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RECOVERY ORIENTED SERVICES AND ENGAGEMENT IN PSYCHIATRIC SERVICES

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RECOVERY ORIENTED SERVICES AND
ENGAGEMENT IN PSYCHIATRIC SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Mayra Beas
Graciela Arzola

June 2020

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ENGAGEMENT IN PSYCHIATRIC SERVICES

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Approved by:

Dr. Armando Barragán, Faculty Supervisor, Social Work

Dr. Armando Barragán, Research Coordinator

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ABSTRACT

This study focused on individuals who have been diagnosed with a mental health condition and are currently engaged in mental health services in the local community. The research question was to determine if a correlation exists between individuals who participate in recovery-oriented services and the rate of engagement to psychiatric services. The research was a descriptive study design. The data gathered was quantitative as it is based on survey data which was selected using snowball sampling. The researchers reviewed 72 surveys administered to mental health professionals at outpatient mental health clinics throughout Southern California. Using the Pearson coefficient test, the study found a strong correlation between individuals who participate in recovery-oriented services and the rate of engagement to psychiatric services, $r = .59$, $n = 69$, $p = .00$. The study can impact social work because the findings of the study may be key to assist social workers and social service agencies within the community to identify potential barriers that may contribute to disengagement of mental health services.

ACKNOWLEDGEMENTS

To our research advisor, Dr. Armando Barragan Jr., thank you for all your support throughout this journey. It would have never been possible without your support. You are truly "*Un Orgullo Hispano*"!

To the most amazing micro social worker professor, Alicia Harris, who has invested in our development as social workers and has inspire us to be the die-hard social workers that we are today.

To the best field advisor ever, Heather Sylvester, your laugh is contagious, and your lighthearted spirit made our journey smoother as we knew we had an ally in you.

DEDICATION

We dedicate this to all individuals suffering from severe mental illness and we know that recovery is possible.

We dedicated this to our families, to our parents who provided unconditional support and believed in us. To our children who made sacrifices to make the accomplishment of the degree possible. To our partners who put up with our crazy schedules and provided emotional support.

We dedicate this to the loved ones we lost in the process of our educational journey.

This is also dedicated to the first-generation students who are seeking to open doors for future generations to come.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	iv
CHAPTER ONE: CHAPTER ONE: INTRODUCTION	
Problem Formulation.....	1
Purpose of the Study	2
Significance of the Project for Social Work Practice.....	3
CHAPTER TWO: LITERATURE REVIEW	
Introduction.....	6
Studies on Recovery Oriented Services.....	6
Impact on the Community.....	9
Social Factors.....	10
Gap in Literature.....	12
Theories Guiding Conceptualization.....	12
Summary.....	14
CHAPTER THREE: METHODS	
Introduction.....	15
Study Design.....	15
Sampling.....	16
Data Collection and Instruments.....	16
Procedures.....	17
Protection of Human Subjects	18

Data Analysis.....	19
Summary.....	19
CHAPTER FOUR: RESULTS	
Demographics.....	21
CHAPTER FIVE: DISCUSSION	
Introduction.....	22
Discussion.....	22
Limitations.....	23
Implications for Social Work Practice.....	24
Conclusions.....	25
APPENDIX A: SURVEY.....	26
APPENDIX B: IRB APPROVAL.....	30
REFERENCES.....	32
ASSIGNED RESPONSIBILITIES.....	36

CHAPTER ONE

INTRODUCTION

Problem Formulation

Within the mentally ill population, the disengagement from mental health services is quite common. Several studies have found up to 50% of individuals have disengaged from mental health services or have discontinued their treatment plan (Smith, Easter, Pollock, Pope, Wisdom, 2013). Scientific evidence shows that severe mental illnesses such as schizophrenia require long term on-going psychiatric treatment to effectively treat and facilitate recovery (Kreyenbuhl, Nossel, Dixon, 2009). Nonetheless, there is a significant problem due to the lack of widespread availability of evidence-based treatments and other resources that can facilitate treatment engagement (Kreyenbuhl et al., 2009).

In recent years, there has not been significant progress in developing interventions that can improve treatment and engagement in mental health services (Barrett, Chua, Crits-Christoph, Gibbons, Casiano, Thompson, 2008). Previous research suggests that in America, less than half of those who are mandated to obtain psychiatric services due to a severe mental illness are inadequately linked to necessary services (Kreyenbuhl et al., 2009). The factors potentially associated with disengagement and non-attendance with psychiatric services are numerous, nevertheless the results of research in this area are inconsistent (Barrett et al., 2008).

