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DEPARTMENT OF MENTAL HEALTH

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CHANGES IN THE PROPORTION OF SEVERELY ILL PSYCHIATRIC PATIENTS IN LOS ANGELES COUNTY MENTAL HEALTH PROGRAMS 1978-1981

By

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ABSTRACT

In order to assess adherence to the Department of Mental Health's policy of redirecting resources to serving the severely and chronically mentally ill, the amount of services delivered in fiscal years 1978 and 1981 were compared. Two indicators of severity of illness, diagnosis (psychotic vs. all other) and Global Assessment Scale scores, were employed.

In the County as a whole the proportion of units of service for adults diagnosed as psychotic increased by 16%, although the percentage of cases discharged for this group rose only 6%. Inpatient services, the modality designed to serve primarily the severely ill, showed significant increases in the percentage of both units of service and cases for psychotic adults. On the other hand, the largest modality, outpatient services, showed a sizeable increase in the proportion of units of service to psychotic adults but little increase in the percentage of cases. In general when GAS was used as an indicator of severity of illness, increases in the proportion of services to the severely ill were not as large as when diagnosis was employed as the measure. The data for juveniles followed a pattern similar to that for adults although the proportion of severely ill was substantially lower.

A factor contributing to the slow rate of growth in the proportion of severely ill cases is the obligation outpatient services are under to provide assessment and screening to anyone, while focusing treatment on the chronically and severely ill. Outpatient services accounted for approximately three-quarters of all adults and 90% of all juveniles and served the smallest proportion of psychotics of all the service modalities in both 1978 and 1981. But the true number of severely ill patients may have been underestimated. Chronic patients may be carried for long periods of time on outpatient caseloads and therefore would not be represented in discharge data in the same proportion as they are served in actuality. Thus the policy of redirecting resources to serving the severely and chronically ill has been implemented, but due to a reliance on discharge data for evidence, the full extent to which policy has been carried out may not have been shown.

INTRODUCTION

When the Department of Mental Health was established on August 11, 1978 as a separate entity from the Department of Health Services, a policy was almost immediately formulated to increase services to the severely and chronically mentally ill. The implementation of this policy was made more difficult because it was in an era of diminishing funds. The State General Fund dollars used for mental health services to Los Angeles County residents dropped 26% (adjusted for cost of living) from 1978 to 1981.(1) New emphases and new programs could be added only by redirecting decreasing resources.

In order to assess whether or not the departmental policy has been successful in redirecting resources, the proportion of services delivered to the severely mentally ill in fiscal years 1978 and 1981 are compared in this report. Two indicators of severity of illness were chosen for this purpose, diagnosis at discharge and Global Assessment Scale (GAS) score at admission. Clients were categorized into two groups based on diagnosis, psychotic and all other diagnoses. Two categories were formed on the basis of GAS score, those with a score of one to 30 (the severely impaired) and those with a score of 31-99 (the less severely impaired). The cut-off point of 30 was selected because it was the mean GAS score at entry for inpatients at local hospitals in the Los Angeles County Short-Doyle system in 1981. Twelve percent of the cases, on the average, were excluded from Tables 1-3 due to missing data on diagnosis or GAS. These are assumed to be non-systematic omissions which do not seriously bias the findings on the proportion of severely ill.

Two measures of service volume, the individuals or cases discharged and the units of service reported at discharge, are presented in the accompanying tables. Where the basic pattern is the same for both, only cases discharged will be discussed. The service modalities of 1977-78 reporting units have been adjusted where necessary to conform to their service modality categories in 1980-81. Only local services, those considered under County, as opposed to State, control were included. The tables are presented for adults (age 18 and over) and juveniles (under 18 years old), though it should be noted that the County reporting system requires that a GAS rating be given only to persons 13 or more years of age. Thus the cases excluded due to missing data rose beyond one-third for Table 4.

