

Long-Term and Cycling Clients: Washington State's Public Mental Health Services

The Washington State Institute for Public Policy (Institute) was directed by the Legislature to study long-term outcomes of the state's public mental health service clients.¹ In addition to producing 2006 and 2009 reports directed by the legislation, legislative staff recently recommended several topics for additional analyses. Of particular interest are long-term and "cycling" (repeated) uses of public mental health services, to include the following:

- Caseloads of long-term and cycling use clients.
- Characteristics of long-term users and factors associated with long-term use.
- Factors associated with long-term use among Medicaid beneficiaries.
- Differences between cycling and non-cycling clients in physical health-related quality of life.

Policymakers and program directors have an increasing interest in understanding service utilization patterns among public mental health clients, particularly long-term and cycling users. Knowledge about use patterns can assist in developing cost-effective programs and policies that help the state's mentally ill population.

Summary

In this report, we define the *long-term use* of public mental health services as a client's continual use of services for 24 months or longer without a break greater than six months. *Cycling* is defined as two or more episodes of service use with a break greater than six months between two episodes.

Applying these definitions to 2002 DSHS Mental Health Division data, we found:

- One in three clients were long-term users.
- One in three clients were cycling users.
- One in ten clients were both long-term and cycling users.

In this report, we discuss existing measures of long-term and cycling use in public mental health services. We then propose new definitions that are relevant to the public mental health system in Washington State. Finally, we apply these new definitions to the state's public mental health clients in 2002 to obtain counts of long-term users and cycling users.

¹ ESSB 5583, Chapter 334, Laws of 2001.

Existing Measures of *Long-Term Use* and *Cycling Use* of Public Mental Health Services

Literature on *long-term use* of mental health services is scarce, and even more limited for *public* mental health services.² What is available on long-term use points to two general measurement approaches. One measures the consecutive use of services. In this case, the unit of measurement is usually a month with a consecutive use of 12 months or longer considered by some as “long-term” use.³ The other approach measures the number of treatment sessions. For example, in studying use of psychotherapy, some researchers define long-term use as patients receiving 20 or more treatment sessions.⁴

The literature is more abundant on *cycling use* of mental health services, though still limited regarding public mental health services. The “cycling use” concept assumes many other terms in the literature: repeat (or repeated) use, frequent use, revolving use, recidivism, etc. Most studies on cycling use of mental health services focus on hospitalization and emergency room visits.⁵ In these studies, cycling use is defined as more than one hospital stay or more than one emergency room visit in a

² In contrast, there is extensive literature on long-term mental health patients and long-term mental disorders.

³ M. Tansella, R. Micciolo, M. Balestrieri, and I. Gavioli. (1986). “High and long-term users of the mental health services.” *Social Psychiatry and Psychiatric Epidemiology* 21(2): 96-103.

⁴ M. Olfson and H.A. Pincus. (1994). “Outpatient psychotherapy in the United States. II: Patterns of utilization.” *The American Journal of Psychiatry* 151: 1289-1294.

⁵ W. Bobo, C. Hoge, M. Messina, F. Pavlovic, D. Levandowski, and T. Grieger. (2004). “Characteristics of repeat users of an inpatient psychiatry service at a large military tertiary care hospital.” *Military Medicine* 169(8): 648-653; G. Conte, R. Ferrari, L. Guarneri, A. Calzeroni, E. Sacchetti. (1996). “Reducing the ‘revolving door’ phenomenon.” *American Journal of Psychiatry* 153(11): 1512; and C. Arfken, L. Zeman, L. Yeager, A. White, E. Mischel, and A. Amirsadri. (2004). “Case-control study of frequent visitors to an urban psychiatric emergency services.” *Psychiatric Services* 55: 295-301.

specified follow-up period from the initial encounter.

