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# Innovative Mental Health Services in Rural Minnesota: Community-based Mobile Crisis Response Services

Rebecca A. Zuehlke  
*Minnesota State University - Mankato*

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### Purpose

The purpose of this research project was to explore the relationship between the frequency of service utilization of the Community-based Mobile Crisis Response Services (MCR) provided by the Southwestern Mental Health Center (SWMHC) and the frequency of service utilization of emergency holds and civil commitments in Jackson and Cottonwood counties by month for the 2009 calendar year

### Research Question

The specific research question proposed was: Is there a relationship between the frequency of Community-Based Mobile Crisis Response Services and the frequency of emergency holds and civil commitments in Jackson and Cottonwood Counties?

### Significance

The significance of this research project was to explore statistically significant relationships and service utilization of MCR in rural southwestern, Minnesota. There is a large gap in research available to note MCR's usage in geographically rural areas as well as MCR's relationship to local emergency holds and civil commitments.

### Overview of the Methodology

The research was exploratory in nature and employed a cross-sectional design that analyzed pre-existing data from the Southwestern Mental Health Center, Cottonwood County Family Service Agency, and Jackson County Human Services. The criterion variable in this research project was the frequency of service utilization of MCR provided by the SWMHC. The predictor variables were the frequency of adult emergency holds and civil commitments for Cottonwood County Family Service Agency and Jackson County Human Services by month for the 2009 calendar year.

### Summary of Relevant Literature

In rural southwestern, Minnesota, resources available for individuals suffering a mental health crisis are limited. Traditionally, these individuals only had the option to seek emergency crisis services through a hospital-based setting. One problem with the hospital-based service is that it is "often compromised [of] a single clinician operating in relative isolation, without the support of a specialized team" (Hugo, Smout, & Bannister, 2002, p. 508). Another problem with hospital-based settings for mental health crisis services is access. Individuals who would prefer to be seen in their home setting or those who are unwilling or have difficulty accessing hospital-based emergency services, or do not realize they need help; end up going without proper mental health care (Hugo et al., 2002).

### Consumer Characteristics

Typical characteristics of consumers utilizing MCR included being young and homeless. They often suffered acute stressors, were referred by treatment facilities and the legal system, suffered from substance abuse, reported no income and were severally mentally disabled (Guo, Biegel, Johnsen, & Dyches, 2001).

### Community-based Mobile-Crisis Response Services (MCR)

Community-based Mental Health Mobile Crisis Response Services is a social work intervention that provides an alternative to hospital-based emergency (crisis) services. Hugo et al. (2002) argues MCR can increase access for consumers to community-based mental health services and reduce the need for admission to inpatient services. Dyches, Biegel, Johnsen, Guo, and Min (2002) also found empirical research showing the effectiveness of a home assessment and treatment for a significant number of mental health consumers in crises. The research conducted by Dyches et al. (2002) supported that MCR increased the likelihood that consumers would receive community-based mental health services post-crisis. Meaning MCR possibly delivers stronger connections for consumers to be connected to on-going mental health services in the community. Scott (2000) and Bonyngue et al. (2005) suggest that MCR can provide cost-effective emergency services for psychiatric care.

### Weaknesses

Guo et al. (2001) found that treating a higher number of consumers in the community versus hospitalizing them did not decrease subsequent hospitalizations. Bonyngue et al. (2005) further goes on to discuss in their study that some clinicians felt that site based services was a better option for people in crisis because some consumers need to get out of very stressful environments. Also, most of the research presented in the literature reviews were conducted outside of the United States and were not completed in rural settings.

### Statement of the Issues Associated with Rural and Small Communities

The research presented by Bonyngue et al. (2005), which is discussed throughout this paragraph, noted that Community-based Mobile Crisis Service is used infrequently in rural settings. Also, providing MCR in rural areas brings up other issues regarding geographic distance and burnout among mental health professionals who provide crisis services that has not been readily discussed in current research findings.

### Presentation of Key Findings

A statistical analysis was completed utilizing the SPSS software program. The correlation coefficient (Pearson's r) was used to investigate the relationship between the predictor variable (MCR) and the criterion variables (adult mental health holds and civil commitments). The analysis revealed no statistically significant relationships were found between MCR, adult mental health holds and civil commitments in Jackson and Cottonwood Counties for the 2009 calendar year. Therefore, pictorial graphs were reviewed to observe the frequency of service utilization trends during the 2009 calendar year. According to Graph 1 it appears that as MCR service increased during the calendar year of 2009 in Cottonwood County the rate of emergency holds went down. According to Graph 2 it appears that Jackson County did not utilize MCR services as readily as Cottonwood County during the 2009 calendar year.

