

Use of Rapid Assessment Procedures in Mental Health Services Research

Lawrence A. Palinkas, Ph.D.
School of Social Work
University of Southern California

What are Rapid Assessment Procedures?

- Ethnographic methods for quickly gathering social, cultural, and behavioral information relevant to specific health-related problems, services, and prevention programs.

Distinguishing Characteristics of RAP

- Formation of multidisciplinary research team, including a member indigenous to cultural groups of interest.
- Development of materials to train indigenous team members.
- Use of several data collection methods to verify information through triangulation.
- Iterative data collection and analysis to facilitate continuous adjustment.
- Completion of project quickly, usually in 4-6 weeks.

Uses of RAP

- Provide information on values, beliefs and cultural perspectives necessary for designing effective and socially valid health education programs.
- Provide information to develop materials relevant to health promotion and disease control.
- Provides information to make midcourse corrections to improve program effectiveness.

Uses of RAP

- Generate hypotheses to be tested in large scale studies.
- Generate information to design summative program evaluations.
- Collect information on topics that are time-dependent.
- Facilitate community involvement and consensus on potentially effective solutions.

RAP Methods

- Participant observation
- In-depth key informant interviews
- Focus Groups
- Life Histories and Illness narratives
- Collection of archival information

The San Diego School Shootings

A Qualitative Approach to Studying the Causes, Consequences, and Prevention of Youth Violence

Lawrence A. Palinkas, Ph.D.

Erica Prussing, Ph.D., M.P.H.

Vivian Reznik, M.D., M.P.H.

John Landsverk, Ph.D.

The Events

- March 5, 2001
 - Shooting at Santana High School, Santee, California
 - 2 students killed, 13 wounded
 - 15 year-old adolescent male taken into custody
- March 22, 2001
 - Shooting at Granite Hills High School El Cajon, California
 - 5 injured
 - 18 year-old adolescent male taken into custody



Santana High School

March 5, 2001



The Issues

- Why did this happen?
- How did it impact the community?
- Could it have been prevented?
- What can be done to prevent it from happening in the future?

The Challenges

- Previous studies of causes and consequences of school shootings have produced limited results.
 - Delay in study initiation.
 - Small sample size of perpetrators.
 - Failure to consider larger sociocultural context of communities where these events have occurred.

East County Ethnographic Study

- A Collaboration between
 - University of California, San Diego
 - Academic Center of Excellence on Youth Violence Prevention
 - Departments of Family and Preventive Medicine and Pediatrics
 - Children's Hospital, San Diego
 - Child and Adolescent Services Research Center
 - Community Partners
 - Lakeside Teen Advisory Board
 - El Cajon Collaborative

ECES Objectives

- Examine the causes and consequences of the school shootings within the larger sociocultural context of the affected communities, with an emphasis on changes related to youth violence prevention at the individual, family and community levels.

ECES Methods

- Semi-structured interviews with 85 community residents.
 - Interview guide developed in collaboration with community partners.
 - Parents, students, teachers, service providers identified through maximum variation sampling.
 - Key informants.
 - Coding Consensus, Co-occurrence and Comparison (Willms et al, 1992) using NVivo software.

ECES Methods

- Participant observation
 - Focus groups
 - Community meetings
 - School board meetings
- Collection and review of documents related to events.
 - Newspaper accounts
 - Lessons Commission Report
 - Other committee, agency reports

ECES Methods

Analysis

- Template analysis of reports of impacts that mirror DSM-IV Criteria B, C and D for PTSD (Crabtree & Miller, 1992).
- Content analysis based on grounded theory (Glaser & Strauss, 1967).

ECES Results

- Individuals, families and communities experienced symptoms of posttraumatic distress
 - Re-experiencing the events
 - Rumors of additional violence
 - Threats
 - Hoaxes
 - Avoidance
 - Negative perception of media
 - Attitudes toward memorials
 - Belief that such events cannot be prevented
 - Arousal
 - Anger directed at school district
 - Hyper-vigilance
 - Anxiety

Table 1. Percentage of respondents (n=85) reporting traumatic symptoms after East san Diego County school shootings, 2001