Ensuring patients' adherence to treatment including therapy groups, activities of daily living, case management services, and peer-ran groups is a major challenge in treatment planning. For the past years, an increased interest has emerged in the recovery-oriented care model as a way to facilitate and improve engagement to psychiatric services amongst the individuals who experience severe mental illness (Schrank & Slade, 2007). At this time there is no effective approach to reduce the number of no shows to mental health appointments that can lead to an increase in the engagement of mental health services.

Additionally, the findings of the research will impact social work practice at a micro level because the evidence can provide guidance to effectively serve the underrepresented and underserved populations who have a mental illness, which simultaneously aligns with NASW value social justice (National Association of Social Workers, 1999). A common problem of poor engagement is that individuals decompensate and become at risk for rehospitalization and incarceration, and loss of revenue due to mental health disability.

Purpose of the Study

The purpose of the study was to determine if individuals who are severely mentally ill and participate in recovery-oriented services in the community have a higher rate of engagement to their psychiatric appointments. The study focused

on individuals diagnosed with a severe mental health condition and are currently receiving services at an outpatient mental health clinic.

The method used for the study was to review surveys with closed ended questions to mental health professionals working in mental health outpatient clinics throughout Southern California through snowball sampling process. For the intended purpose of this study, it was necessary to obtain data from mental health professionals who have experience working with the severely persistently mentally ill clients. The aim of the study was to determine if individuals who participate in recovery services at an outpatient clinic have a higher rate of engagement in psychiatric services. The study required the Institutional Review Board approval from the California State University, San Bernardino.

Significance of the Project for Social Work Practice

In the social work field, it is essential to be consistent with the National Association of Social Work (NASW) core values and ethics by assuring that adequate services are provided to those in need. At the macro level of social work practice, social workers would align with the value of the importance of human relationship by conducting research and implementing evidence-based research to help reduce the barriers for those individuals suffering a severe mental illness in the community needing to be linked or remain engaged in specialty mental health services to prevent decompensation. By researching and addressing some of the barriers faced by individuals suffering from a mental

illness; can help provide better guidance to those providing mental health services and assist in developing better treatment plans that will result in positive long lasting effects which will help build a strong community.

The findings of the proposed study can be used to assist mental health professionals to improve the rate of client's engagement to psychiatric appointments and reduce the missed appointments also known as "no shows". A previous study examined factors contributing to "no show" appointments and found that some of the factors associated with individuals missing their psychiatric appointments were the following: younger age, low socioeconomic status, and longer waiting periods from initial client contact to appointment (Mitchell & Selmes, 2007). There is a dire need for our study because missed psychiatric appointments at outpatient clinics on behalf of the severely mentally ill population can compromise the quality of care and the poor use of allocated resources (Kruse, Rohland, Wu, 2002). On average, patients tend to miss approximately 20 percent of their psychiatric appointments which is double the number of any other medical specialty (Mitchell & Selmes, 2007).

In addition, the research findings can be used for assessing, planning and implementing an effective coordination of treatment that can lead to fewer hospitalization episodes and increase clients' access to essential specialty mental health services that will help to improve the clients' quality of life. In addition, individuals may receive treatment in the least restrictive setting.

A better understanding of the potential barriers to psychiatric services engagement may enable us to identify important targets to improve engagement to psychiatric services and ultimately reduce under-treatment within the severely persistently mentally ill population in Southern California. Consequently, a prospective study was conducted to examine the following research question: Does participation in recovery-oriented services at mental health outpatient clinics increase the rate of engagement to psychiatric appointments?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The research that was conducted in recent years attests to the effectiveness of implementing recovery-oriented services and its positive impact on engaging the severely mentally ill population to ongoing psychiatric services. This chapter will focus on the studies and components that characterize recovery-oriented services at community outpatient clinics. The subsections will include studies on recovery-oriented services, impact on the community, social factors, gap in literature, and theories guiding the conceptualization.

