

THE IMPACT OF IN-HOME MENTAL HEALTH SERVICES FOR PERSONS WITH AIDS

The relationship between neuropsychiatric problems and AIDS has been well documented. One method to alleviate such problems is the provision of in-home mental health services by specialty staff in Visiting Nurse Associations. This study examines the effect of home-based mental health services in four VNA sites on AIDS patients' social, behavioral, cognitive and physical problems and patients' perception of their quality of life. Changes in social, behavioral, and cognitive problems and patient quality of life at quarterly intervals were analyzed. Measures of association were used to examine relationships between problems, quality of life, and interventions. Year 1 data from Los Angeles included assessments of 114 AIDS patients. Year 2 data from Los Angeles, Detroit, Washington, D.C. and Cleveland is under analysis at time of submission.

At assessment, 28% of those with high impairment reported a good or excellent quality of life. After three months of service 45% reported a high quality of life. Those with high impairment experienced a decline in the severity of social, behavioral, and cognitive problems after three months. The provision of in-home mental health services that are integrated with medical services can increase quality of life, ameliorate neuropsychiatric conditions, and alleviate many of the mental-health related problems that prevent people from being cared for in the home.

INITIAL USE OF A NEW INTERVENTION PROGRAM FOR SIGNIFICANTLY REDUCING PSYCHOLOGICAL SYMPTOMATOLOGY IN HIV-SEROPOSITIVE INDIVIDUALS

Dan Jones, Deborah Rozman, Ph.D., Rupert Whitaker, Ph.D., Tom Beckman, B.S.

Thirty-eight HIV-seropositive men and women, most with ARC or AIDS, were enrolled in a psychological intervention, called the HeartMath® (HM) program. It is a unique intervention for stress reduction and mental and emotional self-management that focuses on enhancing positive emotional states, as well as minimizing negative states, which has not been previously applied to the HIV population. The purpose of this study was to determine whether this program might be useful in the psychological management of HIV-disease and might improve quality of life. Participants were assessed on-site prior to and at the completion of training, using 1) an Irritability Scale consisting of seven questions, 2) a Pre and Post-Study Questionnaire developed to assess the number and severity of symptoms, appetite and other general questions relevant to HIV+ individuals, 3) the State-Trait Anxiety Inventory, 4) the General Well-Being Scale, and 5) the Essi Systems StressMap® Research Tool. The data indicates that the program is highly effective in decreasing trait anxiety, improving mood, reducing stress, and improving overall psychological well-being. Some individuals reported that physical symptomatology or 'vitality' was also positively affected. The study results show that the HM program is a non-pharmacological intervention that can profoundly and positively affect the psychological well-being of people with HIV disease.

HIV infected heterosexual couples: challenges of adaptation
Objective: To identify challenges of adaptation to HIV infection for heterosexual couples.
Methods: Couples recruited for a study of HIV heterosexual transmission were offered the opportunity to participate in a couples support group for a period of 10 weeks. Two psychiatric nurse clinicians facilitated the groups and audio-taped process recordings following each group meeting. Content analysis was performed on 44 sessions for 6 different groups attended by 37 HIV discordant and 2 HIV concordant couples.
Results: Seven adaptive challenges were identified: 1) adjusting to fears of a shortened life expectancy and painful death 2) dealing with changes in health status 3) maximizing physical and emotional health 4) adjusting to the emotional and sexual impact on the couple relationship 5) planning for future of children and surviving partner 6) confronting reproductive decisions 7) facing life with a stigmatized disease
Conclusions: HIV infected heterosexual couples face multiple adaptive challenges which should be considered in the development of mental health interventions for this population. Couple support group will be an important component of such interventions.

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SERVICE SYSTEM CHANGE DURING THE RWJ CHILDREN'S INITIATIVE IN NORTH CAROLINA

Joseph P. Morrissey, Ph.D.; Matthew Johnsen, Ph.D.; Michael Calloway, Ph.D.

Can systems of care at the community level be enhanced and coordinated to meet the needs of youth with serious emotional disturbance (SED)? This is a central policy issue at the national, state, and local levels throughout the U.S. There is also much anticipation about the results of several government or foundation-sponsored initiatives in this area that are at various stages of completion. This paper reports findings on service system change in two North Carolina counties that participated in the Robert Wood Johnson Foundation Mental Health Program for Youth. Data were gathered at two points in time (1991 and 1993) to measure both structural and performance changes in the local systems of care. The structural measures—centralization, fragmentation, and density—are derived from an interorganizational network analysis of some 70 agencies and organizational subunits forming the local community support system for children with a SED. The performance measures—quality, adequacy, availability, and coordination of services—are derived from a stakeholders survey of 150 key participants and knowledgeable citizens. Findings will be presented on the amount and direction of change on the structural and performance indices for the two county systems (one urban and one rural). A companion presentation will address client outcomes based on a randomized clinical trial assessment of the case management services associated with this initiative.