	Personal		Community-wide	
	N	%	N	%
Total Intrusion	7	8.2	45	52.9
Intense psychological distress at exposure to cues	6	7.1	41	48.2
Total Avoidance	4	4.7	38	44.7
Efforts to avoid thoughts, feelings, conversations	1	1.2	18	21.2
Total Arousal	8	9.4	26	30.6
Anger/irritability/conflict	5	5.9	16	18.8
Total Other symptoms	3	3.5	23	27.1
Fear/anxiety	2	2.4	19	22.4
Depression/sadness	1	1.2	4	4.7

ECES Results

- Respondents more likely to give second or third-hand accounts of experiences of others or general descriptions of experiences of community.
 - Illustrates sociocultural context of individual experiences of trauma.
 - Stigma and self-disclosure
 - Symptom expression
 - Individual cases of PTSD may underrepresent extent of community trauma.
 - Traumatized communities unable to support individuals meeting criteria for PTSD.

ECES Results

- Why did this happen?
 - Four levels of causality
 - Individual
 - Seeking attention and visibility
 - Isolation
 - Revenge for being bullied
 - Family
 - Lack of supervision in single parent households.
 - Lack of communication between parents and children.
 - History of mental illness.
 - Child abuse
 - Domestic violence
 - Drug abuse

ECES Results

- Why did this happen?
 - Four levels of causality
 - Community
 - Ineffective school environment
 - Lack of services
 - Size
 - Availability of drugs
 - Access to guns
 - Atmosphere of violence
 - Bullying
 - Racial intolerance
 - Society
 - Media
 - Movies
 - Television
 - Music
 - Video games
 - Lack of morals
 - Value of children

ECES Results

- Could it have been prevented?
 - Community consensus is that both shootings could have been prevented.
 - Hoffman was perceived to have been identified by the school system as at-risk student.
 - School district must accept responsibility.
 - Williams communicated his intentions to others.
 - Peers and adults must accept responsibility.

ECES Results

- What can be done to prevent such events from occurring?
 - Youth violence in general cannot be prevented. (61.1%)
 - Violence is part of our culture.
 - Lack of support for prevention programs.
 - Students reluctant to participate.
 - Lack of confidence in counseling and mental health services.
 - Lack of financial support for services.
 - Lack of coordination of services.
 - Metal detectors impractical.
 - Violation of individual freedom.

ECES Results

- What can be done to prevent such events from occurring?
 - Violence can be prevented. (81.9%)
 - Taking responsibility for recognizing and responding to problem behavior (54.2%).
 - Programs targeting teen behavior (43.1%)
 - Greater social connectedness (29.2%)
 - Increased security (16.7%)
 - Police
 - Metal detectors

ECES Results

- Most people (40 of 72 or 56%) held both positive and negative opinions as to whether school shootings could be prevented.

ECES Conclusions

- Community perceptions of causes and consequences of school violence lie on a continuum of consensus.
 - Students, parents, teachers, and service providers share some perceptions and differ in others.

ECES Conclusions

- Prevention efforts are more likely to be effective when directed toward high levels of community consensus.
 - Programs that target increased responsibility for recognizing and responding to problem behaviors are most likely to be adopted by the community, followed by programs that target teen behavior (e.g., anger management).
 - Programs that target increased security on campus have least amount of community confidence.

ECES Conclusions

- Biggest challenge is overcoming belief that such events cannot be prevented.
 - This requires interventions that change community's Cultural Explanatory Model of youth violence and prevention.

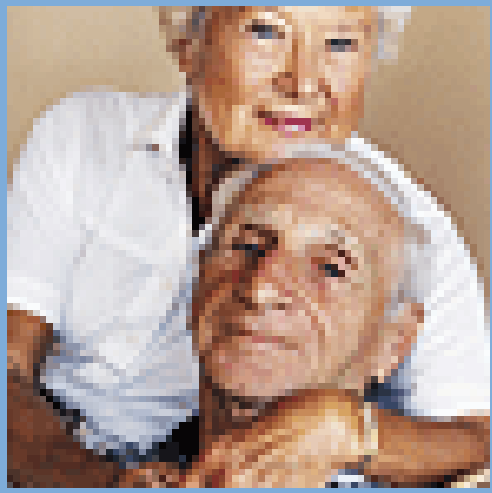
OLDER ADULT SYSTEM OF CARE

A Qualitative Assessment of the Need for Mental Health Services among Older Adults in San Diego County



Lawrence A. Palinkas, Ph.D.
School of Social Work
University of Southern California
Department of Family and Preventive Medicine
University of California, San Diego

Problem



- Lack of information on the mental health needs of older adults living in San Diego County.
- Large scale, representative survey approach to needs assessment is expensive and requires a long time to conduct.
- Policy initiatives like Proposition 63 dictate rapid collection and analysis of data for program planning purposes.

