Summary of Key Findings

The Impact of a Consumer Run Hospital Diversion Program on Quality of Life and Recovery: A Comparative Study

Presented by:

Michael J. Bologna, PhD, MSW, Associate Professor of Counseling
The College of Saint Rose, Albany, New York

Richard T. Pulice, Ph.D., MPH, Associate Professor of Social Work
The College of Saint Rose, Albany, New York

The 137th American Public Health Association Conference
November, 2009
Philadelphia , PA

The Survey Response Rate

A total of 26 respondents returned surveys. This represents a 43% response rate. This is considered a fair response rate for field studies involving persons with persistent or chronic mental illness. 19.2% (5) respondents did not complete all items in some sections.

Demographic Characteristics of Respondents

Gender

57.7% of respondents were female 42.3% were male. The age range was 22-65. The mean age was 40.7 years.

Race/ Ethnicity

73.1 % were White, 15.4% Black/African Americans,3.8% Native American, 3.8% Native Hawaiian, and 3.8% none. 11.5% indicated they were Hispanic/Latino (a).

Educational Level

26.1% had less than a high school education, 34.6% were high school graduates, 23.1% held a associates degree, and 19.2% held a bachelors degree. None held a graduate degree.

Income Level

80.8% earned less that $15000.00 annually, 15.4% earned between $15,001.00 and $30,000.00 per year, 3.8% earned between $45,001 and $60,000 per year.

Level of Involvement in Activities

Respondents were asked whether they walked, went to a movie or play, restaurant, read, worked or attended a vocational program, and engaged in a hobby or sport in the past week. 19.2% reported they engaged in all of the activities, 57.6% reported most (4-5) of these activities, and 23.0% reported they engaged in some (2-3) of these activities in the past week. None reported “no” activities, (3) did not respond. Overall, the respondents were active. The most frequent activities were reading 92.3% and walking 76.9%.

Level of Satisfaction with Activities

Respondents were asked their satisfaction with these activities. 50% reported they were very satisfied with all activities, 38.4% reported they were satisfied with most activities, 11.6% reported they were not satisfied.

Frequency of Activities

Respondents were asked about the frequency of activities. Responses ranged from "not at all" to "daily". On average respondents indicated they "do things with a close friend" weekly *(M=2.6);* "visit someone who does not live with you weekly *(M=2.3);* "telephone some one who does not live with you" daily *(M=3.6);*"do something with another person that you planned ahead of time", weekly *(M=2.4);* "spend time with an intimate friend" about monthly *(M= 1.6).* It should be noted that 46.2% indicated they did not have an intimate partner/friend. Those that did have an intimate partner/friend (34.6%) spent time with them daily, and 11.5% did on a monthly basis. All respondents (100%) reported daily or weekly telephone and e-mail contact with friends.

Relationship Between Level of Involvement and Satisfaction with Activities

A Chi Square Analysis reveals a significant relationship between level of involvement and satisfaction with activities (X^2= 13.69, df (5), p= .018). Those who were involved in more activities reported great satisfaction with those activities.

Comparison of Treatment Experiences with Rose House vs. Hospital Stays

Respondents were asked to indicate specific characteristics of their experience at Rose House and a traditional inpatient hospitalization. Items included being greeted warmly, orientation to the program, non-judgmental staff, explanation of program expectations, involvement in treatment planning, understanding of the risks/ benefits of treatment, use of recovery based language, and trauma sensitive treatment. Rose House was more likely to provide all of these elements of treatment. Overall, 48.1% of respondents indicated that they experienced these elements of treatment at Rose House, 16.3% indicated they received these at both, 5.2% at the inpatient hospital, and 7.6% at neither. It should be noted that 22.8% did not answer these questions.
Specifically, respondents indicated they were "greeted warmly", "oriented to the program', and "staff were non-judgmental" more often at Rose House (69.6%, 57.7% and 61.5% respectively), than an inpatient setting only, (0% in all of these categories). 38.5% of respondents indicated that Rose House "used recovery-based language", "was trauma informed", and "discussed expectations". In contrast 3.8% reported inpatient hospitals "use recovery based language", or "were trauma informed", 26.9% indicated inpatient hospitals" discussed expectations". 42.3% reported that Rose House involved clients in treatment planning, 23.1% reported both settings and 3.8% reported hospital only. Respondents were asked to rate Rose House on these treatment characteristics using a five point likert-type scale. The mean score was 3.26, indicating "agree" that Rose House

