

Predictors of Treatment Utilization in Pretrial Clients

Jia Hui “Yvonne” Chaw, MA, Marc Swogger, Ph.D.

Introduction

- ❖ Only 1/3 of justice-involved people with mental health needs in pretrial jail diversion programs receive needed services (Slate, Roskes, Feldman, & Baerga, 2003).
- ❖ Understanding the barriers to receiving necessary treatments and services within this population will help to improve treatment utilization.
- ❖ Sociodemographic variables are common predictors of mental health services utilization in the general population (e.g., Dobalian & Rivers, 2008).
- ❖ Low motivation level (Silberberg, Vital, & Brakel, 2001) predict poor substance use treatment engagement in some criminal justice populations, but there is limited research on pretrial clients.

Research Objectives

- ❖ Identify prospective predictors of mental health treatment engagement, with a focus on sociodemographic variables, motivation, and mental health symptomatology, among local pretrial clients at 1-year follow-up.

Hypotheses

1. Males, nonwhite, and individuals who are unmarried or unemployed are more likely to utilize psychiatric emergency services in comparison to females, whites, young, unmarried, with higher education and income, who are more likely to utilize general outpatient clinic services.
 2. Higher autonomous motivation facilitates treatment engagement.
- ❖ No hypotheses were made for support services or Partial Hospitalization Program (PHP), as well as symptomatology. These were explored in exploratory analyses.

Methods

- ❖ A subsample of 139 pretrial clients, who completed the 1-year follow-up, were drawn from a previous larger study. 120 participants met the criteria for a mental health disorder. A subset of 59, who were administered the PCL-R, was analyzed separately for psychopathy traits.
- ❖ **Predictor variables**
 - ❖ Sociodemographic: Gender, Age, Ethnicity, Education, Income Level, Employment status, Marital status
 - ❖ Treatment Self-Regulation Questionnaire (TSRQ): Autonomous and controlled motivation
 - ❖ Psychiatric Diagnostic Screening Questionnaire (PDSQ)
- ❖ **Outcome variables**: (1) Acute services – inpatient and Emergency room visits; (2) PHP; (3) Outpatient services; (4) Support services (e.g., case management)
- ❖ Binomial logistic regressions were conducted for each predictor, controlling for relevant covariates.

Results

- ❖ After controlling for the variables that correlated with the outcome variables, neither types of motivation nor psychopathic traits predict treatment utilization.
- ❖ Among the sociodemographic predictors, only education predicted the use of acute services ($\beta=.229$, OR=1.26, CI = 1.04-1.52, $p=.02$)
- ❖ Some mental health symptoms predicted the utilization of acute services, PHP, and outpatient clinic services, but not support services (see Table 1)

Table 1. Association between mental health symptoms and treatment utilization

	Predictor	β (p)	SE	OR	CI
Acute services	Eating disorder ^a	.301 (.05)	.073	0.87	.75 - 1.00
	Depression	.142 (.005)	.051	.885	1.04 - 1.27
	Social anxiety	-.122 (.022)	.053	.885	.80 - .98
PHP	GAD	-.170 (.049)	.086	.844	.71 - 1.00
	OCD ^a	-.151 (.051)	0.77	0.86	.74 - 1.00
Outpatient clinic					
Support services	---	---	---	---	---

^a represents variables that are approaching significance.

Discussion

- ❖ Higher symptoms of depression predicted higher utilization of Partial Hospitalization services while higher social anxiety and generalized anxiety predicted lesser use of Partial Hospitalization services.
- ❖ Although not statistically significant, the findings suggest a possible association between eating disorder and higher acute service utilization as well as between OCD and lower outpatient clinic service utilization.
- ❖ Contrary to our hypotheses, education is the only sociodemographic variable that is associated with acute services indicating that individuals with lower education are less likely to engage in acute services.
- ❖ Our hypothesis on motivation was also not supported.
- ❖ This study is limited by a modest sample size that may account for the lack of significant findings and hence restrict generalizability.
- ❖ Another limitation is also the lack of data on visits to primary care physicians (PCP) for mental health concerns. It is likely that pretrial clients approach their PCP instead for mental health concerns.

References

- Dobalian, A., & Rivers, P. A. (2008). Racial and ethnic disparities in the use of mental health services. *The Journal of Behavioral Health Services & Research, 35*(2), 128-141.
- Silberberg, J. M., Vital, T. L., & Brakel, S. J. (2001). Breaking down barriers to mandated outpatient treatment for mentally ill offenders. *Psychiatric Annals, 31*(7), 433-440.
- Slate, R. N., Feldman, R., Roskes, E., & Baerga, M. (2004). Training federal probation officers as mental health specialists. *Federal Probation, 68*(3), 9-15.