Objectives



- To determine the following:
 - What needs are currently not being addressed by existing services?
 - What services are necessary to address these needs?
 - How much consensus is there among the three groups of stakeholders with respect to the problems and solutions of mental health service delivery?

Research Team

■ Personnel

- Lawrence A. Palinkas, UCSD/USC
- Ashwin Budden, UCSD
- Viviana Criado, AOAMHS
- David Folsom, UCSD
- Dahlia Fuentes, UCSD/AOAMHS
- Beth Green, UCSD/AOAMHS
- Hans Milian, AOAMHS
- Dena Plemmons, CHSD
- Sally Shepherd, NAMI
- Margarita Villagrana, USC

■ Disciplines

- Anthropology, Family Medicine, Nursing, Psychiatry, Public Health, Social Work

■ Collaborators

- Consumers, family members/advocates, and service providers

Methods

- Semi-structured interviews with 58 “key informants” representing 3 stakeholder groups from each of the 5 San Diego County CMH regions
 - Health care and social service providers (n=23)
 - Patients and other older adults (n=16)
 - Family members/patient advocates (n=19)



Methods

■ Semi-Structured Interviews

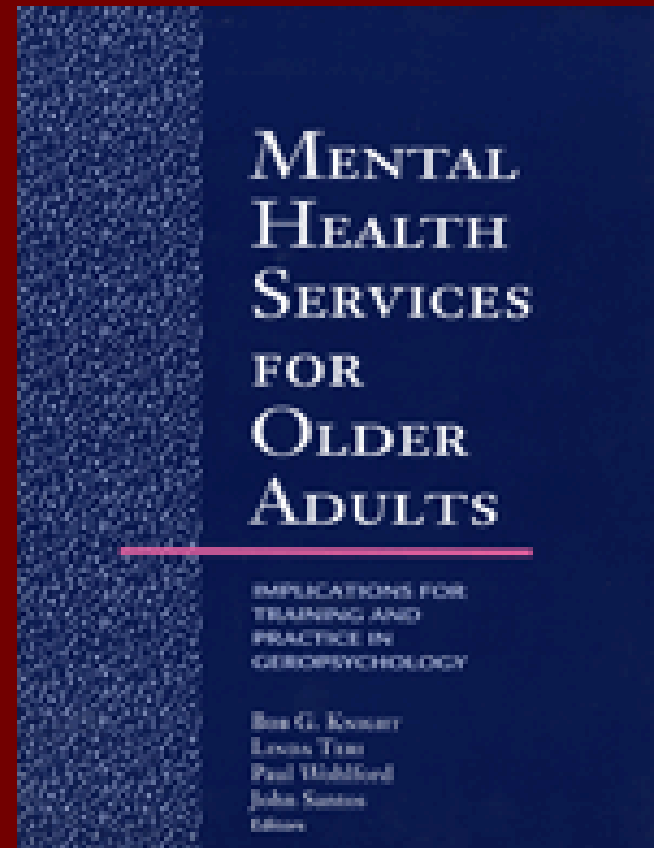
– Topics

- For those currently involved in the system, tell us about your experience with the mental health service system in San Diego County.
- From your perspective, what are the most important needs of older adults living in San Diego County?
- Are these needs being met?
- If they are not being met, why not?
- Have you any suggestions as to how those needs could be met?

Methods

■ Focus Groups

- Objective
 - To validate and expand upon data obtained from semi-structured interviews through triangulation.
- Participants
 - One focus group per stakeholder group per region (n=15)
 - Service providers (n=18)
 - Consumers (n=50)
 - Family members/patient advocates (n=39)



