordination between them are proposed:

- Bring the main points of the law, MH services and eligibility criteria to the attention of the PSMI in a simple, clear and practical way, to enable them to use the information to exercise their rights.
- Expand outreach to psychiatric rehabilitation services, e.g., by assisting PSMI in accessing rehabilitation service package committees, from both inpatient and outpatient settings, while bridging the structural and professional gaps between the clinical and rehabilitative systems.
- Set in motion an effective mechanism to coordinate between the Ministry of Health and the Ministry of Labor and Social Affairs, which would provide adequate responses to PSMI with multiple disabilities, equally addressing the needs related to their physical and mental disabilities.
- As the MH service reform comes into effect, the health plans are expected to coordinate between the various MH services. Accordingly, it is recommended that a system be created within the health plans, at both organizational and professional levels, to ensure that care coordination is appropriately implemented.

This study sheds light on how PSMI manage in the MH services system, aspects where the patient's experience reflects the state's effective efforts to provide services that meet their complex needs, as well as problems that may have not been recognized sufficiently without the perspective of the patients themselves. The findings will serve as the basis for a follow-up study in the future, which will examine the changes that will occur in the utilization of MH services by the PSMI after the introduction of the reform and as such will help to draw up policy guidelines to improve the services.
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