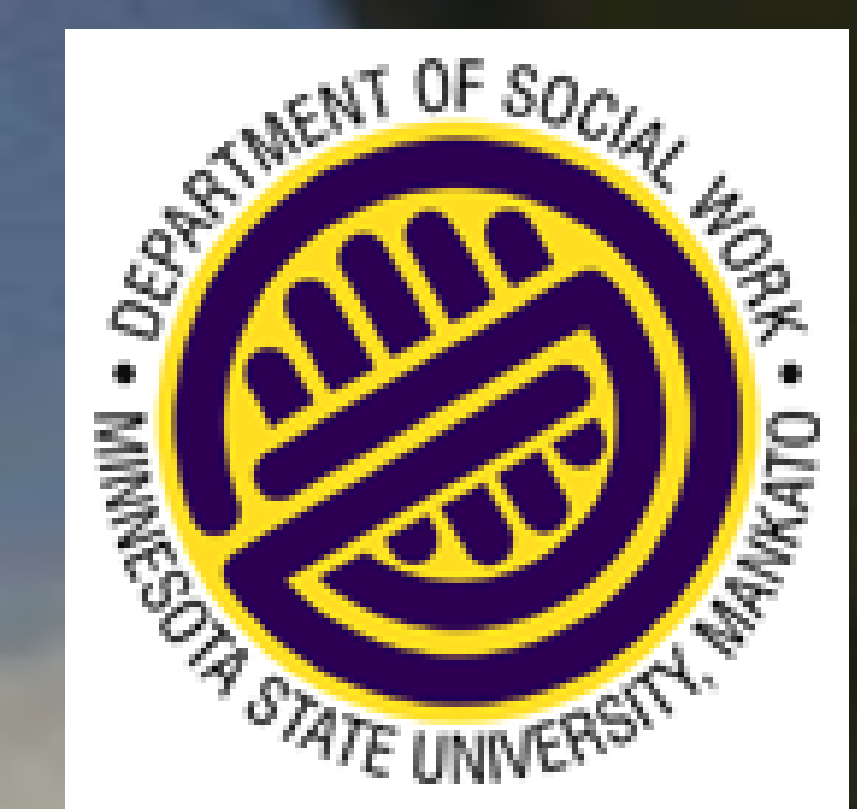
However, when all of the data is compared for the 2009 calendar year, as seen in Graph 3, it appears that overall the frequency of service utilization of MCR steadily increased in both counties while the total number of adult mental health holds steadily decreased. Civil commitments did fluctuate a bit, but overall the frequency appeared low in both counties over the course of the 2009 calendar year.

