Collaboration Between a State Alliance for the Mentally Ill and a State Mental Health Authority in Monitoring the Consequences of Downsizing

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Abstract

As consumers are released from hospitalization as a result of the downsizing of inpatient psychiatric facilities, their ability to sustain themselves in the community becomes a concern to a number of constituencies. This article describes the development of a program for monitoring persons who were released from hospitals into the community as a result of the downsizing of state psychiatric hospitals. The program's uniqueness was the collaboration between the state mental health authority and the state Alliance for the Mentally Ill in developing and implementing the monitoring system.

The perspectives of mental health consumers and families and their experiences are becoming increasingly important as the locus of treatment moves from the hospital to the community. There is growing interest in researching families and in new programs providing collaborative working relationships between families and mental health professionals. For example, Intagliata, Willer, and Egri describe the importance of the monitoring function families can fill in the role of case managers. There is also an increasing emphasis on consumer involvement in evaluation projects.

The Alliance for the Mentally Ill (AMI) is active in advocating, monitoring, and influencing programs and policies for people with mental illness. Its perspectives on a variety of topics are well documented. In the area of monitoring, there is a description of AMI's involvement in the oversight of conditions in a psychiatric hospital, but little documentation is available about AMI's monitoring activities in community settings.

In 1992, the Missouri Coalition of Alliances for the Mentally Ill (MOCAMI) designed a program to monitor persons with serious mental illness released from Missouri state psychiatric facilities. The program was developed to ensure patient safety and to monitor physical and mental well-being. This article describes an attempt to use family members and consumers to monitor individuals displaced from state psychiatric facilities as a result of downsizing.

Background

Budget cuts in October 1991 resulted in dramatic reductions in the size of the Missouri Department of Mental Health (DMH) psychiatric inpatient facilities. Missouri’s public mental health
MOCAMI members and others believed appropriate community supports might not be available to these clients. For example, although supported housing was available to clients in the rural area of the state, this option was relatively new and untested at the time. Taking its concerns to the Missouri DMH, MOCAMI received a grant from that agency to develop and implement a monitoring program for persons released to community-based residential programs as a result of state hospital downsizing.

A well-organized statewide system with local AMI chapters, MOCAMI has a history of successful monitoring of clients receiving inpatient care in state hospitals and could ensure that monitoring would be conducted in a thorough and meaningful way in each region of the state where downsizing occurred. The DMH funded the project and provided technical assistance in the design of the program, including development of an instrument and monitoring procedures. MOCAMI used funding to defray administrative costs associated with monitoring activities and travel expenses of the monitors. Priorities for the DMH portion of the project were identified by DMH central office administrators before the technical assistance portion of the project began.

Program Goals

The program had four goals to ensure the well-being of clients released due to downsizing: (1) to develop a system that provided data to the DMH about quality-of-living conditions, (2) to enhance an existing critical incident reporting system, (3) to create a mechanism for continuing dialogue among various parts of local AMI chapters and regional DMH staff concerning the improvement of living situations for clients, and (4) to provide information that would assist in the formation of a quality-of-life instrument. MOCAMI provided the DMH with direct, independent information regarding the quality of the living environment where clients had been placed or had chosen to live since being released to the community. The existing DMH critical incident reporting system was used to provide action for situations requiring immediate attention. In addition, the program created a reporting chain for MOCAMI monitors that used existing DMH regional functions and promoted constructive discussion among various parts of the mental health community and local AMIs. Finally, a quality-of-life instrument would be developed that would be suitable for monitoring clients who had been displaced as a result of downsizing.

Difference in Focus

Despite agreeing on program goals, the DMH and MOCAMI had different ways of approaching these goals. They differed in terms of what they wished to learn from the monitoring and the methods they wished to employ. Identification of the conceptual issues was guided by the kinds of data each group needed to inform its various stakeholders. Although many of these stakeholders were common between the two, both groups needed different information to address the different foci. Because downsizing evokes concern at legislative and community levels, issues such as client safety and client ability to integrate into the community were important. DMH interests concerned three dimensions: environment, client, and social interaction. Environmental factors included the state of the internal residence (e.g., clean, comfortable, and odors), the state of the external residence (e.g.,