EFFECTS OF CASE MANAGEMENT FROM THE RWJ CHILDREN'S INITIATIVE IN NORTH CAROLINA

Burns, BJ, Farmer, EMZ, Morrissey, JP, Angold, A, Costello, EF, & Belcaro, L

This presentation reports findings from a randomized trial comparing two ways of providing case management to children and adolescents with serious emotional disturbance. The research was conducted in conjunction with the Robert Wood Johnson Foundation's Mental Health Services Program for Youth demonstration project in western North Carolina. A total of 160 subjects participating in the RWJ project were referred to the research project at the time of entry into the RWJ demonstration. Subjects were randomized to one of two conditions of case management. For the experimental group, case management was provided by a case manager. For the control group, the youth's primary clinician was designated as the case manager. This study makes it possible to examine the ways in which the addition of a case manager to a youth's treatment team affects treatment and client outcomes. Treatment-related factors include the types of services provided to the two groups, the intensity of services, division of labor among treatment team members, and frequency and content of treatment team meetings. Analyses of outcomes examine youths' functioning in a variety of settings, incapacity, diagnoses, and family burden one year after program entry.

SYSTEMS OUTCOMES OF INTENSIVE CASE MANAGEMENT IN NEW YORK STATE

Mary E. Evans, Ph.D. & Steven Huz, MPA

The program monitoring and evaluation of Children and Youth Intensive Case Management (CYICM) in New York yielded a considerable amount of data and several outcomes that were used to shape program and policy decisions. This presentation focuses on the ways in which the outcomes have been used. The uses of these data that will be discussed in detail are:

1. Discussions with program staff regarding whether we are serving the target population, comparing children in CYICM with those in other more and less intensive interventions, and the effectiveness of CYICM in preventing hospitalization.
2. Discussions with the Division of the Budget about caseloads and flexible service money.
3. Policy discussions at the Clinton health care reform workgroup.
4. Development of research demonstration grants involving modifications of CYICM.
5. Presentations of findings at the Center for Mental Health Services/legislative hearings. Issues related to the use of these types of data to inform policy will be discussed.

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A DETAILED ANALYSIS OF WORK-RELATED INJURY AMONG YOUTH TREATED IN EMERGENCY DEPARTMENTS DN Castillo, EB Knight, LA Layne To obtain detailed information on the circumstances and impact of occupational injuries to workers 14 through 16 years of age, telephone interviews were conducted with 146 youth, identified through a nationally representative emergency department surveillance system, who incurred an occupational injury during the period July through September 1992. Because of the limited number of workers surveyed, national level estimates often could not be obtained and the interviews were treated as a case series. Thirty-six percent of the injured youth worked in food service and preparation occupations. Job tasks associated with injury were diverse, the most common were moving materials (17%), preparing food (13%), performing janitorial work (12%), and stocking shelves (10%). Thirty-two percent of the injuries occurred as a result of using equipment. Over half the workers reported not having received prior training on how to avoid injury. The injury limited normal activities for at least one day for 68% of the youth, and for more than a week for 25%. Employment in retail trade, equipment use, lack of training, and burn injuries were associated with increased limitation of normal activities. About 20% of the youth appear to have been injured in jobs declared to be hazardous, or typically prohibited for their age (14- and 15-year-olds), under federal child labor laws. The potential for injury reduction through job safety training deserves investigation. Injury reduction interventions are important for the retail trade industry because of the association with increased limitation of normal activities and the large numbers of employed youth.

YOUNG WORKERS AT RISK OF FATAL INJURIES

Blaine Derstine M.A., Bureau of Labor Statistics

Young workers, ages less than 21, account for approximately five percent of all work related fatal injuries in the U.S. Fatality data from the BLS Census of Fatal Occupational Injuries is designed to collect a count of all work related fatal injuries in the U.S. for all ages and will be used for the analysis of the young worker.

Areas to be discussed include the circumstances surrounding the fatal event as well as the industry, occupation, and demographic characteristics of the young worker. In addition, the data will be used to compare the fatal work injuries of young workers to those of older workers.



ABSTRACTS

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