### References

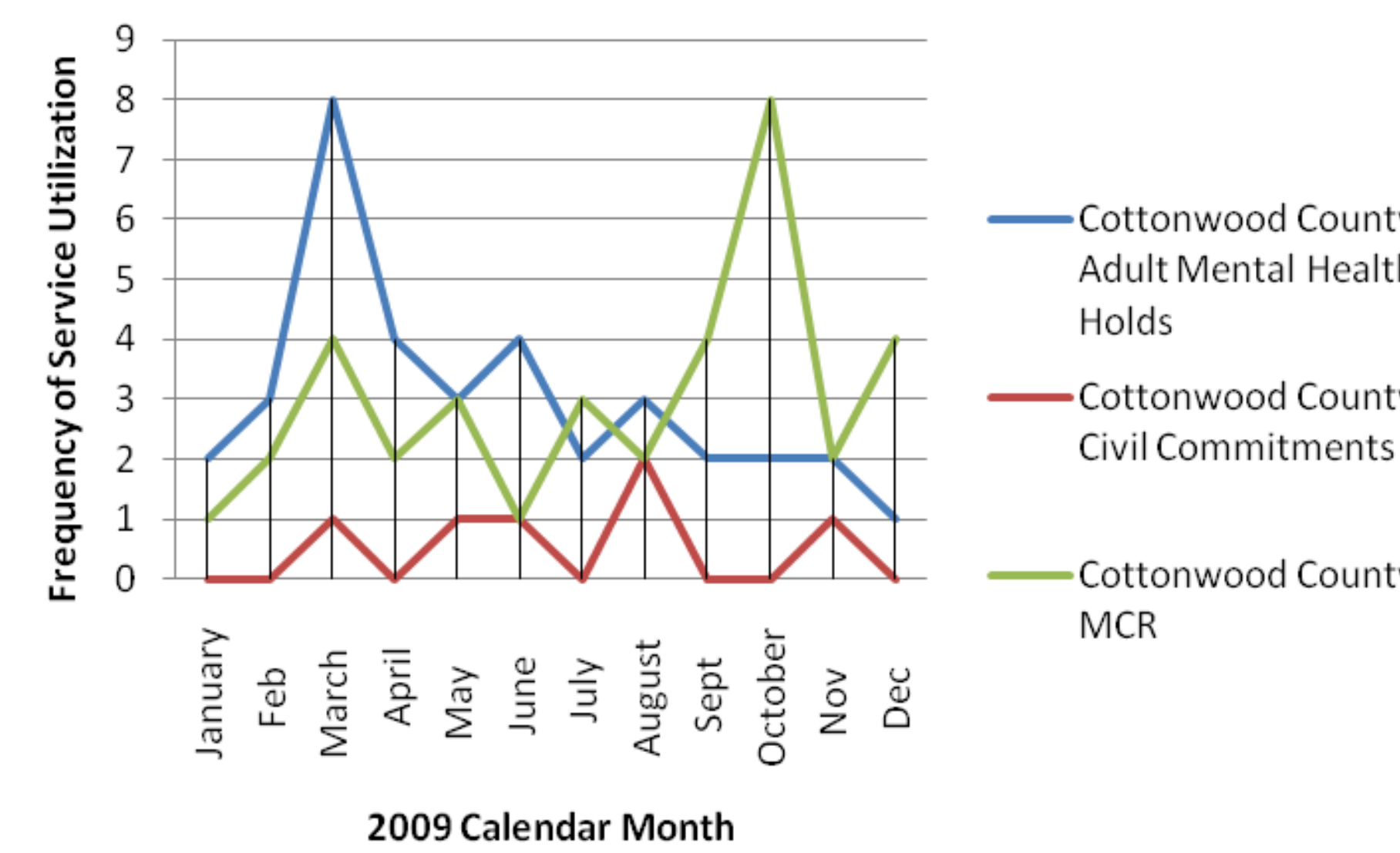
Please request a copy of the Executive Summary from the author.

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