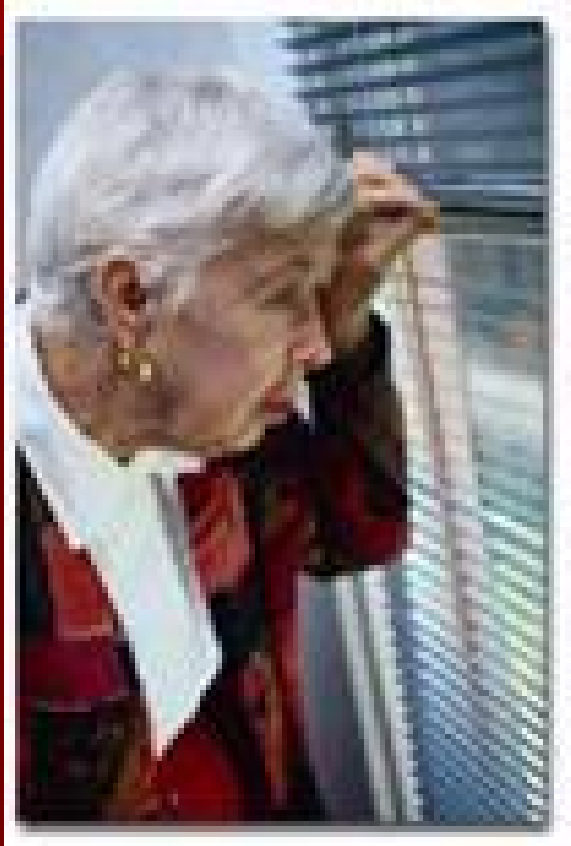
Methods

■ Focus Groups

– Discussion Guide

- Presentation of summary from semi-structured interviews
- Do you agree with these findings?
- Are they relevant to your experience?
- Any issues that should be addressed in greater detail?
- Any recommendations for improved delivery of services based on these findings?

Methods



- Data Analysis
 - Coding of interview transcripts
 - Creation of stakeholder templates
 - Comparison of stakeholder templates

Percentage of Semi-Structured Interviews Citing a Specific Unmet Need

- Mental health services
 - Access 80.7%
 - Utilization 61.4%
 - Quality 47.4%
- Predisposing and preventive factors
 - Socialization and social support 71.9%
 - Transportation 63.8%
 - Physical health 44.8%
 - Housing 44.8%
 - Financial assistance 20.7%
 - Legal assistance 14.0%
 - Other: Caregiver support 5.0%

Access to Mental Health Services

Unmet needs

- Age-appropriate and culturally-appropriate services
 - Elimination of language and cultural barriers
 - Information on which services are available and how to use them
-
- *“And for people who are in that older adult population, there tends to be a lot of obstacles, if you will, in their way. In terms of mental health services... we have had a tendency to focus more on the youth and younger adult and some of the adult than we have on the older adult” – advocate*
 - *“We need to educate providers to learn the language. Although there are doctors that speak the language [Spanish], but to find them [is difficult].” - advocate*
 - *“Well, I happen to be focusing on the African American community, because that’s where I live. And whatever is available isn’t known. This is the first thing you would do is to educate people about what services are available.” – consumer*

Access to Mental Health Services

Unmet needs

- Greater coordination of mental health, physical health and social services
 - Insurance to pay for service
 - Payment for services by HMOs and health plans
 - Affordable medications
-
- *"I think that one thing we have a deficit of is coordination. We... really need to work closer with mental health and have some kind of commission or council that looks at the senior in total, looks at the mental health of the senior, looks at the physical health of the senior, looks at transportation, the housing, social activities, services to seniors... Right now I think we're a little fragmented." – provider*
 - *"What I see is that people do not go to the clinics because of the expense and the families do not have the means to pay for it." – advocate*
 - *"I've had to tell my doctor that I cannot pay for three or four medications." –consumer*

Access to Mental Health Services

Unmet needs

- Available transportation to services
 - Reducing isolation of older adults
 - Access to mental health services through primary care due to lack of time and training and preconceptions of aging and mental illness
 - Specialty mental health services for older adults in general, and specific segments of the older adult community
-
- *"We don't have enough specialty mental health services, and that would be mental health services for the older population." – provider*
 - *"Qualified personnel are lacking in the offices. They do not give appropriate treatment to the client." - consumer*

Use of Mental Health Services

Unmet needs

- Elimination of stigma attached to mental illness in older adults
 - Reduction of perceived risk associated with using services (loss of independence and homes)
 - Culturally competent services
 - Providers who understand what it means to grow old
-
- *"The word clinic itself scares them, especially if it's mental, because then they say 'no quiero que me digan loco' (I do not wish to be called crazy)." – advocate*
 - *"And then I think other attitudes are also, well, 'there's mostly young people working in those places, what can they know about my problems?' Or there are cultural barriers, you know, if it's a Latino population or Vietnamese population, then, there are cultural barriers: 'Oh, we take care of those things in a family. We don't go to some agency to talk about our family problems'." – provider*