Studies on Recovery Oriented Services

Individuals with a severe mental illness have difficulty accessing and maintaining ongoing treatment. The National Comorbidity Survey found that in the previous year, only 38.5% of individuals with a severe mental illness received ongoing treatment and up to 50% either are not engaged in treatment or have disengaged from services (Easter, Pollock, Pope, Smith, & Wisdom, 2013). It has been a challenge for psychiatrists and other mental health professionals to improve treatment engagement, yet the approach of Recovery Oriented Services appears to be promising in increasing engagement with those experiencing severe mental illness.

Recovery Oriented Care Approach

Within the mental health domain, the recovery model among the severely mentally ill is gaining more recognition as society is learning and has a better understanding of the perspective that encompasses mental health recovery. Mental health recovery emphasizes and supports an individual's strengths, positive sense of self, engagement in a self-directed life, and strive to find a meaningful and purposeful life by reaching its full potential (Substance Abuse and Mental Health and Services Administration, SAMHSA, 2013).

Within the recovery-oriented care approach, clients are viewed as full partners in their mental health treatment through sharing decision making in collaboration with the mental health professionals and opting to agree or disagree with the treatment plan (Deegan & Drake, 2006). Recovery oriented care stresses the importance of the client's autonomy, empowerment, resiliency, and respect. The recovery-oriented model includes two key elements: supported services and peer support (Deegan & Drake, 2006).

Supported Services. Studies have found that when individuals' needs are met including housing, employment, transportation, and legal issues, there is a greater retention in treatment and a decrease in substance abuse (Kautz & Whittier, 2009). Research suggest that supported services promote better recovery outcomes compared to traditional ones (Bellack & Silverstein, 2008). Furthermore, research reveals that supported employment has better recovery outcomes compared to traditional prevocational and vocational training

(Solomon, 2004). On the other hand, there is conflicting evidence on whether supported employment services benefit clients especially those with schizophrenia (Bellack & Silverstein, 2008). According to Solomon (2004), a study demonstrated that half of the individuals who were placed in jobs, lost their jobs after 6 months of placement.

Peer Support. Research shows that clients who are considered 'difficult to engage' in treatment appears to struggle in trusting mental health professionals or authority figures (Dixon, Holoshitz, & Nossel, 2016). Additionally, individuals suffering from severe mental illness often feel discriminated, isolated, and stigmatized (Kautz & Whititer, 2009). The use of peer services or peer-delivered services may help mitigate some of the barriers mentioned above including stigma and mistrust in authority figures. Similarly, peer services may also help improve engagement in treatment among the severely mentally ill clients. Studies conducted in recent years have revealed that peer-delivered services have flourished throughout the nation and are currently operating at numerous treatment centers and peer-run agencies (Dixon, et al., 2016). Peer support can take many forms including support groups, self-advocacy groups, clubhouses, drop-in centers run by clients, and peer partnerships with existing community agencies (Solomon, 2004). A review of a peer lead program known as the Wellness Recovery Action Planning (WRAP) confirmed that participants experienced significant benefits including increased

sense of empowerment, independence, and self-sufficiency as well as improved engagement with mental health treatment (Dixon et al., 2016).

Impact on the Community

There are significant effects on the community when individuals experiencing severe mental illness are noncompliant with their psychiatric treatment. It is vital to understand the challenges that individuals with severe mental health diagnoses are facing in order to create a safer and more productive community.

Violence

The community is at greater risk for an increase in violence if those suffering from a severe mental illness are not engaging with their psychiatric treatment. According to Swartz, Swanson, Hiday, Borum, Wagner, & Burns (1998), a greater risk of violence exists within individuals suffering from a severe mental illness during their adult lifetime due to the prevalence of substance abuse, psychotic symptoms, and lack of contact with specialty mental health services in the community.

Costs

Another significant impact is the economic burden on the community. Research shows that an increase in costs within a community is linked to individuals who are noncompliant with their psychiatric treatment (Centorrino, Hernan, Drago-Ferrante, Randall, Apicalla, Langer & Baldessarini, 2009). Furthermore, other studies suggest that non-engagement with psychiatric

treatment has been associated with an increase in clinical, social, and economic costs and has been linked with relapse and rehospitalization with patients who suffer from a major mental illness. (Centorrino et al., 2009). Receiving mental health services at a hospital setting is the most restrictive and expensive way to treat a mental health illness. It is critical to determine other avenues of treatment that will positively impact the engagement rate in psychiatric treatment and subsequently decrease the cost and loss of productivity in the community.