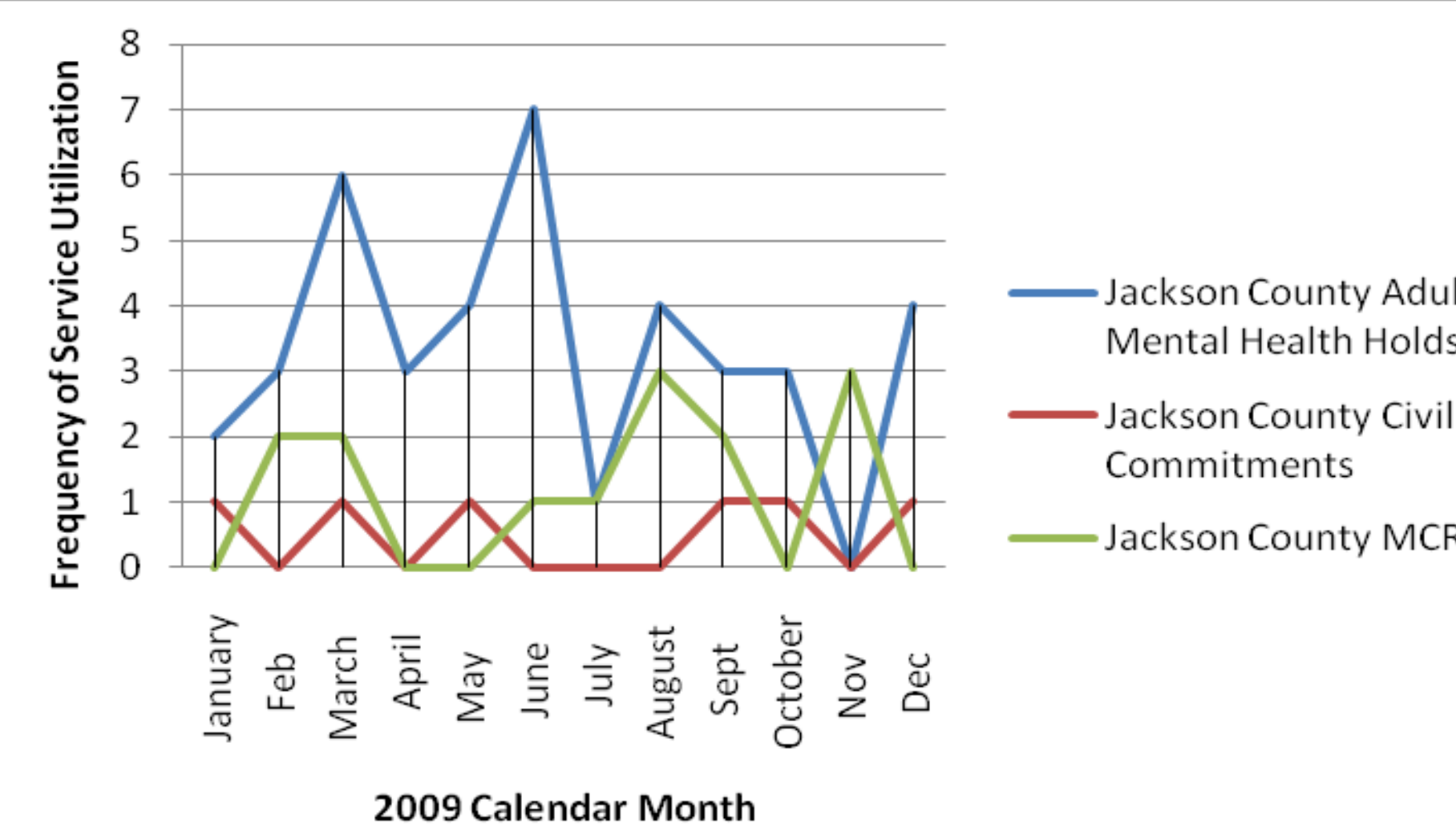
Rebecca A. Zuehlke  
Department of Social Work  
Minnesota State University, Mankato



