

Van klinisch verblijf naar vervangende zorg : een onderzoek naar ontslagbelemmerende factoren bij lang opgenomen patienten in psychiatrische ziekenhuizen

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Summary

design and sampling

About 55% of the patients in the 43 Dutch mental hospitals remain there continuously for more than two years. With 10850 patients they still outnumbered, at the end of 1984, the short-stay and medium-stay patients in these institutions. Their chance of discharge and alternative care is small without a significant change towards more rehabilitative attitudes and programs, inside as well as outside the mental hospitals.

In this thesis an attempt is made to study one of the essential questions in this respect: what are the main reasons for staff-members of mental hospitals to consider long-stay patients as eligible or not for discharge and alternative care?

Long-stay patients were defined in this study as:

- patients who were hospitalized continuously in a mental hospital for a period of two years or longer;
- patients who were admitted twice or more in mental hospitals or psychiatric wards of general hospitals in the last five years and who were inpatients for a cumulative period of three years or longer.

Senile patients and profoundly mentally retarded patients were excluded from this study.

First of all it was necessary to assess which psychiatric inpatients could be considered eligible for discharge and alternative care. Given this objective the attending psychiatrists or psychologists and nurses were requested to judge independently on the feasibility of discharge.

Only if both staff-members agreed that the patient could be discharged to independent living or to apartments shared with other patients, day-treatment or sheltered homes, the patient was defined and counted as a potential discharge. A "yes" of one of the raters had to correspond with at least a "perhaps" of the other rater. With this approach it was possible to identify in mental hospitals a potential discharge- and alternative care-group of longstay patients.

In addition, residents of sheltered homes and patients in day-treatment, all previously longstay inpatients, were included in this study as a reference-group.

This design offered the opportunity to determine the clinical significance of certain factors for assessment and decision-making in three different way's:

- 1 - By comparing longstay patients in mental hospitals who are and who are not eligible for discharge according to the attending psychiatrists and nurses;
- 2 - By comparing longstay hospital patients and daycare patients with longstay inpatient careers;
- 3 - By comparing longstay hospital patients and residents of sheltered homes with longstay inpatient careers.

Specifically, a number of patient-characteristics was tested in their relation with the established assessment for discharge. Some questions concerning factors related to characteristics of the ward and family were studied as well.

These patient-characteristics were: sex, age, marital state, psychiatric diagnosis, suicidal behaviour, agressiveness, physical handicaps concerning seeing, speaking, hearing and walking, problems with activities of daily life (basic personal skills), social skills, internal and external social integration, and the attitudes of patients towards discharge and their ward.

As ward-variables were counted: length of inpatient stay, perceptions and motivation of the staff with regard to discharge, and length of stay of fellow-patients.

The family-variables were restricted to: the number of living familymembers and their attitude with regard to a possible discharge of the patient as observed by the attending psychiatrist.

The information related to the above-mentioned variables was collected by means of standardized questionnaires in mental hospitals, as well as in daycare centers and sheltered homes. Three questionnaires had to be completed for each patient by the attending psychiatrist (psychologist), nurse and patient. For the

patient this was done by means of an interview. The questionnaire for the patient consisted of 10 items measuring discharge-attitudes and of 15 items with regard to the perception of the ward or institution. The patients were interviewed by ten experienced psychiatric nurses, members of the research-team. The interviews took place in separate rooms.

The patients were selected by a procedure of two-stage random sampling. Five mental hospitals, 16 daycare centers and 21 sheltered homes did participate in this study at the end of the first stage. The second stage consisted of selection, at random, of 808 patients in these institutions. The data concerning the selected patients were collected in the period of May, 1984 till August, 1985.

For 381 patients (75%) in mental hospitals both questionnaires of the staff were returned. The patient-interviews were completed for 60% of the hospital sample. For longstay patients who were dyscontinuously admitted a low response only was achieved with regard to the interview.

The response to the questionnaires for patients in daycare and sheltered homes was satisfactory: all information was received for three-quarter (76%) of these patients.

results

During a long residence in mental hospitals the prospect of alternative care did not vanish for a number of patients. The attending psychiatrists and nurses agreed for 30 percent of the 381 longstay patients in the study that these persons could just as well live, more independently, in less sheltered conditions. The assessed need for alternative mental health care varied much within this group of 116 patients.

About 7 percent of the total study population was assigned to independent lodging or to living together with other patients in apartments or houses. Most of these patients were recommended for support by outreaching mental health care.

Another 2 percent were considered eligible for discharge to a psychiatric daycare center or psychiatric hostel.

Most patients, finally, were indicated for residence in sheltered homes: 12 percent in facilities outside of the grounds of mental hospitals, and 10 percent in small residential facilities within the border of the mental hospital site.

Much attention was given in this study to the skills of longstay patients. We distinguished by concept and factoranalysis four types of skills: basic personal skills (14 items), social skills (4 items), internal (6 items) and external social integration (20 items). These four scales were mutually dependent as indicated by linear correlation.