Quality of Mental Health Services

Unmet needs

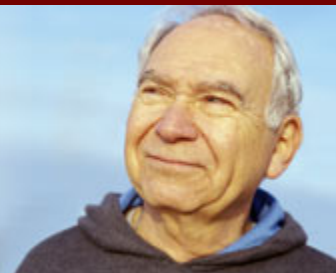
- Understanding of the needs of older adults by primary care physicians
 - Elimination of ageism among providers
 - Sufficient numbers of qualified geriatricians
 - Sufficient time for visits by older adults
-
- *“There needs to be a bilingual staff that speaks to you in Spanish. What they want right now is for you to speak English.” – consumer*
 - *“We’ve tried to fit seniors into systems that were designed for folks between 20 and 60 [years old]. And I don’t think it’s always a good fit.” – provider*
 - *“And then the people have a lack of understanding of the needs of older adults, and assisted services are not age appropriate. I heard that there is some young people there, but what is it for you if you don’t feel comfortable, right?” – consumer*

Quality of Mental Health Services

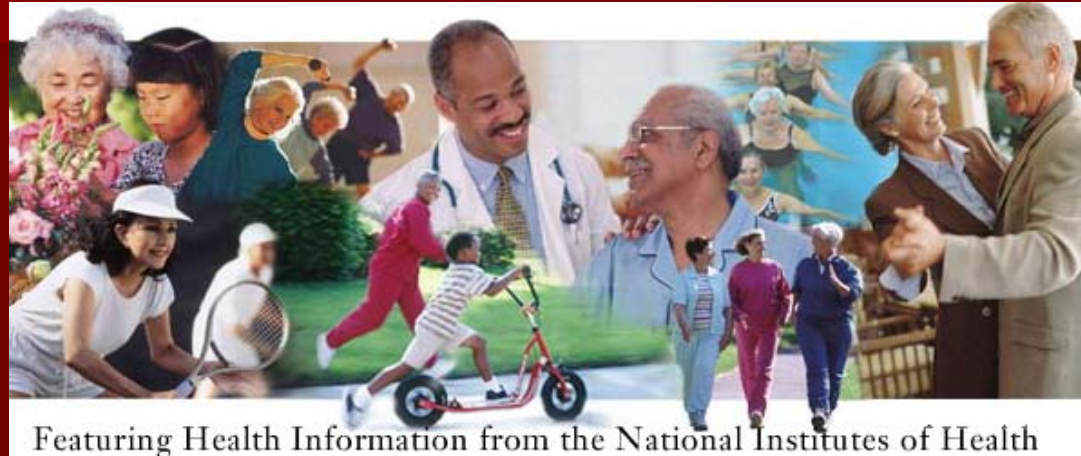
Unmet needs

- Culturally competent services
- Age-appropriate services
- In-depth evaluation of the mental health status of older adults in need of services
- Evidence-based services

Find a Geriatric Psychiatrist



Stakeholder Consensus



- All three stakeholder groups exhibited similar levels of consensus when discussing unmet needs for older adults.
- However, these were notable differences among groups as well.

Specific Unmet Need	Cited in % interviews (n=58)	Stakeholder Group Consensus		
		Providers	Caregivers	Consumers
Age- and culturally-appropriate services	32.8	+	++	++
Information on available services	27.6	+	++	++
Age-appropriate substance abuse treatment and prevention programs	44.8	+++	+	+
Provider understanding of needs of older adults	13.8		+	++
Elimination of ageism among providers	31.0		++	++
Sufficient time for visits by older adults	6.9		+	++
Education in evidence-based practices	6.9	+		
Expand training in geriatric medicine	5.2	+		
Age-appropriate health promotion and disease prevention programs	3.4	+		
Respect for older adult patients	8.6		+	+
Support from family	12.1	+		+
Prevention of elder abuse/neglect	6.9	+		+

+: cited by 1-33%, ++: cited by 34-66%, +++: cited by 67-100% of participants.

Stakeholder Consensus

- These differences reflect different perspectives gained from their respective roles in the use and delivery of mental health services.
 - Evidence-based services.
 - Age or culturally appropriate services.
 - Support from family.
- While each of these perspectives are important in understanding the complete picture of mental health services delivery, they also illustrate the complex nature of the delivery of such services.