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(1) J.R. Elpers' report to the Mental Health Advisory Board Meeting. Minutes of the meeting of December 17, 1981.

DIAGNOSIS AND GAS SCORES FOR ADULTS

Inpatient and Residential Services

Inpatient hospital services are the most intensive and expensive treatment resource. The department's philosophy of providing community services, with decreased reliance on inpatient services, is reflected in the decrease in the number of cases discharged between fiscal years 1978 and 1981 from inpatient services. Apparently the reduction has occurred primarily by decreasing services to non-psychotics. The percentage of psychotic cases has increased more than 20% between 1978 and 1981, bringing the inpatient services total to 86% psychotic cases discharged in 1981 (Table 1). The other 24-hour modality, residential services, has also greatly increased the percent psychotic cases discharged (Table 1). However this modality is a very small, though growing, portion of all local services.

The findings when GAS is used as an indicator of severity of illness also show substantial increases in the proportion of severely impaired inpatients. Overall, inpatient services increased by 18% to 67% severely impaired discharges in 1981 (Table 2). The residential total increased from 3% in 1978 to 29% severely impaired cases in 1981 (Table 2).

Partial Hospitalization/Day Treatment Services

The proportion of psychotic cases discharged from partial hospitalization/day treatment (part/day) services decreased from 79% in 1978 to 68% in 1981, while the percentage of units of services to psychotics increased 7% (Table 1). The decrease in the percent psychotic cases discharged is primarily due to one type of provider, the County crisis evaluation units. This category is composed of the CEU at Metropolitan State Hospital (in both 1978 and 1981) and the Augustus Hawkins CEU and LAC/Harbor CRU (both in 1981 only).

The crisis units accounted for 76% of all part/day cases in both years but less than 15% of the part/day units of service. The crisis units show a decrease in the proportion of psychotic cases discharged from 82% in 1978 to 64% (2) in 1981. In a time of decreasing services throughout the County, such crisis evaluation units may be expected to draw a significant number of those who might have been seen elsewhere in the past. If the crisis units were removed from the total part/day category, the proportion of psychotic cases discharged in 1978 and 1981 would be 67% and 81% respectively.

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(2) This percentage is for all three crisis units combined. The proportion of psychotic cases discharged from only the CEU at Metropolitan in 1981 was 71%.

When GAS is used as an indicator of severity of illness, the proportion of total units of service delivered to the severely impaired decreased slightly along with the percent of psychotic cases discharged (Table 2).

Outpatient Services

Outpatient services are a large part of total local services, accounting for 74% of all cases discharged in fiscal year 1978 and 73% in fiscal year 1981. The percentage of psychotic cases increased only six percent from 47% in 1978 to 53% in 1981, although the proportion of units of service delivered to psychotics increased by 19% from 37% in 1978 to 56% in 1981 (Table 1). Thus there has been some increase in services to psychotics, but discharge data do not reflect a heavy emphasis on the severely ill in either year. One possible explanation for the low proportion of severely ill is that chronic patients may be carried for long periods of time on outpatient caseloads and therefore would not be represented in discharge data in the same proportion as they are served in actuality. Another possible explanation is that outpatient services have an obligation to provide screening and evaluation to everyone regardless of severity of illness. However, there also may be a need to continue to alter the service provided so that it is more appropriate for the severely ill.

The finding for outpatient services when GAS is used as an indicator of severity of illness shows a small increase in the percentage of psychotics discharged (Table 2).

Summary For Adults

The results for the County as a whole show a small increase in severely ill adult discharges from 53% in 1978 to 59% in 1981 when diagnosis is used as an indicator and a small decrease from 27% in 1978 to 24% in 1981 when GAS is used as an indicator. The percentage of units of service delivered to psychotics showed a 16% increase to 69% in 1981 and a 4% increase to 21% for those with a GAS score of 1-30. Inpatient services showed large increases in the proportion of severely ill cases and units of service for both diagnosis and GAS as indicators. Outpatient services showed a large increase in the percentage of units of service to adults with a psychotic diagnosis, but of all modalities, they served the lowest percent of psychotics (53%). The policy of redirecting resources to serving the severely and chronically ill has been implemented, but because of the limitations of discharge data for counting the long-term chronic patients, the extent to which policy is being followed may not have been shown.