treatment included the specific characteristics mentioned previously. Clients were also asked if "the peer-run model at Rose House reduces the stigma of mental health", 88.5% indicated "agree/strongly agree", 3.8% "strongly disagree", 7.6% "does not apply".

Comparison of Experiences with Staff at Rose House vs. Hospital

Respondents were asked to indicate specific characteristics of staff employed at Rose House and inpatient hospitals. Items included staff 24/7 availability, respect of clients, encouraging recovery, time spent with clients, active listening skills, and encouraging of interaction with peers. Rose House staff were more likely posses these characteristics. Overall 48.0% of respondents indicated "Rose House", 27.7% induacted "both", 3.8% indicated hospital and 1.2% indicated "neither". 19.8% did not respond to these questions.
Specifically, 57.7% said that Rose House staff "provided active listening", 53.8% "were respectful of clients", 50.0% "spent time with you", 46.2% "encouraged interaction with peers", and 42.3% "encouraged recovery". 38.5% felt Rose House staffs were "available 24/7" vs. 30.8% who indicated "both" and 7.7% who indicated "hospital only".
Respondents were asked to rate these staff characteristics on a five point likert-type scale. the mean score was 3.5, indicating that respondents "agreed/strongly agreed" that staff had these characteristics. Furthermore, the belief that Rose House staff encouraged recovery was positively correlated with a belief in peer based recovery services, ($rho=.424$, $p<.05$).

Comparison of Environment at Rose House vs. Hospital

Respondents were asked to indicate specific characteristics related to the physical environment and client schedules at Rose House and inpatient hospitals. Items included comfortable settings, client private space, meals availability tailored to the client's schedule, and clients' ability to set their own daily schedules. Overall, 60.57% indicated "Rose House", 17.3"both", 1.9% "neither" and 9% "hospital". 19.2% did not answer these items. The results indicate that Rose House is a less restrictive setting, with 69.18 % reporting that they set their own schedules and 65.48% reporting that the have private space vs. 0% in inpatient hospitals. 46.2% reported meals were available on their own schedule at Rose House vs. 26.9% "both" and 3.8% "hospital".
Respondents were asked to rate the Rose House environment on a five point likert-type scale. The mean score for these items was 3.48 indicating "agree/strongly agree' that the Rose House environment contributed to their recovery.

Role / Beliefs about Peers in Recovery, Companionship, and Feedback

Respondents were asked to indicate their beliefs about peers using a five point likert-type scale. Respondents overwhelming agreed that "peers can provide companionship" *(M=* 3.12), "peers can provide feedback on mental health" *(M=* 3.0), and "peers can model

recovery” *(M*= 3.0). No respondents indicated “disagreed”. Six respondents stated “does not apply”.

Relationship Between Beliefs about Peers and Level of Involvement in Activities

A Spearman’s correlation was performed to compare beliefs about peers in recovery, and frequency of involvement in social activities. Respondents who indicated higher levels of social involvement were also more likely to see peers as an integral part of their recovery process (rho= .426, $p<.05$).

Summary

The results of this program evaluation indicate that services at Rose House are more client-centered, and less restrictive than inpatient hospitals. Staff is more likely to be respectful in their approach to clients than hospital settings. Clients who experience the Rose House diversion program, report feeling comfortable with the treatment received, as well as the environment. They also see peer-run programs as reducing stigma associated with mental illness.

For the most part Rose House alumni are socially involved, and report satisfaction with theses activities. Rose House clients believe that peers and peer-run programs provide valuable help with the recovery process.