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Lit Review

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The articles show a relationship between the recidivism rate of an inpatient at a psychiatric hospital and specific types of mental illnesses. The literature also describes the relationship between an individual who receives dual treatment and their recidivism rate. Most of the literature analyses ages, gender, and other factors of recidivism rates, and dual diagnosed patients were found to recover at a faster rate than patients who did not have mental illness and substance abuse problems. Some of the literature only looks at individuals who have schizophrenia and not other mental illnesses. The literature was not very specific on identifying what the specific substance of choice was. The reason for reviewing the literature was to find out why the recidivism rate in an inpatient mental hospital is linked to specific types of mental illnesses. It is also to see if there is correlation between an individual who receives dual treatment and the recidivism rate at a mental institution.

Individuals who are in an inpatient psychiatric hospital and diagnosed with a substance abuse problem, offer more promise if their treatment plan combines the two (Robert, 2000). Individuals who have a dual diagnosis tend to be younger, homeless, white males, and have a tendency to be a danger to themselves as well as society. People who have been diagnosed with schizophrenia and a substance abuse problem, are more likely to recover faster in an acute inpatient psychiatric hospital than those who have not been treated for a dual diagnosis (Ries, 2000). Individuals who have a greater issue taking

care of themselves, are showing more severe symptoms from their illness, and the more persistent illness are more likely to be readmitted than other patients at inpatient psychiatric hospital. There is no evidence that the recidivism rates of psychiatric patients are related to poor hospital stays or premature discharge (Lyons, 1997). SUD is a common term that describes individuals who have a substance abuse problem and have also been diagnosed with a severe mental illness, which is also often called dual diagnosis (Robert, 2000). People who are dually diagnosed are more likely to have a higher readmission rate, due to their substance abuse addiction, they are homeless, have violated their probation or have missed their MOT appointments (Hartwell, 2004).

Researchers are unclear why individuals who have a severe mental illness, such as schizophrenia or bipolar, normally have a substance abuse problem. There is no clarification on what causes the link between severe mental illness and substance abuse (Mueser, 1998). White patients are twice as likely as African Americans to be referred to an outpatient aftercare service. Depending on if the individual is diagnosed with schizophrenia and length of stay at a psychiatric hospitalization, was a predictor of referral to an aftercare service. Having been diagnosed with schizoaffective disorder, no support system, and high recidivism rate, is more likely to have a high readmission rate to an inpatient mental hospital (Thompson, 2003).

Case managers did not seem to reduce the recidivism rate for inpatients at a psychiatric hospital unless suitable and effective outpatient treatment was available after discharge (D'Ercole, 1997). Individuals, who had to attend involuntary outpatient treatment meetings, after discharge, are more likely to have a low return to an inpatient mental hospital (Swartz, 1999). Outpatient follow-up treatment meetings are very

important upon discharge from an inpatient psychiatric hospital. Individuals, who do not keep their outpatient appointments, are two times more likely to be rehospitalized than someone who attends their appointments. Individuals who kept their appointments had a one in ten chance of being rehospitalized at an inpatient psychiatric hospital (Nelson, 2000).

In conclusion individuals who are diagnosed with schizophrenia and have a substance abuse problem, seem to recover faster in a psychiatric hospital than someone who does not have a dual diagnosis (Ries, 2000). Individuals who have a severe mental illness and addictive behaviors are capable of living independently when they have the proper support and resources (Tsemberis, 2000). Individuals who have a severe mental illness are more likely to have a substance abuse disorder (RachBeisel, 1999). There needs to be more research done on individuals who have been dually diagnosed and have clarification on why people with a severe mental illness are more likely to have a substance dependency, that way there can be a more effective prevention efforts and get the treatment they deserve (Mueser, 1998). Individuals, who do not receive outpatient therapy after discharge, are more likely to have a higher recidivism rate than someone who kept their outpatient appointments (Nelson, 2000). The literature shows racial disparities in connection with referrals to aftercare and a difficult relationship between referrals and the recidivism rate (Thompson, 2003). There needs to be further research done with dual diagnosis service and on specific components of the treatment model, such as group treatment meetings, family interventions and support, and housing approaches for individuals to live a normal life as possible (Drake, 2000).