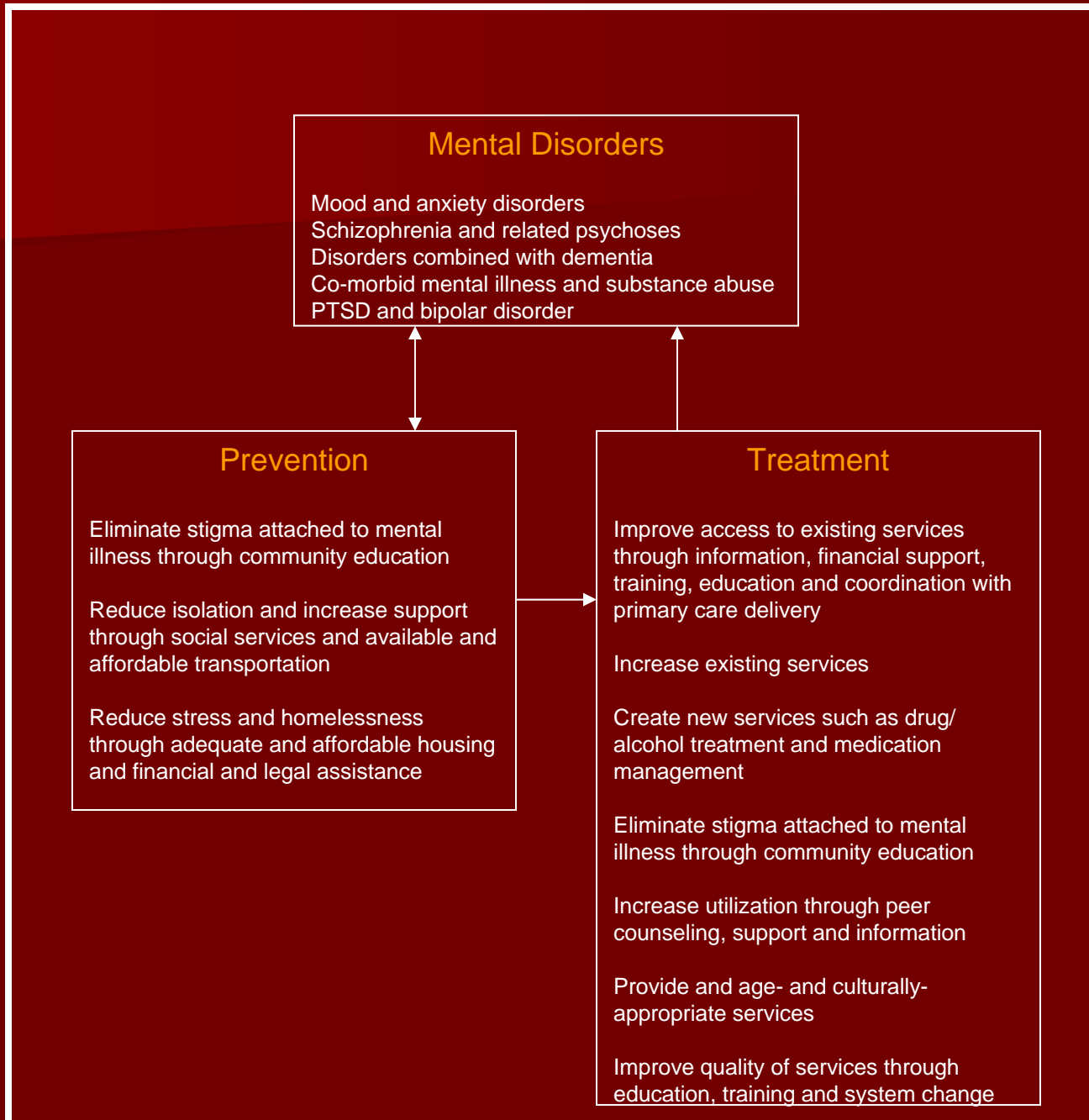


Cross-cutting Issues

- Age appropriate and culturally appropriate services
 - Lack of such services viewed as a barrier to access, utilization and quality/effectiveness of mental health services.
- Unmet needs as cause and consequence of mental illness
 - Many of the unmet needs were those that appeared to both increase the risk of mental illness and affect access to services.



Heuristic Model of Unmet Need for Mental Health Services



Conclusion

- Those solutions that address both prevention and treatment are the ones that are most likely to represent cost effective approaches to addressing the challenges of mental illness and the most likely to be endorsed by all three groups of stakeholders.

