PRACTICE FACTORS WHICH INFLUENCE QUALITY OF LIFE FOR CHRONICALLY MENTALLY ILL AFRICAN AMERICANS

Sharron M. Singleton, D.S.W.

Howard University

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Summary

Statement of the Research Problem

Three knowledge gaps are noted in the literature relevant to case management with the chronically mentally ill: (1) research on the impact of case management has been uni-dimensional. Impact has been studied using either recidivism or access to services as the primary measure of effectiveness; (2) there has been no differentiation between models of case management and; (3) there appears to have been no research which specifically looked at case management with African Americans who are chronically mentally ill. This research serves to extend the knowledge base specifically in the arena of mental health services to chronically mentally African Americans.

Research Background Questions/Hypothesis

National statistics indicate that African Americans have had a higher psychiatric rate than whites and tend to be diagnosed with schizophrenia at twice the rate of whites (NIMH, 1987). Diagnoses of chronic mental illness make hospitalization both more likely and more dangerous for African Americans because a diagnosis such as schizophrenia carries with it a poor prognosis and a greater expectation of chronicity (Rosenthal & Carty, 1989). The prevalence of mental illness among African American adults, therefore, has serious ramifications for society as a whole and the African American community in particular.

Case management has emerged as a practice modality which empirically demonstrates a positive association with length of stay in the community (Bene-Kociemba, et al., 1979; Bush et al., 1990; Byers et al., 1978; Degen et al., 1990; Dickey et al., 1981; Goering et al., 1988; Perlman et al., 1985; Stein & Test, 1980). Scholars attribute this positive association to the fact that case management approaches cultivate or sustain strong support systems (Kanter, 1989; Moxley, 1989), and enhance the social and interpersonal skills needed by the chronically mentally ill to reduce readmission rates (Intagliata, 1982; Moxley, 1989).

Examination of the case management literature indicates that there are a variety of case management models which can be categorized into two models identified by Intagliata (1982) as "coordination" and "comprehensive." Differences between the two models exist in the areas of goals, focus, case manager's role, relationship emphasis and practice characteristics.

Recidivism and service accessibility have traditionally been the foci of research measuring treatment effectiveness for the chronically mentally ill. Many scholars argue, however, that meaningful community existence involves more than simply avoiding rehospitalization and that quality of life is a much more viable measure than recidivism alone (Alexander & Willems, 1981; Baker & Intagliata, 1982; Franklin et al., 1986; Malm et al., 1981; Talbott, 1980; Turner & Tenhoor, 1978).

Given the prevalence of African Americans in the population of the mentally ill and the emergence of case management as the primary modality of treatment with this population, several research questions were generated: (1) What factors influence the type of case management services provided to chronically mentally ill African Americans? (2) How do two different models of case management (coordination and comprehensive) impact on the

quality of life of chronically mentally ill African Americans? (3) What role does the racial sensitivity of case managers play in the delivery of services to African Americans who are chronically mentally ill?

The comprehensive model of case management is viewed by several "experts" in the field as the most appropriate model to use with the chronically mentally ill (Harris & Bergman, 1988; Honnard, 1985; Kanter, 1989; Modrcin et al., 1988). It is reasonable to hypothesize, therefore, that chronically mentally ill African Americans who receive comprehensive case management services would have a lower recidivism rate and have a better quality of life than those who receive coordination case management services.

Methodology

The study used a cross-sectional research design and multi-stage probability sampling procedures to selected of 75 client-case manager matches, from the District of Columbia's community-based mental health system. Survey research with both sample populations provided data to answer the research questions. The primary variables under study included: recidivism, quality of life, model of case management used, and racial sensitivity.

Face to face interviews were conducted with the client population using Lehman's (1988) Quality of Life Interview. Case managers completed a questionnaire designed by the researcher which delineated the model of case management used and the case manager's level of racial sensitivity. Scales developed from the instruments used in the study had acceptable levels of reliability and validity.

Results

Findings indicated that case managers tended to use the coordination model. Selection of a particular case management model appeared to be influenced by the case manager's gender, caseload size, and the number of African American clients on the caseload. Overall, the statistical analysis indicated that involvement in comprehensive case management services resulted in lower recidivism rates for the clients. Case management model also demonstrated an effect on clients' feelings of general life satisfaction, the receipt of needed services, and problems obtaining needed services. Clients who received comprehensive case management services felt better about their lives, had more of their service needs met, and had fewer problems receiving needed services.

Analysis of the data also indicated that case managers tended to have moderate to low levels of racial sensitivity. Minority group status and degree type appeared to influence racial sensitivity at both the bivariate and multivariate levels. Persons of color and those with social work degrees tended to be more sensitive to the issues of racism and oppression in the mental health arena. The racial sensitivity of the case manager did not demonstrate a relationship to the model of case management used. However, racial sensitivity did demonstrate an association with how clients felt about the services they received, and was found to be a useful predictor for whether clients received needed services. These findings indicate that racially sensitive case managers are perhaps more attentive to the emotional and material needs of their African American clients.

Utility for Social Work Practice

Results from this study demonstrated model of case management used made a difference in the outcome measures of recidivism and quality of life. More importantly, the research demonstrated that for this group of chronically mentally ill African Americans, the comprehensive model was more effective than the coordination model. These findings have important implications for the practice of case management in general and specifically with African Americans.

Case managers who use the comprehensive model provide more than access to services. They provide linkages to interpersonal relationships; they intervene in the environment; and they educate and empower the client at all levels. Given the effects of negative valuation imposed by society on African Americans, the very nature of comprehensive case management makes it more appropriate for chronically mentally ill African Americans. Agencies which provide services to African Americans should consider this group unique and deserving of comprehensive case management and take the necessary steps to ensure that this level of service is provided.

Evaluation of case management services often center in whether clients receive identified services. It stands to reason that the chronically mentally ill often require a level of involvement which goes beyond simply making certain they receive identified services. In order to provide this level of involvement and document the effectiveness of such involvement, differentiation between the two models of case management is necessary. While some attempts have been made to measure case management activities, no efforts have been undertaken to clearly delineate the two basic models. This research begins this process and makes contribution to the practice of case management by testing an instrument capable of dichotomizing case management activity into the two models.

The information generated by this study contributes to the research literature on case management and, more importantly, begins to bridge the gap in the literature relative to effective treatment of mentally ill African Americans.

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