DIAGNOSIS AND GAS SCORES FOR JUVENILES

Overview

A comparison of the table on diagnosis for children and youth (Table 3) with the table on diagnosis for adults (Table 1) suggests two generalizations. First, the percentage of psychotic cases discharged in either fiscal year is a great deal smaller for juveniles than for adults. This is frequently attributed to the reluctance of clinicians to apply psychotic labels to children. Now that Short/Doyle Medi-Cal audits charts for documentation of diagnosis and treatment plans, there may be less hesitancy in reporting psychotic diagnoses. Second, the pattern of changes between fiscal years 1978 and 1981 for the percentage of psychotic cases is the same for both adults and juveniles.

Diagnosis

Inpatient services showed the greatest increases in the proportion of juvenile psychotic discharges between fiscal years 1978 and 1981 with the inpatient total rising by 15% to 44% cases discharged in 1981 (Table 3). The part/day services proportion of psychotic cases decreased slightly from 15% in 1978 to 13% in 1981 (Table 3). Outpatient services showed a small increase of 4%, bringing the 1981 juvenile psychotic cases to only 9% (Table 5). Some people argue that psychosis is not a good measure of seriousness for juveniles, i.e., juveniles can be very seriously ill without being diagnosed as psychotic.

Global Assessment Scale Scores

The findings for juveniles 13 years or older when GAS is used as an indicator of severity of illness (Table 4) follow the same pattern in direction of change as the findings for diagnosis for juveniles. In 1981, the percentages rated severely impaired are approximately one-half or less the percentage diagnosed psychotic for all the provider modalities except inpatient services, where the percentages are generally equal.

Summary For Juveniles

In summary, the proportion of severely ill juveniles remains very low, with the County as a whole having only 11% of the cases discharged in 1981 diagnosed as psychotic compared to 7% in 1978 (Table 5). Only inpatient services had a sizeable proportion (44%) of its discharged juveniles diagnosed as psychotic in 1981. Outpatient services accounted for 90% of all juvenile discharges in 1981 and diagnosed only 9% as psychotic.

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TABLE 1

COMPARISON OF TYPE OF DIAGNOSIS FOR 1977-78 AND 1980-81
BY SERVICE MODALITY FOR ADULTS

	CASES DISCHARGED 1/			UNITS OF SERVICE		
	% PSYCHOSIS	% OTHER	TOTAL NUMBER	% PSYCHOSIS	% OTHER	TOTAL NUMBER
GRAND TOTAL						
1977-78	53	47	69,798	53	47	576,504
1980-81	59	41	64,664	69	31	566,552
PART/DAY TOTAL*						
1977-78	79	21	9,380	75	25	135,375
1980-81	68	32	10,682	82	18	114,632
INPATIENT TOTAL						
1977-78	63	37	8,819	72	28	113,994
1980-81	86	14	5,702	89	11	87,695
RESIDENTIAL TOTAL						
1977-78	50	50	284	48	52	11,035
1980-81	81	19	1,056	84	16	47,635
OUTPATIENT TOTAL						
1977-78	47	53	51,315	37	63	316,100
1980-81	53	47	47,224	56	44	316,590

*PARTIAL HOSPITALIZATION/DAY TREATMENT

1/ For 1977-78, 9,225 cases were eliminated due to missing data on diagnosis. For 1980-81, 11,480 cases were eliminated due to missing data on diagnosis, and four cases were eliminated due to missing data on age.