These measures for long-term and cycling use were developed to study a specific treatment or patients with a particular mental illness. They have limited use in examining overall utilization patterns in a public mental health system. For example, the definition of 12-month consecutive use as long-term use would include clients “enrolled” in the public mental health system over 12 months but whose treatment plans do not require them to visit the service providers every month.⁶

New Measures of Long-Term Use and Cycling Use of Public Mental Health Services

Based on discussions with mental health experts familiar with the state’s public mental health system, we propose the following definitions for long-term and cycling use of public mental health services:

- *Long-term use: Use of any public mental health service lasting 24 months or longer without a break in services greater than 6 months; otherwise, the use is short-term.*
- *Cycling use: Two or more use episodes of any public mental health service in a specified period with a break longer than 6 months between episodes; otherwise, the use is non-cycling.*

These definitions are more appropriate to Washington’s public mental health service utilization characteristics as the services (treatment plans) vary a great deal in intervals of recommended follow-up visits. These definitions are also easy to understand and implement and can be applied using computerized records of utilization history without treatment plan details.

⁶ For example, clients in the “medication management” plan offered by Washington State’s public mental health system visit their doctors every three months.

These proposed definitions are not mutually exclusive. A client can be both a cycling and long-term user. Thus, when used together, these two concepts have the following four classification combinations:

Exhibit 1
Classification Combinations

	Long-Term	Short-Term
Cycling	Long-Term and Cycling	Short-Term and Cycling
Non-Cycling	Long-Term and Non-Cycling	Short-Term and Non-Cycling

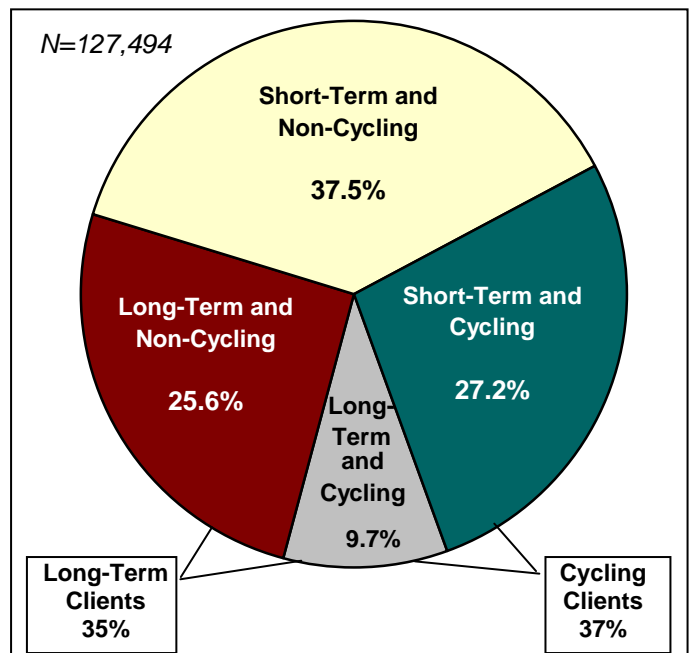
Long-Term and Cycling Users of Washington State's Public Mental Health Services in 2002

We applied these two definitions to the 127,494 clients served in 2002 by the Mental Health Division (MHD) of Washington State's Department of Social and Health Services. In constructing the utilization history of the 2002 clients, we retrospectively reviewed their monthly use. We also examined use patterns prospectively to identify long-term and cycling users who might have started using MHD services in 2002. In all, we reviewed seven years of utilization data: three years before and three years after 2002, in addition to 2002 itself.

Exhibit 2 shows the number of long-term and cycling users and combinations of the two types of users of MHD services in 2002:

- *Long-term and short-term use clients:* Slightly more than one-third (35 percent) of MHD clients in 2002 were long-term users and the remaining two-thirds (65 percent) were short-term users.
- *Cycling and non-cycling use clients:* Slightly more than one-third (37 percent) were cycling users while the other 63 percent were non-cycling users.
- *Combinations of long-term and cycling users:*
 - ✓ Short-term and non-cycling use clients: 38 percent
 - ✓ Short-term and cycling use clients: 27 percent
 - ✓ Long-term and non-cycling use clients: 26 percent
 - ✓ Long-term and cycling use clients: 10 percent

Exhibit 2
User Distribution of MHD Services in 2002



Source: WSIPP, 2007

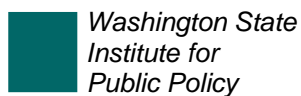
Next Steps

Future reports will explore client characteristics and factors associated with long-term use and cycling use of public mental health services.

This report was prepared by Wei Yen.

For further information, contact Mason Burley at (360) 528-1645 or mason@wsipp.wa.gov

Document No. 07-03-3401



The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs the Institute and guides the development of all activities. The Institute's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.