Social Factors

Age

The age of those seeking mental health treatment has shown to have a direct effect on receiving and staying engaged in specialty mental health services. Bartels et al. (2004) reported that mental health services in older adults are under-utilized and fewer than 3% of the older adult population report seeing mental health specialist providers. Additionally, evidence illustrates that possible reasons for the findings that older adults are less likely to seek specialty mental health services can be due to time constraints and transportation challenges (Bartels, Coakley, Zubritsky, Ware, Miles, Arian & Levkoff, 2004). Another age group who faces challenges in the utilization of specialist mental health services is the younger adult population. Edlund, Wang, Berglund, Katz, Lin, & Kessler, reported that younger adults are more likely to drop out of specialty mental health

services than any other adult group because they mostly rely on family members to receive treatment (2002).

Health Care Insurance

The lack of access to health care insurance can create barriers to receiving mental health services. As reported by Olfson, Mark, Mojtabai, Sampson, Hwang, Druss, & Wand, the growing number of individuals in America who do not have health insurance coverage can result in an increase of individuals who may disengage from mental health services due to the high cost of treatment (2009). Governmental insurance such as Medicare and Medicaid are the most common types of insurance for persons with severe mental illness. Having access to these health care insurances significantly increase the likelihood of receiving specialty mental health care (McAlpine and Mechanic, 2000).

Beliefs

Individuals' personal beliefs towards mental health treatment plays a significant role in seeking or maintaining engagement in mental health services. Individuals suffering from mental illness may not seek treatment for their mental health condition because of the stigma that exists in society in regards to mental illnesses and because individuals believe that one should be able to manage personal emotional problems without seeking mental health treatment. Coles & Coleman (2010) confirm that individuals with severe mental illness believe that mental health symptoms will go away on their own without obtaining mental

health treatment. In addition, individuals receiving mental health treatment who do not believe that treatment is effective can impact and hinder their ability to stay engaged in treatment. According to Edlund et al. (2002) patients who believe that mental health treatment was not effective were more likely to drop out of treatment.

Gap in Literature

A gap in literature was found on the lack of research directly addressing the impact of an individual participating in recovery-oriented services and its likelihood to improve engagement with psychiatric treatment. The study proposed specifically addressed the gap in literature mentioned above. Moreover, most of the research found about severe mental illness was based on the general population which may leave out minority groups. Another gap in literature was pertaining to the effects of those individuals that belong to a low socio-economic status suffering a severe mental health illness and the inability to receive government issued health care coverage such as immigrants who are not eligible to receive government health insurance.

Theories Guiding Conceptualization

The Ecological Systems by Bronfenbrenner provides a theoretical framework for understanding and conceptualizing the ideas of the study. The study addressed the impact of the recovery-oriented services approach to facilitating a higher rate

of engagement with psychiatric services with the severely mentally ill individuals.

The ecological systems theory describes five different subsystems that interconnect to form and maintain processes that influence development (Chateauvert, Markman, & Pernice-Duca, 2013). The first subsystem is known as the Microsystem which includes the individual (age, gender, etc). For example, the severely mentally ill client can serve as the microsystem. The second subsystem is the Mesosystem which refers to the connection between an individual and the immediate surroundings including family members, neighborhood, workplace, and school. The third subsystem is the Exosystem which involves media, community services including mental health, medical and legal services. For example, outpatient mental health clinics and clubhouses that provide recovery-oriented services can serve as the Exosystem. The fourth subsystem is the Macrosystem which encompasses cultural values and ideologies, customs, and laws. The fifth and last subsystem is the Chronosystem and refers to life events and transitions over time. As a community it is critical to develop a system that addresses the needs of the individuals (microsystem) in our society (macrosystem). Unfortunately, it is all too common that individuals with severe mental illness are often marginalized and do not receive proper mental health services (exosystem) needed to improve their quality of life and equally reduce the excessive use of our community resources such as emergency services, hospitals, and jails. It is essential to provide evidence-based

services such as recovery-oriented services to increase the engagement to psychiatric services.

