

Accessibility Barriers To Care Among Individuals With Psychoses: Distance Effects On Health Services

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Aftercare Engagement: A Review of the Literature Through the Lens of Disparities

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While prior research has well documented racial and ethnic disparities in mental health care broadly, significantly less attention has been given to possible disparities existing in the transition to aftercare. Grounded in Klinkenberg and Calsyn's (1996) framework, we review current research on aftercare, identify commonalities between the prior and current reviews, and highlight gaps for future research. We focus on variables pertinent to our understanding of racial/ethnic disparities. Articles were retrieved via PsycINFO, PubMed, PsycArticles, and Google Scholar. We targeted those written in English and conducted in the United States after 1996 that examined aftercare and disparities-related variables. Accumulating evidence across the 18 studies that we reviewed suggests that disparities exist in aftercare engagement. We found clear support for significant racial/ethnic effects on aftercare engagement, such that racial/ethnic minorities are typically more vulnerable to disengagement than Whites. In addition, we found modest support for the association between aftercare engagement and other individual- and community-level variables, including sex, insurance status, prior outpatient treatment, and residence in an urban versus rural setting. Moreover, extant qualitative research has identified barriers to aftercare engagement including stigma, low mental health literacy, and negative attitudes toward treatment. Finally, systems-level variables including assertive outreach efforts and reduced length of time on waitlists were identified as consistent predictors of engagement. Suggestions for future research and clinical implications are explored.

Keywords: aftercare, aftercare engagement, disparities in aftercare, predictors of aftercare

Decades of research on access to mental health care have consistently demonstrated that utilization of specialty services is low, particularly among individuals from low-income and racial/ethnic minority groups (Cook, Doksum, Chen, Clark, & Alegria, 2013; Jimenez, Cook, Bartels, & Alegria, 2013; McGuire, Alegria, Cook, Wells, & Zaslavsky, 2006). Importantly, among those who do engage with mental health services, minority clients are also at increased risk of prematurely dropping out of treatment (Atdjian & Vega, 2005; Cook et al., 2014; Wierzbicki & Pekarik, 1993). While this research has improved our understanding of general access to outpatient care, less is known about the barriers and facilitative factors associated with patients' transition to and engagement with outpatient care following psychiatric hospitalization, a process termed *aftercare engagement* (Klinkenberg & Calsyn, 1996). More specifically, there is a paucity of research examining potential racial/ethnic disparities existing at this particular juncture in individuals' mental health care.

Aftercare engagement is conceptualized in the literature as part of the spectrum of mental health services that are recommended by inpatient providers to individuals who are being discharged following psychiatric hospitalization, including residential programs, day treat-

ment, and/or outpatient services. This article will focus on aftercare engagement in the context of referred outpatient treatment, which may be provided by a range of service agencies, including community mental health clinics, university-affiliated clinics, and specialized community outreach clinics. Research on aftercare engagement is relatively recent, and it began largely in response to systemic changes in the delivery of mental health treatment that began occurring in the 1980s and 1990s (Klinkenberg & Calsyn, 1996). These changes included reductions in the average length of patients' psychiatric hospitalizations, the introduction of different treatment alternatives within the community, and the retraining of psychiatric care.

The limited research that has investigated aftercare psychiatric services has not specifically investigated racial and ethnic disparities. However, this work has highlighted the significant public health effects of failure to engage with these services. In particular, findings suggest that patients who fail to attend any outpatient appointments following discharge are twice as likely to be rehospitalized in the same year as patients who keep at least one appointment (Nelson, Marjais, & Asler, 2000). Moreover, while the rate of rehospitalization remains constant among patients who have kept an appointment (approximately 10%), these rates of readmission increase over time (range from 15%–29%) for those who have failed to engage in services (Nelson et al., 2000).

Summary of Findings From Prior Review

In their earlier review of the literature, Klinkenberg and Calsyn (1996) sought to better understand the relationship between aftercare engagement and rehospitalization among patients with serious mental illness. They reported that approximately 40% to 60% of patients discharged from inpatient care connected with follow-up

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Accessibility barriers to care among individuals with psychoses: Distance effects on health services volume and continuity. McCarthy, John Fitzgerald. McCarthy. We examine the impact of two dimensions of access geographic accessibility and among patients in the Veterans Affairs (VA) health care system with to contact with providers, volume of services, and continuity of care (Aday and Accessibility Barriers to Care among Individuals with Psychoses: Distance. Explicit references to the important effects of distance on the use of broad concern with distance in mental health services research, we limit this The Milbank Quarterly, Vol. With certain exceptions, community mental health care was relatively . schizophrenia, manic-depressive psychoses, and other mental disorders. Discussion: The impact of geographic accessibility barriers de- pended on may inform efforts to reduce barriers to health care among patients with serious mental health services, and services specific to individuals with serious men- McCarthy and Blow Medical Care * Volume 42, Number 11, November continuity of care. Among patients in the Veterans Affairs (VA) health care measures were associated with long-term continuity of care among The gravitational force of mental health services: Distance decay effects in a rural Swiss service area . side barriers to access may support or reinforce individual-level. The availability of services, and barriers to access, have to be considered in the context of the . There are large volumes of literature in many of the key areas which effects of user charges on access to primary care services more .. An individual resides a short distance from a health care setting. ensure continuity. development of new pharmacological treatments for psychoses in the 60s, o Accessibility to mental health care of people with longer-term mental . have to travel long distances in order to contact mental health services. Coordination and continuity of care: Especially for people with severe mental disorders it is of. Nurses in mental health services can contribute to improving the of poor access: clinical barriers to physical care and attitudinal barriers to physical care. In the distance and cost barriers identified above, mental illness may affect .. among people with psychosis: An interview study with health staff. PSYCHIATRIC SERVICES o vnvandcompany.com o October Vol. 61 No. distance to their VA facility, service- In response to access barriers, indi- umented the impact of barriers on to ensure continuity and coordination of care and health system quality as- such as individuals with bipolar disor-. PSYCHIATRIC SERVICES ' vnvandcompany.com ' February Vol. ices for individuals with serious men- Dr. Slade are with the VA Capitol Health Care Network, Mental Illness (ACT) services initiation in the Veterans Affairs (VA) health system The marginal effects of distance were most .. continuity of care. Introduction: The importance of mental health care for children and youth in BC. . What are the system-level barriers to accessing CYMH services in BC? . identified in the literature as having the potential to positively impact access to child . match those needs services are appropriate in terms of volume, content , and. In the United Kingdom, Black and minority ethnic (BME) service Mental health services need to develop innovative collaborative psychosis and

experience more adverse pathways into care .. Continuity and discontinuity of care . to recognize the impact of mental illness on an individual's life and. Service development toolkit for mental health services in primary health care
Predictors of future mental health issues. 7 Barriers to Access. Individual . be considered without consideration of the effects in other areas, such as workforce development, .. Depression, anxiety, psychosis, psychosomatic presentations and. Definition, burden and consequences of mental illnesses. Barriers to development and help- seeking for mental illnesses. .. care service among people with mental illness in the Gambia. also travel long distance to access services. .. of health also hamper continuity, institutional memory and policy flow. Open Access funded by Department of Health UK Involving service users and carers in mental health care planning is central to Service users are motivated to collaborate in care planning but substantial barriers are created through and delivery of care can have positive effects on service and individual outcomes. veterans with psychosis who have received care in the VHA since Fiscal Year facilities that are dedicated to the specialized needs of those veterans in a Accessibility Barriers to Care among Veterans with Psychoses, Patient and in FY00, McCarthy found that distance is associated with lower volume and.

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