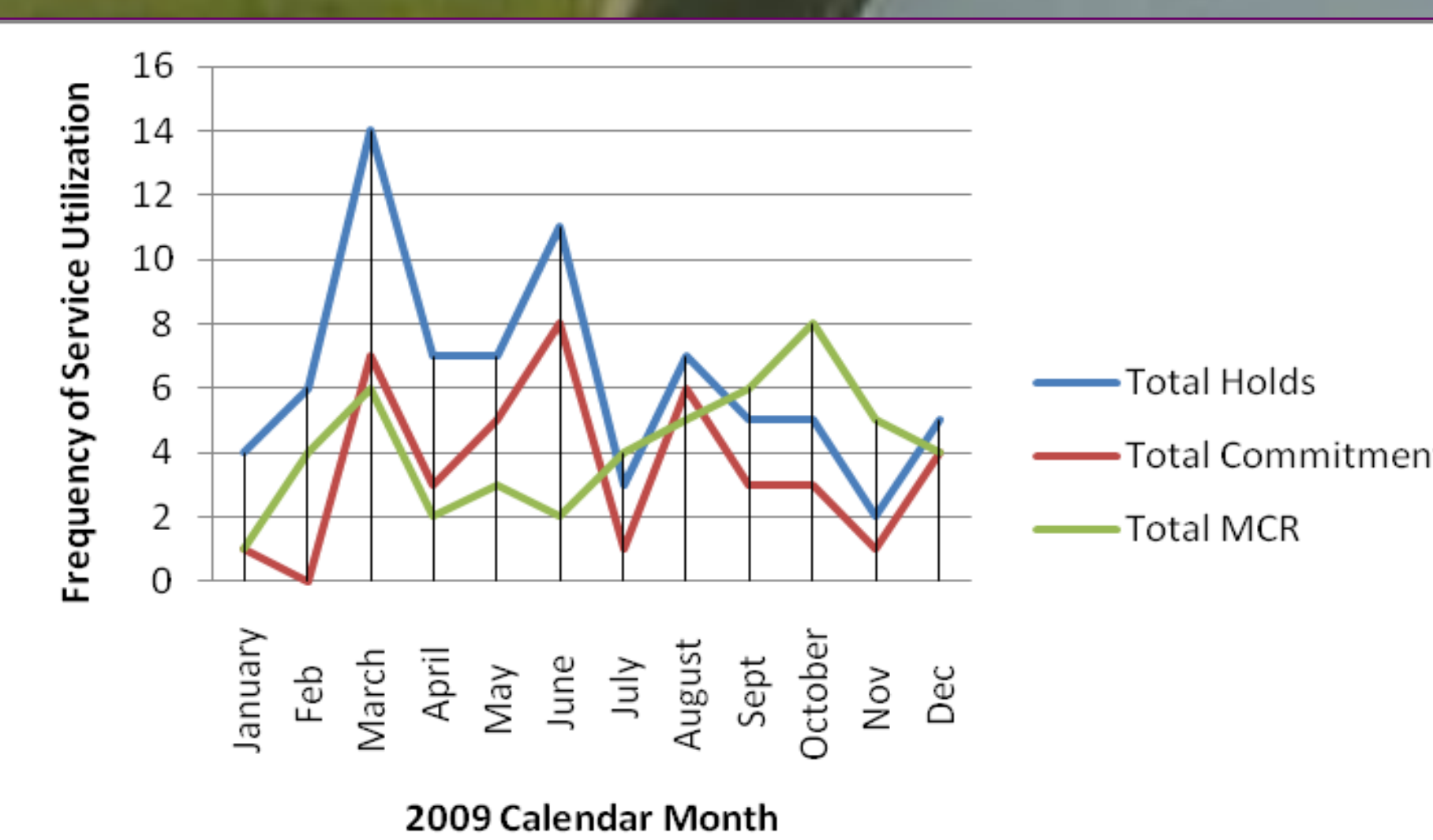
Graph 1: 2009 Cottonwood County Data



Graph 2: 2009 Jackson County Data



Graph 3: 2009 Data Reflecting both Cottonwood and Jackson Counties



### Academic Support

This Capstone Project was created for the Windom and Jackson, Minnesota sites of the Southwestern Mental Health Center (SWMHC). The SWMHC agency field supervisor was Gloria Andreasen, MSW, LICSW; the SOWK 665/675 field liaison was Dr. Michelle Alvarez; and the academic advisor overseeing the social work graduate student developing this research project was Dr. Kimberly Zammitt. Dr. David Beimers also contributed academic support through the SOWK661 1/2 Advanced Social Work Practice Administration course.

Thank you all for your time, shared knowledge, and endless dedication to the future of social work practice.

### Limitations

Due to the exploratory nature of this design there were several limitations in this study. First, the variables utilized are non-comparable which makes relationships difficult to identify and internal validity difficult to protect. Secondly, the 2009 calendar year was the first year that MCR was implemented in Cottonwood and Jackson counties. Also, it is difficult to determine if other external variables affected the frequency of service utilization of MCR, adult mental health holds, and civil commitments. Some things are beyond control of social service programs providing such services as MCR. Lastly, the data collected was pre-existing and was not collected for the primary purposes of this study. The data may have been skewed or collected and documented differently between the three different agencies involved.



### Implications for Social Work: Theory, Policy, and Research

#### Theory

Both the social work systems theory and the empowerment theory drive the basis of MCR. Haynes et al (2002) argues that the reason behind "a higher rate of post crisis community-based mental health services was that there was a conscious and systemic effort to promote and facilitate linkage with community agencies for on-going services". Additionally, parents, guardians, and family members are viewed as allies in service delivery of Mobile Crisis Response Services with children and young adults (Southwestern Mental Health Center, n.d.). Hugo et al (2002) also reports that "home-visiting consumers in their own environment enables them to more accurately assess the strengths and available resources that the consumer can use to deal with their current problem situation" (Hugo et al., 2002, p. 508).

#### Policy

Since this was an exploratory study, any findings from this study should have minimal impact on the SWMHC, including clients, staff, service delivery, and administration. If anything, it may lead to the curiosity and desire to pursue other research endeavors related to the topic. Both Cottonwood County Family Service Agency and Jackson County Human Service Agency have strong financial interest in mental health services within their counties, which may lead to further policy development based on more specific research or policy changes stemming from this project.

#### Research

The benefits of this research project to the SWMHC includes an opportunity to continue this research model in order to further evaluate MCR's impact in the rural communities in which it serves. It is a strong recommendation to continue to monitor and track the secondary data for future analytical purposes. Especially, if MCR plans to be a long standing innovative mental health service promoting less restrictive options provided to the residents of Cottonwood and Jackson counties. It would also be beneficial to review costs of MCR, adult mental health holds, and civil commitments and look at the funding source for each variable in the future.