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Need or availability? Modeling aftercare decisions for psychiatrically hospitalized adolescents ☆

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Abstract

Discharge planning and linkage to appropriate aftercare services are crucial to successful outcomes following inpatient psychiatric care. Yet little is known about how aftercare decisions are made and what factors clinicians consider most important when making decisions about level of aftercare. Using comprehensive medical record data for 508 adolescents enrolled in Medicaid and admitted to three inpatient hospitals, this study examines the influence of both clinical and non-clinical factors on level of aftercare decisions. Results from the multinomial logistic regression analyses indicate that decisions about level of aftercare are largely driven by clinical need factors—illness severity and prior service history. However, non-clinical factors such as race/ethnicity, custody status, availability of services, and hospital provider also strongly influenced aftercare decisions, even after controlling for level of need. Study findings highlight the need for evidence-based decision-making guidelines to improve quality of care and ensure that youths are being referred to clinically effective and appropriate services. Further research is needed to understand how non-clinical factors affect clinical decision-making and the delivery of mental health care.

Keywords: Aftercare; Decision-making; Psychiatric hospitalization; Adolescents; Level of care

1. Introduction

Discharge planning and linkage to appropriate aftercare services are crucial to successful outcomes following inpatient care. As length of hospital stays have markedly decreased, treatment teams are forced to quickly assess children's needs and almost immediately at admission decide what types of aftercare services and community supports are necessary to ensure continued stabilization after hospitalization. These decisions are difficult and time-consuming. They involve a high level of knowledge and skill including clinical assessment, knowledge of community resources and best-practice interventions, the

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ability to balance the aftercare preferences of the child and/or family with the treatment team's recommendations, and competence in addressing external obstacles (e.g., insurance barriers, lack of available community services). Yet these critical decisions affect children's lives—they not only determine whether a child will be discharged home or transferred to a residential facility, but also the types of services (outpatient, partial hospitalization, etc) he/she will receive after discharge. Moreover, inappropriate discharge planning may lead to adverse consequences: at best no benefit to the child and at worst repeat suicide attempt, rehospitalization, and other negative outcomes (Appleby, Dennehy, Thomas, Faragher, & Lewis, 1999; Daniel, Goldston, Harris, Kelly, & Palmes, 2004; Fontanella, 2003).

Despite the importance and complexity of these decisions, social workers and discharge planners have virtually no assessment tools, guidelines, or level of care criteria to assist them in making appropriate decisions about aftercare placements (Friedman & Street, 1985). Consequently, decisions are often based on clinical judgment and practice wisdom which is inherently unreliable and subject to numerous biases (Galanter & Patel, 2005). Alternatively, decisions may be based on availability of placements and other services regardless of need.

Ideally, decisions should be based on clinical need, and youth should be placed in the least restrictive environment possible. However, some evidence suggests that youths are not always linked to appropriate levels of care or type of treatments that best match their needs (Leon et al., 2000; Lyons, Libman-Mintzer, Kisiel, & Shallcross, 1998). For example, Lyons et al. (1998) found that more than a third of youths in residential treatment did not meet criteria for this intensity of treatment and could have been stepped down to less restrictive community-based treatment alternatives. Other researchers (e.g., Gottlieb, Reid, & Fortune, 1990; James et al., 2006) have found that contrary to best-practice standards of care and policies, children are often placed in more intensive and restrictive treatment settings first before other less restrictive treatment options have been considered.

Although some research exists on placement decisions in child welfare (for review see Doran & Berliner, 2001), only two studies (Foster, Saunders, & Summerfelt, 1996; Hodges, Doucette-Gates, & Kim, 2000) have examined factors associated with level of care treatment decisions for youths in the mental health system. These studies, despite their contributions, have focused predominantly on child and adolescent characteristics such as demographic and clinical factors. Yet a growing body of research suggests that non-clinical factors such as availability of services (Hendryx, Urdaneta, & Borders, 1995), financial arrangements (Burns et al., 1997; Pottick, Hansell, Miller, & Davis, 1999), and organizational level variables (Stiffman et al., 2001; Warner, Pottick, & Bilder, 2005) play an equally important role in influencing decisions and outcomes. Moreover, the two studies examine actual placements rather than recommended services which provide little insight into the decision-making process.

The present study examines factors associated with level of aftercare decisions for psychiatrically hospitalized adolescents. The study builds upon prior research by examining treatment assignment to distinct service categories across the continuum of care, rather than collapsing service categories. Second, we use a reliable, well-validated, standardized decision-support instrument to model aftercare decision-making. Third, we examine a wide array of predictor variables including clinical factors as well as non-clinical factors (e.g., hospital characteristics, availability of services, and other entitlements). Finally, to better understand what factors clinicians consider when making aftercare decisions, we examine *recommended* services rather than the services actually provided.

2. Factors that influence aftercare decision-making

The Andersen and Newman (1973) behavioral model of health care utilization provided the theoretical framework for this study. Previous research has demonstrated support for the model as a useful explanatory framework for predicting mental health service utilization for children and adolescents (Cunningham & Freiman, 1996; Farmer, Stangl, Burns, Costello, & Angold, 1999; Pottick et al., 1999). The model identified three broad categories of factors that predict service use: (1) need factors (e.g., psychiatric diagnoses, symptoms, functional impairment); (2) predisposing factors (including demographic characteristics, social structural characteristics, health beliefs and attitudes); and (3) enabling factors (resources such as income, insurance and availability of services). Due to the paucity of studies on level of care treatment decisions, the review that follows includes related literature on clinical decision-making and predictors of service use.

2.1. Clinical need factors

Clinical need in children's mental health is indicated by illness factors (e.g., diagnosis, severity of symptomatology, comorbidity), risk behaviors (e.g., suicidality, dangerousness, elopement), and functional impairment at home, school, and