

Introduction

Effective mental health care involves a vital interaction between clinical support and environmental stability, with caregivers playing a central role in shaping outcomes. Individuals supported by the START (Systemic, Therapeutic, Assessment, Resources, and Treatment) model often face complex behavioral health needs, and their caregivers' perceived connection may significantly affect the trajectory of mental health episodes, vulnerabilities, and crisis's. This research explores the intersection of caregiver quality of life, perceived caregiver involvement, mental health stability, and crisis incidents over four service quarters.

Methods

A mixed-methods approach was utilized to combine quantitative analysis of START-collected data—including crisis call frequency and mental health stability scores—with qualitative insights into caregiver quality of life changed to quantitative scores. A total of seven people that have experienced crisis call/calls were included. Each was evaluated across four service quarters using line charts with small multiples to visualize trends. Caregiver ratings were derived from START documentation and scored where applicable. Stability scores were inversely related to mental health distress (lower scores indicating greater stability).

Results

1071: Crisis calls rose sharply in Q4 when the first caregiver rating (0) was documented, coinciding with a LOW instability score (15), and suggesting a breakdown in caregiver connection.

5054: A single crisis occurred in Q2, aligning with a moderate instability score and caregiver score of 0, potentially indicating low caregiver support.

4100: Crisis calls and instability increased slightly in Q4 along with a high caregiver rating (2), suggesting caregiver support may have buffered further destabilization.

4690: Despite a high caregiver rating in Q2, the patient still experienced a crisis and recorded the lowest possible instability score (0), possibly reflecting underlying complexities not mitigated by caregiver support.

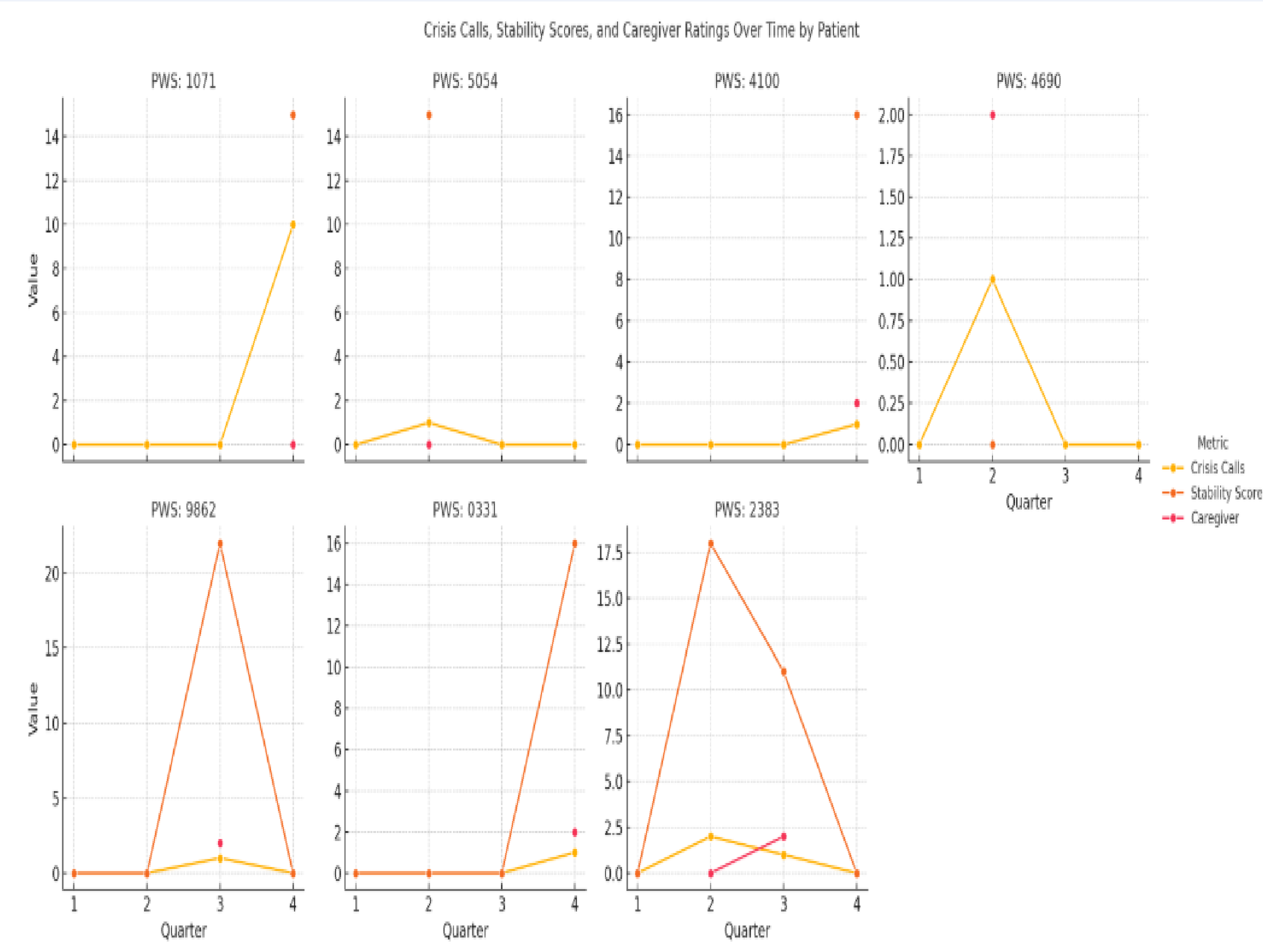
9862: Had one crisis in Q3 with the highest instability score (22), despite receiving a caregiver score of 2, indicating more nuanced influences.

