PLANNING FOR MENTAL HEALTH SERVICES

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ABSTRACT: This article outlines the model used to develop and analyze the data needed for the mental health component of a health system plan, required under Public Law 93-641. The model includes a review of existing utilization patterns, an assessment of community levels of risk, and the forecasting of the need for mental health services.

Community mental health services in Ohio are under the aegis of county mental health and mental retardation boards. These boards are basically responsible for the review, evaluation, coordination, planning, and funding of services provided by local agencies.

In 1977, the Lucas County Mental Health and Mental Retardation Board and a previously designated Health Systems Agency agreed to develop mutually the mental health component of the health system plan (H.S.P.) to be submitted to the Department of Health, Education, and Welfare (H.E.W.). A health system plan is required by H.E.W. before final designation as a Health System Agency (Glossary of Health Planning Terms 1977; MCHP 1977). Both agencies agreed on a planning process that included the establishment of a joint committee of the Health System Agency and the County Mental Health Board. This committee was comprised of lay people representing both agencies as well as provider and consumer interests, and it was staffed by a professional from each agency.

A MODEL

To provide a theoretical and practical basis for beginning the planning process and the actual data collection, a planning model was developed. It contained the five components detailed below.
1. **Demand.** The emphasis was on analyzing utilization data to determine client characteristics and distribution of existing cases by census tract. The generation of an aggregate picture of the sociodemographics of the total system was the goal.

2. **Occurrence.** A survey instrument was administered to a random sample of the adult population of the county to determine the latent need for service. The instrument generated specific data that were used to project possible risk groups.

3. **Risk Forecast.** Risk indicators were isolated from the needs assessment instrument and then used to develop a model for forecasting future consumer needs for services. The model was used to project actual numbers of people who, by 1982, would require some type of mental health service.

4. **External Forecast.** Social, political, and economic issues as well as movements and changes were explored as to their potential impact on need, demand, and population trends.

5. **Priority.** The last task was the analysis of the information generated from the preceding components and the development and prioritization of goals and objectives.

The model provided the parameters for data collection and guided the planning staff in a consistent collection/analysis process. For this discussion, the components are compartmentalized and follow in an orderly fashion. In actual practice, the generation of data, return of surveys, analysis, etc., was an ongoing process within each component. The utilization datum for the private hospitals, for example, was one of the last items to become available to the committee. Although its review fell within the demand component, work on the other components had proceeded. New data were continually becoming available, but the model was flexible enough to allow new input and subsequent modifications.

**DATA COLLECTION**

The data collection was handled by specifically assigned staff, and there was an attempt to keep this process separate from the actual data analysis and plan development. There were three simultaneous collection processes: (1) data on client/patient-related items such as residence, age, and diagnosis of individuals served by the mental health network; (2) statements on needs, priorities, and gaps in service from all private agencies and practitioners and from key community people in policy setting and/or influencing capacities; and (3) community wide perceptions of needs and services generated from a countywide survey. The process, problems, and challenges of each of these three collection processes will now be discussed in detail.