In the scale measuring basic personal skills items were included re dressing, walking, continence, sense of direction and linguistic competence. About 15 percent of all the longstay patients were seriously handicapped in their basic personal skills. These patients were very rarely considered eligible for alternative care.

The availability of basic personal skills turned out to be a necessary, but not an exclusive condition for the assignment of patients to alternative care. For living a more independent life social skills like verbal communication in daily life-interactions, handling money, using the telephone and public transportation, shopping and preparing simple meals are at least as important. About half (47%) of the study-population had serious difficulties with such social skills. Out of the patients with good social skills, however, 57 percent were considered eligible for discharge to alternative care.

The concepts internal and external social integration refer to:

- (a) the level of cooperative behaviour and social adaptation within the institution, and
- (b) the frequency and intensity of contacts with persons outside the hospital.

These two types of social integration were strongly correlated ($r=.66$). But there were still differences between internally and externally well-integrated patients. The group of externally

well-integrated patients consisted significantly more of men, were younger, had a shorter inpatientstay, and had better basic personal and social skills.

A good score on each skill-index contributed to a more positive judgement about discharge to alternative care. Patients with just as good basic personal skills had a smaller chance for discharge than patients who had not only good basic personal skills but also good social skills. The patients, finally, with an optimal skillspattern had with 64 percent a good chance of being indicated for alternative care. One patient out of seven had such an optimal skillspattern.

Suicidal behaviour was a very uncommon phenomenon in the group of longstay patients, and the results of the study did not confirm a negative relation between suicidal behaviour and discharge-eligibility. Patients with aggressive behaviour, on the other hand, were indicated much less for alternative care.

The judgement on potential discharge by staff-members was heavily influenced by the age of patients. Elderly patients had a significantly smaller chance of being indicated for alternative care than younger patients even if they did not differ with regard to skills, diagnosis, aggressive or suicidal behaviour and length of inpatientstay. The elderly schizophrenic patients in particular, had a very small chance to become eligible for alternative care.

Group I (elderly schizophrenic patients): about 15 percent of the longstay patients were 65 years or older and had a diagnosis of schizophrenia. Half of these patients had major deficiencies in basic personal skills, and almost everybody (95%) had serious problems with their social skills. Most of the patients were moderately or scarcely integrated in the social life of the institution (89%) or in the community outside of the mental hospital (81%). Only 6 percent of these patients were considered candidates for alternative care.

Group II (elderly non-schizophrenic patients): just as many patients in the sample (15%) were elderly but were not diagnosed as schizophrenic. Although they were comparable by age with the patients of Group I, they differed substantially with regard to skills. Group II-patients were significantly less handicapped in their basic personal and social skills, and showed a better participation in community life, inside and outside the hospital. About 20% of these patients were considered eligible for discharge to alternative care.

Group III (schizophrenic patients under 65 years of age): about 36 percent of the longstay patients were younger schizophrenic patients. Most of them (80%) had no deficiencies in their basic personal skills, and for half of the patients the social skills were not limited. In comparison with the elderly patients of Group II they had more restraints (29%) in participating socially within the hospital. The younger schizophrenic patients were, on the other hand, better integrated in social activities outside the mental hospital (58%). About 30 percent of these patients were eligible for alternative care according to the judgement of the psychiatrist and nurse.

Group IV (non-schizophrenic patients under 65 years of age): about 34 percent of the longstay patients belonged to this group. The non-schizophrenic patients under 65 years of age contrasted sharply with the above mentioned groups of patients with regard to new prospects for care. Almost half of the patients (49%) were indicated by their staff for transfer to an alternative care-setting. Most of these patients were not handicapped in their basic personal skills, and more than half of them had good social skills. They were also better integrated in the social life of the mental hospital than the younger schizophrenic patients. Almost twothird of the patients still had regular contacts with persons who lived outside mental hospitals.

The longstay patients themselves were interviewed in the study about attitudes towards possible discharge and their perception of the social climate of the ward. It was found that 38 percent of the patients had positive attitudes towards discharge. Just as many patients (36%) had ambivalent feelings, whereas 26 percent of the patients were unfavourably disposed towards discharge. Especially the hospital-residents with an inpatientstay of ten years or longer were strongly attached to the present situation and did not show any inclination towards discharge. This result was consistent for different groups of patients according to sex, age, marital state, psychiatric diagnosis, physical handicaps, skills and level of social integration.

The results of this study indicate that length of stay is not only a sign of the seriousness and chronicity of psychiatric illness, but also reveals in many cases, the preference of patients to remain in hospital.

Most of the longstay patients (76%) in our sample were residents of wards and units with a limited turn-over of patients. The other patients (24%) of our sample lived in units together with more recently admitted patients. In these units more than 30 percent of the fellow-patients had a hospital-stay of less than one year.

The patients who were living in the last mentioned type of unit had a far better chance (53%) of being considered eligible for discharge. This relation was less strong after controlling for potential confounders as age, length of stay and social skills, but was still noticeable. A possible explanation for this phenomenon is that the staff of units with more discharges have more experience and better contacts with aftercare services of the hospital, sheltered homes, psychiatric daycare facilities and the regional institutes for ambulatory mental health care.