0331: Experienced a crisis in Q4 with a moderately high instability score (16) and a caregiver rating of 2, possibly indicating delayed or ineffective intervention.

2383: Displayed erratic patterns with multiple crises and fluctuating instability scores, with mixed caregiver ratings, indicating inconsistent support.

A1

Data



Discussion

The relationship between caregiver connection and mental health outcomes appears significant yet complex. Patients with consistently low or absent caregiver scores tended to experience more crises or higher instability. Meanwhile, patients with caregiver ratings of 2 during times of crisis often still exhibited high instability, suggesting that while caregiver support can be beneficial, it may not always offset other destabilizing factors.

The data reinforces the hypothesis that a supportive caregiver relationship can influence crisis events and stability. However, the protective impact may depend on timing, consistency, and quality of that relationship. Notably, this study's small sample size limits generalizability, but findings underscore key trends for further exploration.

Conclusion

This study supports the premise that caregiver connection influences the trajectory of crisis calls and mental health stability. While the relationship is multifaceted and occasionally inconsistent, the presence of high caregiver quality scores during times of instability did not always correlate with reduced crisis frequency. These findings advocate for enhanced caregiver engagement strategies within crisis prevention frameworks.

Limitations

While this study provides valuable insights into the role of caregiver connection in crisis outcomes and mental health stability, several limitations must be considered:

Small Sample Size
The study involved only seven individuals, limiting the generalizability of findings. A larger cohort would allow for stronger statistical validation and more diverse trend analysis.

Incomplete or Inconsistent Data
Some data entries, particularly caregiver ratings, were missing or not recorded consistently across all quarters. This may have introduced gaps in interpreting correlations or identifying true causality.

Subjectivity of Caregiver Ratings
The caregiver quality of life score, while useful, may reflect subjective interpretations or inconsistent documentation methods across START plans, which could bias analysis.

Appendix A: PWS Data Overview

PWS	Quarter	Crisis Calls	Stability Score	Caregiver
1071	Q1	0	-	-
1071	Q2	0	-	-
1071	Q3	0	-	-
1071	Q4	10	15	0
5054	Q1	0	-	-
5054	Q2	1	15	0
5054	Q3	0	-	-
5054	Q4	0	-	-
4100	Q1	0	-	-
4100	Q2	0	-	-
4100	Q3	0	-	-
4100	Q4	1	16	2
4690	Q1	0	-	-
4690	Q2	1	0	2
4690	Q3	0	-	-
4690	Q4	0	-	-
9862	Q1	0	0	-
9862	Q2	0	0	-
9862	Q3	1	22	2
9862	Q4	0	0	-
0331	Q1	0	0	-
0331	Q2	0	0	-
0331	Q3	0	0	-
0331	Q4	1	16	2
2383	Q1	0	0	-
2383	Q2	2	18	0
2383	Q3	1	11	2
2383	Q4	0	0	-