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TABLE 2

COMPARISON OF GLOBAL ASSESSMENT SCALE SCORE FOR 1977-78 and 1980-81
BY SERVICE MODALITY FOR ADULTS

	CASES DISCHARGED [1]			UNITS OF SERVICE		
	% 1-30	% 31-99	TOTAL NUMBER	% 1-30	% 31-99	TOTAL NUMBER
GRAND TOTAL						
1977-78	27	73	70,090	17	83	579,527
1980-81	24	76	70,263	21	79	618,324
PART/DAY TOTAL*						
1977-78	50	50	11,746	17	83	137,189
1980-81	22	78	8,111	13	87	119,160
INPATIENT TOTAL						
1977-78	49	51	8,488	54	46	108,506
1980-81	67	33	6,337	69	31	98,487
RESIDENTIAL TOTAL						
1977-78	3	97	289	1	99	10,995
1980-81	29	71	1,103	20	80	50,803
OUTPATIENT TOTAL						
1977-78	18	82	49,567	6	94	322,837
1980-81	20	80	54,712	10	90	349,874

*PARTIAL HOSPITALIZATION/DAY TREATMENT

1/ For 1977-78, 8,933 cases were eliminated due to missing data on GAS. For 1980-81, 5,881 cases were eliminated due to missing data on GAS, and four cases were eliminated due to missing data on age.

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TABLE 3

COMPARISON OF TYPE OF DIAGNOSIS FOR 1977-78 AND 1980-81
BY SERVICE MODALITY FOR JUVENILES

	CASES DISCHARGED 1/			UNITS OF SERVICE		
	% PSYCHOSIS	% OTHER	TOTAL NUMBER	% PSYCHOSIS	% OTHER	TOTAL NUMBER
GRAND TOTAL 1977-78	7	93	11,554	7	93	230,536
1980-81	11	89	10,368	11	89	200,306
PART/DAY TOTAL* 1977-78	15	85	310	16	84	22,416
1980-81	13	87	575	10	90	38,868
INPATIENT TOTAL 977-78	29	71	678	24	76	21,509
1980-81	44	56	431	40	60	15,464
RESIDENTIAL TOTAL 1977-78	0	100	37	0	100	2,717
1980-81	--	--	---	--	---	---
OUTPATIENT TOTAL 1977-78	5	95	10,529	3	97	183,894
1980-81	9	91	9,362	8	92	145,974

*PARTIAL HOSPITALIZATION/DAY TREATMENT

1/ For 1977-78, 1,534 cases were eliminated due to missing data on diagnosis. For 1980-81, 1,407 cases were eliminated due to missing data on diagnosis, and four cases were eliminated due to missing data on age.

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TABLE 4

COMPARISON OF GLOBAL ASSESSMENT SCALE SCORE FOR 1977-78 and 1980-81
BY SERVICE MODALITY FOR JUVENILES

	CASES DISCHARGED [1]			UNITS OF SERVICE		
	% 1-30	% 31-99	TOTAL NUMBER	% 1-30	% 31-99	TOTAL NUMBER
GRAND TOTAL 1977-78	6	94	8,069	4	96	151,320
1980-81	7	93	7,984	7	93	121,260
PART/DAY TOTAL* 1977-78	11	89	175	7	93	13,244
1980-81	5	95	395	1	99	24,497
INPATIENT TOTAL 1977-78	30	70	536	26	74	14,315
1980-81	45	55	402	43	57	11,383
RESIDENTIAL TOTAL 1977-78	0	100	36	0	100	2,656
1980-81	--	---	--	---	---	---
OUTPATIENT TOTAL 1977-78	4	96	7,322	2	98	121,105
1980-81	5	95	7,187	4	96	85,380

* PARTIAL HOSPITALIZATION/DAY TREATMENT

1/ For 1977-78, 5,019 cases were eliminated due to missing data on GAS. For 1980-81, 3,791 cases were eliminated due to missing data on GAS, and four cases were eliminated due to missing data on age.

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