

UC Berkeley

UC Berkeley Previously Published Works

Title

Coping, catastrophic life events and disabling experiences among users of mental health self help agencies

Permalink

<https://escholarship.org/uc/item/4vt4n3gf>

Journal

INTERNATIONAL JOURNAL OF PSYCHIATRY IN MEDICINE, 27(4)

ISSN

0091-2174

Authors

Segal, SP

Tracy, L

Silverman, C

Publication Date

1997

Copyright Information

This work is made available under the terms of a Creative Commons Attribution-NonCommercial-NoDerivatives License, available at <https://creativecommons.org/licenses/by-nc-nd/4.0/>

Peer reviewed

Results: An important finding from this study is the significant role played by the mother's mental health in determining the number of pediatric visits. At baseline, poverty and a general measure of mother's mental health interact to influence high use (5 visits or more), and mother's depressive symptoms influence very high use (10 visits or more). In the longitudinal analysis, an erratic pattern of mother's mental health problems increases the likelihood of high use in the third year and the persistence of problems increases the likelihood of very high use.

Conclusions: Implications of these findings for the provision of both pediatric and mental health services are discussed. It appears particularly relevant to consider the role played by subjective maternal factors in seeking services when trying to assess the appropriateness of the very frequent use of pediatric primary care services made by some families.

COPING, CATASTROPHIC LIFE EVENTS AND DISABLING EXPERIENCES AMONG USERS OF MENTAL HEALTH SELF HELP AGENCIES

Steven P. Segal, Lisa Tracy, Carol Silverman
Mental Health and Social Welfare Research Group
University of California School of Social Welfare
Berkeley, CA

Purpose: Mentally disabled users of self help agencies (SHAs), an often homeless/marginally housed population, continually cope with catastrophic life events beyond the scope of most individuals. This study investigates how putatively negative developmental experiences influence current catastrophic life events and in turn current functioning as well as patterns of coping.

Methods: Using path analytic methods, the impact of disabling experiences on the occurrence of catastrophic life events within the past month, coping patterns and functioning behavior (both social and psychological) among 283 SHA users were determined.

Results: Mean age, 38, 73 percent male, 68 percent African American. Within thirty days prior to interview users experienced a mean of 2.89 catastrophic life events. While trauma in the absence of PTSD had a positive effect on current functioning, the effect of the other three developmental experiences was negative. PTSDs effect was most pronounced, with a direct negative causal path to current functioning behavior and a causal path indicating a contribution to the occurrence of catastrophic life events that in turn negatively impacted current functioning. Though having no direct effect on current functioning, those with child sexual abuse experiences were likely to contribute to the occurrence of catastrophic life events that in turn negatively impacted current functioning behavior. Finally, the direct and strong negative effect of child physical abuse on current functioning

was moderated by an effect indicating a contribution to avoidance of catastrophic life events.

Conclusions: Putatively "negative" developmental influences affect coping and functioning in diverse ways. Four coping patterns were associated with each of the four specific types of developmental experiences: trauma, producing a "hardy survivor" effect that enhances functioning; PTSD, a "disabling effect" that depresses functioning; childhood sexual abuse a "revictimization proneness effect" that depresses functioning; and childhood physical abuse a learned avoidance to stressor effect that moderates a potentially enhanced negative effect on functioning.

MEASURING THE QUALITY OF MEDICATION TREATMENT FOR SCHIZOPHRENIA

Alexander S. Young, Greer Sullivan, Robert H. Brook
 UCLA School of Medicine
 Department of Psychiatry
 300 Medical Plaza, Suite 2331
 Los Angeles, CA 90095-6968

Purpose: Efficacy studies have repeatedly shown that antipsychotic medication treatment improves outcomes for individuals with schizophrenia. However, there is reason to believe that patients treated in public mental health clinics may be receiving treatment that diverges markedly from the recommendations of experts, and may have outcomes that are worse than those predicted by efficacy studies. This study develops and tests methods for measuring the quality of medication treatment for schizophrenia.

Methods: This is a cross-sectional study of treatment at two large mental health clinics. Respondents consisted of a random sample of 225 patients in treatment for schizophrenia. Participants were interviewed and had their medical records abstracted. For each patient, appropriateness of medication management was assessed according to criteria derived from national treatment recommendations.

Results: Although patients at the two clinics had similar illnesses, the treatment they received was quite different. Based on patient interview and medical record review, clinics differed in the proportion of patients receiving poor quality medication management not attributable to patient factors (28% vs. 16%; $p < .03$). At both clinics an additional 16 percent of patients were receiving poor quality medication management attributable to patient factors such as poor compliance, or drug or alcohol use.

Conclusions: Many schizophrenics are receiving poor quality care. Systems to measure and improve the quality of care received by these individuals should be implemented.