Evaluation of Barriers to Outpatient Psychiatric Treatment.

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Introduction
- Alcohol and substance abuse is a problem that is related to both mental health and medical issues.
- Compliance to treatment can help with improving treatment outcomes.
- Clients with co-occurring illicit substance use are more at risk for not completing treatment.

Background/ Needs Assessment
- Problems associated with alcohol and substance abuse:
  - Stroke
  - Abnormal arrhythmias
  - Cirrhosis
  - Hepatitis
  - HIV (due to needle sharing)
- National Level:
  - 24.6 million Americans ages 12 and older reported illicit drug use within the previous three months of being asked
- New Jersey Department of Human Services – 89,629 substance treatment admissions in 2018 in the state of New Jersey.
- On a county level, Essex reported the highest admissions to substance use treatment programs.
  - 8409 Admissions in 2018
  - Primary substances:
    - heroin (44%)
    - alcohol (24%)
    - marijuana (18%)
    - cocaine (6%)
    - other opiates (4%)
    - other drugs (3%)

Aims and Objectives
- The aim of this project is to retain clients with alcohol/illicit substance use in completing their outpatient treatment and improving their overall well-being.
- Objectives:
  1. Complete a 250-chart review to evaluate retention rates and any reported barriers to treatment.
  2. Complete a structured interview of 25 clients to evaluate perceived barriers to treatment.
  3. Develop a list of recommendations based on the chart review and client interviews to improve outpatient treatment completion.

Clinical Question
What recommendations to outpatient treatment (I) can help increase retention rates (O) for clients who identify as using alcohol and/or illicit substances (P)?

Methods
- Design: Mixed
- Setting: Outpatient Psychiatric Clinic in an urban city in New Jersey
- Inclusion Criteria: Chart Review
  - Clients older than 18 years old with Basis 24 score >0 on the alcohol/substance abuse subsection.
- Inclusion Criteria: Structured Interview:
  - Clients older than 18 years old with Basis 24 score >0 on the alcohol/substance abuse subsection.
  - English speaking
- Intervention: Chart Review
  - Identify demographics and admitting diagnoses
  - Identify if client completed treatment
  - Identify barriers for anyone not completing treatment
- Intervention: Structured Interview
  - Identify demographics
  - Identify reported barriers to attending treatment
- Intervention: Recommendations
  - Identify viable recommendations to improve outpatient retention.

Limitations
- Dunkin Donuts $5 Gift Card
- First round of interviews
  - Only 5 participants
- The Dunkin Donuts gift card was raised from $5 to $15.
- 15 additional Participants
- Primary ethnicity was Black/African American so limited data on other ethnic backgrounds.

Results/Summary of Findings
- Identified areas as barriers to treatment:
  - Transportation/Commute
  - Scheduling conflicts
  - Stigma to Treatment
  - Depressed mood limiting motivation to attend treatment
  - Demographics did not play a statistically significant role in the research.
  - Linear regression Model Comparing Age/Education with completion of program.
    - Age: c=-0.003381/P-value:0.174
    - Education: c=-0.000924/P-value:0.522
  - Positive coefficient=positive correlation between completion of program and age
  - Negative Coefficient=Negative correlation between Basis 24 score and noted barrier.
  - No statistical significance
  - Linear Regression comparing Transport/Financial/Treatment team with Basis 24 scores
    - Transport: c=-0.577/P-value:0.356
    - Financial: c=-0.256/P-value:0.688
    - Treatment Team: c=-0.1119/P-value:0.862
    - c=coefficient
  - Negative Coefficient=Negative correlation between Basis 24 score and noted barrier.
  - No statistical significance
  - ANOVA test comparing Basis 24 Scores and completion of program-No statistical significance
    - Basis 24 of completed: 1.885/Variance 0.7104
    - Basis 24 of note completed: 1.735/Variance 0.715
  - P-value: 0.191 not significant

Implications/Recommendations
- Implications for Clinical Practice:
  - Depressed mood:
    - Use the PHQ-9 to identify clients who are at risk for not attending treatment due to elevated depressed mood
    - Provide additional support on an ongoing basis.
  - Include a questionnaire during the admission process.
    - “Did you ever have to stop going to treatment abruptly before completing it in the past?”
    - “What were the reasons for stopping treatment in the past?”
- Implications for Healthcare Policy:
  - Transportation:
    - Use current staff or hire a new staff to connect clients with appropriate transport services such as Lyft/Uber.
  - Scheduling:
    - Adjust staff hours to accommodate a broader spectrum of hours for patients.
    - Create a visual template displaying the members of the client’s treatment team so the client is aware of who is participating and what the roles of each person is.
- Implications for Education:
  - Stigma:
    - Assess staff stigma towards clients and provide necessary education.
  - Provide annual staff education to address stigma and verbal/nonverbal/ microaggression communication

Conclusions
- This project identified barriers to attending outpatient treatment.
- Current clinical practice should be re-evaluated.
  - Areas regarding transportation should be changed.
  - Providing tools and education to increase the patient centered approach should be addressed.

For Further Information
- Please contact Clarence.Gocon@nj.gov or contact Rutgers University School of Nursing Stanley S. Bergen Building (SSB)
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References