Summary

This study will explore the effect of participation in recovery services offered at mental health outpatient clinics and the rate of engagement to psychiatric appointments. Subsequently, this study will seek solutions to improve individuals' mental health care while creating safer and cost-effective communities. Presently, the severely mentally ill population faces innumerable barriers to obtaining the appropriate level of mental health treatment in our communities. The barriers are largely due to contributing social factors including the lack of health coverage, individual's age, and personal beliefs/stigma. The participation of recovery-oriented services in the community will allow individuals the opportunity to acquire a meaningful life with the potential to become self-sufficient, independent, and stable. Thus, the community would substantially benefit due to the reduction in violence and the reduction in utilization of community resources which generally results in costly services. The Ecological Systems theoretical framework will help provide a better understanding and conceptualizing of the ideas presented in the study.

CHAPTER THREE

METHODS

Introduction

This study examined if there is a correlation between individuals who participate in recovery-oriented services at mental health outpatient clinics and the rate of engagement with their psychiatric appointments. This chapter focused on covering the methods that were utilized as part of the proposed study. The chapter is composed of six sections and the first section presents an overview of the study design, the second section describes the sampling method, the third section explains the data collection and instruments, the fourth section describes the procedures that were used to collect data, the fifth section discusses the protection of human subjects, and the sixth section illustrates the data analysis.

Study Design

This research project was descriptive since it attempted to find a correlation. The study was quantitative in nature since the research was based on collecting data from surveys. One of the practical methodological strengths of collecting surveys is that it allows the opportunity to gather data from multiple sources, and in this case it was the mental health outpatient clinics throughout Southern California. The other practical methodological strength is that it provides an adequate representation of those receiving specialty mental health services throughout Southern California.

The weaknesses or limitations of this research project are the following: inability to ask follow-up questions because the collection of data is solely based on surveys that offer close ended questions, the data collected will not include client's medical records of their attendance to their psychiatric and mental health appointments.

Sampling

The data was obtained through snowball sampling. This type of sampling method was chosen to be used for our proposed study to obtain a better representation of the clients being served. The data was gathered through snowball sampling by asking individuals who completed the surveys if any of their colleagues would be interested in completing the survey. However, participants of the study must be providing services to severely persistently mentally ill clients at an outpatient clinic within Southern California. Seventy-two (72) surveys were reviewed as mentioned above to examine if the participation in recovery-oriented services increase the rate of engagement to psychiatric services. Additionally, the study will explore if clients' non-attendance to their scheduled psychiatric appointments are likely to decompensate and result in negative impact in the functioning in major areas of their life.

Data Collection and Instruments

Quantitative data was collected via surveys during the time period of February 5, 2020 to April 11, 2020. Participants were provided with an informed

consent prior to completing the survey. The informed consent included the following information regarding the study: purpose, description, participation, confidentiality, duration, risks, benefits, contact, and results. Participants were asked a few questions based on their professional experience in working with the mentally ill population and their perception about the impact of participation in recovery-oriented services on the quality of life, and some demographics. The collection of demographic information was incorporated within the survey. The demographic data which was collected is the following: gender of the participant, age of the participant, education level, and number of years in the mental health field. The data was collected and examined by researchers manually. The data review process took place during California State University, San Bernardino academic school year of 2019-2020.

The study's independent variable was the "participation in recovery services" and the dependent variable was the rate of engagement to psychiatric appointments. The participation in recovery services was defined as the participation in services provided at the outpatient clinic including individual therapy, therapy groups, skills groups, and case management services.

Procedures

Researchers solicited participants in different social settings such as school classrooms, outpatient mental health clinics, substance abuse recovery

centers, private mental health offices, career fairs, and person to person referral (word of mouth).

Upon participants' agreement to take part in the study they were provided with an informed consent and survey. Researchers were available to answer questions that arose. Participants were given privacy to review the informed consent and complete the survey. Upon completion of the survey, the participants were thanked for their time and participation.

Protection of Human Subjects

The identity of the participants' information was kept completely confidential for the purpose of this study. The completed surveys were maintained in a locked bag. The locked bag had limited access to only the researchers who were completing the study. The researchers were responsible for maintaining the confidentiality of all surveys completed. Moreover, none of the surveys were left unattended which could have resulted in the misuse of the participants' survey responses. The information collected from the participants was saved in a password encrypted file to protect the data. Additionally, each one of the surveys was assigned a random number to further protect participants' identity. One year after the completion of the study, all collected data and findings will be shredded to protect the participants' confidentiality.

