

EXECUTIVE SUMMARY

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

Michael J. Bologna, Ph.D, Associate Professor of Counseling and Richard T. Pulice, Ph.D., MPH, Associate Professor of Social Work and Director of the Institute for Community Research and Training

**The Institute for Community Research and Training
The College of Saint Rose, Albany, NY**

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

Introduction

Studies that examine and evaluate the impact of peer-run hospital diversion programs on consumers, who suffer from an acute psychiatric illness, are lacking in the literature on mental health treatment. Peer run programs that serve as an alternative to traditional acute in patient hospital are rare in the United States. Further, studies that examine the impact of peer-run programs on consumer's functioning have been done largely in Europe, where such programs have an established role in mental health services.

Literature Review

Consumer run programs are a recent addition to community services that serve those with mental illness, (Lee, 1995). Research that examines the efficacy of peer-run programs is limited, but in those studies that were completed indicates that these programs have a positive impact on client recovery, (Felnton, 2005) and that clients reported greater emotional support from consumer run programs (Herman, 2005). In a two year field study, (Mosher, 1999), found that schizophrenic clients who received services from Soteria, a consumer-based program, reported higher levels of occupational and social functioning, and fewer inpatient admissions, than similar clients served by professionally-run programs.

Several European studies have examined client satisfaction with peer-run community based services. Eklund and Hansson, (2001) in a study done) in New Zealand, found that consumer designed programs contributed to clients reports of well-being. Lora, Rivolta, and Lanzara, (2003), found that 75% of Italian clients experiencing an acute psychiatric episode reported greater satisfaction with community based peer-run programs was associated with more respectful treatment of the client and family. In a convenience sample of 60 inpatient clients in the United Kingdom, Whittle, (1992) found that 50% reported greater satisfaction with the consumer-run diversion program than the existing inpatient programs.

In the only study compares psychiatric outcomes between those who received services from a consumer-run diversion program versus a traditional inpatient program, Greenfield (2008), found that clients served by a consumer-run acute diversion program reported fewer psychiatric symptoms; and greater life satisfaction after one year. To date no studies have explored how peer-run hospital diversion services contribute to the consumers' recovery and longer term quality of life.

The Rose House Study

A preliminary unfunded study was conducted in the Fall of 2008 by the investigators on consumers who received services from Rose House a program of PEOPLE, Inc. Rose

House is a peer-run hospital diversion program in Marlborough, New York which serves clients with an acute psychiatric episode who might have otherwise sought services in a traditional inpatient setting. Services are provided within a five bed residence that is staffed 24 hours a day by trained individuals that are or have been consumers of mental health services. The length of stay in Rose House varies based on the needs of the consumer and while there they are encouraged to be participants' in house activities and to continue to be connected to resources in the community.

The purpose of the study was to compare client satisfaction with the peer-run program versus a traditional inpatient program. Client's quality of life and success in coping with mental illness as a result of their experiences in both settings was also explored.

Description of Participants

Participants were individuals eighteen years of age and older who completed the hospital diversion program at the Rose House. Clients voluntarily entered treatment and/ or were referred to Rose House by the existing mental health system. All participants had suffered from some nature of acute psychological distress as a requirement to entering the program. All of the clients have also received services in traditional inpatient psychiatric settings.

Participants were recruited by trained research assistants who are also current Rose House Staff. The identity of the participants was not known to the principle investigators, so that participants were anonymous to the investigators. Participant information was kept confidential. Prior approval from the Institutional Review Board at the College of Saint Rose in Albany, New York was granted.

Surveys were sent to 60 participants who received services from Rose House from 2004 to 2008, 26 surveys have been received. Preliminary results are summarized below and indicate that specific qualities about the peer-run hospital diversion program promoted the client's ability to understand and cope with their symptoms, and enhanced their interactions with family and others in the community.

Results

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 possess these characteristics. Overall 48.0% of respondents indicated “Rose House”, 27.7% indicated “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.

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 they 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”.

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 overwhelmingly 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 chi-square analysis was performed to compare beliefs about peers in recovery, and level of involvement. Respondents who indicated higher levels of social involvement were also more likely to see peers as important for feedback on mental health, companionship and the recovery process ($X^2= 62.46$, $df(3)$, $p<.05$).

Results of open ended questions

Respondents were asked to offer any additional information about their experiences. Several reaffirmed the view that their experiences at Rose House were positive referencing the positive role of a peer run program with staff that had had similar life experiences adding to the level of comfort in a very stressful situation. Conversely there were suggestions that the lack of structure should be revisited and that a more directed experience might add to the positive nature of the program. These issues deserve further study.

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 these activities. It appears that Rose House clients believe that peers provide help with recovery, companionship and feedback regarding their mental illness. This belief is associated with increased social involvement.
- The current service delivery model may lack a structure and direction that if modified could further add to the positive experience that was reported.