Data Analysis

The research project was a descriptive study design. All data was gathered from participants' surveys. The study was examined to identify a correlation between the independent variable (IV) "participation in recovery-oriented services" and the dependent variable (DV) "rate of engagement to psychiatric appointments". The following information was collected in the study for the IV and DV: the IV was measured based on whether the client was participating in recovery oriented services at an outpatient mental health clinic and the DV will be measured by the rate of engagement to psychiatric appointments. Both the IV and the DV were interval thus the researchers conducted a Correlational test. Finally, demographic data was analyzed using descriptive statistics to provide information of the sample in order to provide a better understanding of the respondents. All analysis was entered and analyzed in IBM Statistical Package for the Social Sciences (SPSS).

Summary

Chapter Three outlined the process of the study, methods, procedures, and determined if a correlation exists between individuals who participate in recovery-oriented services at mental health outpatient clinics and the rate of engagement to their psychiatric appointments. This chapter also provided information on the protection of human subjects and no risks were identified with

this study. In addition, the method used for this study was a descriptive design and researchers conducted a correlation test.

CHAPTER FOUR

RESULTS

Demographics

A statistical analysis was conducted to identify the demographic makeup of the participants in this study. A total of 72 surveys completed by the participants were analyzed for the use of this study. The age of participants are as follows: 15.3% of the participants were ages 18-25, 43.1% of the participants were ages 26-38, 36.1% of the participants were ages 39-59, and 5.6% of the participants were 60 and over. The gender makeup was the following: 80.6% participants were female and 19.4% of the participants were male. The educational level of the participants were the following: individuals who received a high school diploma/ high school equivalent/associate's degree, certificate/vocational training composed 16.7% of the study, bachelor's degree participants composed 40.3% of the study, graduate level participants composed 43.1% of the study. The years of experience in the field of mental health of the participants was as follows: 0-4 years in the field is 48.6%, 5 or more years was 43.1%, and 8.3% of the participants did not answer this question.

A Pearson correlation coefficient found a strong, positive relationship between individuals who participate in recovery oriented services and the rate of engagement in their psychiatric appointments, $r = .59$, $n = 69$, $p = .00$, with high participation in recovery oriented services associated with high rate of engagement in psychiatric appointments.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses the findings and the limitations pertaining to the study. Additionally, addresses the findings which are centered on the research question. It will also include a brief discussion related to the findings of the study and how it supports the information provided in the literature chapter of this study. In addition, the limitations of the study and the implications for social work practice within the mental health field will be discussed in this chapter.

Discussion

This study found a strong correlation between individuals who participate in recovery-oriented services and their engagement to psychiatric appointments. The findings validate the strong correlation with a significance at .00 for individuals participating in recovery-oriented services and their rate of engagement to psychiatric appointments.

This study confirmed that clients tend to have better treatment outcomes when they participate in several recovery-oriented services. Recovery oriented services include but are not limited to: individual therapy, group therapy, skills groups, Rehab ADL/Individual, case management, support groups, and clubhouse. As discussed in Chapter 2, the results of the study determined that individuals who tend to participate in recovery-oriented services have better

outcomes than their peers who only receive medication support services. As previously discussed in the literature review, Coles & Coleman (2010) confirmed that many individuals with severe mental illness have a personal belief that their mental illness would go away without obtaining treatment. Nonetheless, providing psychoeducation through recovery-oriented services to individuals suffering severe mental illness will assist the client to gain better understanding and gain healthier coping skills.

As discussed earlier in the literature review, poor engagement in psychiatric services frequently results in high usage of inpatient hospitalizations. However, individuals who participate in recovery-oriented services are likely to remain engaged and reduce the likelihood of inpatient hospitalizations.

Limitations

The most noteworthy limitation of the study is that researchers did not have access to attendance records from the outpatient mental health clinics. The data was collected from mental health providers at different social settings. The study was based on the mental health providers' professional experience and their perception in working with the severely persistently mentally ill population. Participants who completed the surveys can be biased towards the positive outcomes of the services they provide.

Another limitation was that the survey for the research asked only closed ended questions therefore no qualitative data was gathered. The qualitative data could have provided a better understanding of factors that may additionally

contribute in the rate of engagement to psychiatric services. Furthermore, another limitation was that the information gathered was limited to Southern California outpatient mental health clinics. It would be important to survey mental health professionals throughout the country to determine if the findings of the study are a representation of the country as a whole. One factor that would be important to examine in other areas of the country is if extreme weather conditions can affect the rate of engagement to psychiatric appointments. Due to the fact that Southern California has pleasant weather conditions throughout most of the year, it would be important to determine if the weather conditions in other areas of the country may be one of the factors that can affect the rate of engagement to psychiatric appointments.

Implications for Social Work Practice

The strong correlation found in this study between individuals who participate in recovery-oriented services and their rate of engagement to psychiatric appointments can be a valuable finding to assist with decreasing the number of no shows to psychiatric appointments. In addition, the findings of this study can assist mental health professionals in advocating to develop a more comprehensive treatment plan including recovery oriented services in an effort to reduce the number of no shows to psychiatric appointments and prevent mental health decompensation.

The development of a more comprehensive treatment plan can result in an increase in revenue to mental health outpatient clinics. A benefit of increasing revenue can result in the ability to hire more staff to decrease the ratio between clients and mental health providers. Subsequently, the clients would benefit from receiving recovery oriented services as they would be able to gain healthy coping skills, assertive communication skills, ability to process trauma in therapy, and advocacy case management service which can result in an increase in the quality of life for those suffering from mental health.

Conclusions

The findings of the study supported the literature review that individuals that participate in recovery-oriented services are less likely to miss their psychiatric appointments and are less likely to decompensate from their mental health illness. By providing recovery-oriented services to individuals who are suffering from a severe mental illness will not only benefit them but the community. The study's findings reveal that there is a need to develop a comprehensive treatment plan with each individual suffering from a severe mental health illness to help decrease decompensation. The community would also benefit from a decrease in high usage of emergency services, hospitalizations, incarcerations, homelessness, and drug/alcohol abuse.

APPENDIX A
RESEARCH PROJECT SURVEY

1. Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
<input type="checkbox"/> Other	

2. Age

<input type="checkbox"/> 18-25	<input type="checkbox"/> 26-38
<input type="checkbox"/> 39-59	<input type="checkbox"/> 60+

3. Education Level

<input type="checkbox"/> GED / High School	<input type="checkbox"/> Certificate
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Other

4. Number of Years in the Field:

<input type="checkbox"/> less than a year	<input type="checkbox"/> 1- 2 years
<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 5-7 years

5. Mark off the services offered at your agency or organization:

<input type="checkbox"/> Case Management	<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Group Therapy
<input type="checkbox"/> Support Groups	<input type="checkbox"/> Skills Groups	<input type="checkbox"/> Rehab ADL/Individual
<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Other: _____	

Based on your professional experience in the Mental Health field, please answer the following questions utilizing the Likert Scale.

1. It's beneficial to offer recovery-oriented services (i.e. case management services, individual therapy, group therapy/skills) to individuals who are receiving psychiatric mental health treatment?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

2. Clients tend to have better treatment outcomes when they participate in more than one (1) additional services other than psychiatric services.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

3. Treatment plans should be developed with one (1) or more services in order to prevent decompensation of client's mental health

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

4. Individuals who participate in recovery-oriented services are more likely to attend their psychiatric appointments.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

5. Individuals who are inconsistent with their mental health treatment appointments are likely to end up hospitalized, incarcerated, or in the emergency room.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

Please circle the number that corresponds to your answer.

1. On average, what is the number of services clients receive at your agency or organization within a month time frame?

1 2 3 4+

2. On average, what is the number of "no shows" to your scheduled appointments for services on any given week?

1 2 3 4+

APPENDIX B
IRB APPROVAL

APPENDIX B

IRB APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) MAYRA BEAS & GRACIELA ARZOLA
Proposal Title Factors Contributing to "No-Shows" to
Psychiatric Appointments
SW 1965 (modified)

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)

A.B.
Committee Chair Signature

02/04/20
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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ASSIGNED RESPONSIBILITIES

For the proposed research study, the researchers Graciela Arzola and Mayra Beas will be collaborating to complete all the necessary chapters. The tasks and responsibilities will be shared amongst both researchers. The researchers met weekly to work on the process of the research study. Mayra and Graciela both contribute equally to the formatting, editing, and submission of the project. In addition, Mayra and Graciela both contribute collaboratively to complete all sections of the research project listed below:

Abstract

Acknowledgements

Introduction

Literature Review

Methods

Results

Conclusion

References