

Patients Attending a Psychiatric Day Hospital - Analysis of One Year's Referrals

Volume: 05 Issue: 01 January 1987 Page: 39-45

~~P S V N Sharma~~

Reprints request

, P S Gopinath &

- Department of Psychiatry, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India

M V Reddy, - Department of Biostatistics, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India

Abstract

Psychiatric day hospitals have become increasingly popular since the movement for deinstitutionalisation of the chronic mentally ill. Much of the available literature however, applies to acute and short term rehabilitation programmes. The population characteristics, course and outcome of chronic mentally ill needing long term day hospitalisation and rehabilitation programmes would be different from that generally reported in literature. An analysis of one year's referrals to such a chronic care facility is presented. A majority of patients were suffering from schizophrenia or mental retardation, with moderate to severe disability in functioning and had generally poor social supports. The schizophrenics often had a past history of failed attempts at rehabilitation. A minority of patients suffered from manic depressive or other illness with better background prognostic factors. The findings reported here differ from those reported of patients attending short term day hospitalisation. Further, the difference between the diagnostic groups would have the implications for the planning of rehabilitation programmes specific to such groups.

Key words -

Psychiatric day hospital,

Rehabilitation,

Schizophrenia,

Mental retardation

The utility of day hospitals in the management of mentally ill patients has been recognised and their numbers proliferated as discussed by Daniels et al [1], Cross et al [2], Washburn et al [3], and Braun et al [4]. Their cost-effectiveness [5], [6], [7], [8], [9] and social acceptability [10], [11] have been confirmed. Vaughen [12] however stated that 'day hospitals, the major providers of day care, have expanded because of practical and financial pressures rather than by their own merit'. In this context it is to be noted that Wilder et al [6], Hogarty et al [13], Guy et al [14] and Bowman et al [15] found that day hospitalisation was not an absolute alternative for all patients. There appears to be a specific segment of mentally ill who tend to get referred to day hospitals rather than outpatient or inpatient care, but an overlap may exist between day patients and other patients.

Day hospitalisation has been used either for specific diagnostic groups (Harris [16], [17], [18]), or for all diagnostic categories; but they usually prefer to exclude alcohol and drug depends, personality disorders and organic brain syndromes (Hogarty et al [13]).

Although the concept of day hospitalisation has been important in the attempt to deinstitutionalise and rehabilitate the mentally ill, its role has often been limited to providing transitional care for the acutely ill, with (at best) some social and activity therapies included as in Craft [19], Canton et al [20], Peck [21], Wilder et al [6], Carney et al [22], Herz et al [7], [23], Michaux et al [24], and Braun et al [4]. Sometimes it has been used for brief hospitalisation for the chronically ill as Kris [5], reported of a small group of chronic psychotics with "severe relapse" treated for six weeks in a day hospital with a response better than that for patients treated in a state hospital.

Long term day hospitalisation focusing on the vocational and social rehabilitation of the chronic mentally ill has not been studied much, due probably to the varying philosophies and practices of day hospitals and the differences in mental health delivery systems. Pryce [25], reporting on a large urban day hospital with activity and rehabilitation facilities, found upto 2/3 of the patients attending for 2-17 years continuously with a discharge rate lower than the admission rate. Quoting other studies, he comments on the 'new chronic population' of psychiatric day care. It could be expected then that where long term day hospitalisation based rehabilitational measures are undertaken (as against the types reported by Stein et al [26], [27] amongst others) the population characteristics and results will be different from those of acute care facility.

A day hospital for mentally ill exists at NIMHANS, Bangalore. The clientele of the day care hospital predominantly consist of those suffering from chronic mental illness or sequelae thereof. The aim is complete social and vocational rehabilitation; maintenance of followup; and liaison work with community agencies where the patients are placed. Considering the apparent uniqueness of this hospital in the light of existing literature, it was decided to analyse the characteristics of the patients referred, as part of ongoing evaluation of the course and outcome of patients attending.

Material and Methods

Patients referred during one calendar year (1.12.84 to 30.11.85) with referral instrument (Sharma et al [28]) were examined; information was collected from them and their key relatives over one or more sessions during the period of their 'observation', on a structured interview proforma. Subsequently their case files were retrieved and examined to supplement the information given to us. The data was analysed with comparisons between the three major groups i.e. schizophrenics (Group 1), mental retarders (Group 2) and others (Group 3).

All diagnoses were made by consultant psychiatrists in accordance with ICD-9.

Results

Table 1 - Diagnoses (ICD-9) of patients at referral

Table 1 - Diagnoses (ICD-9) of patients at referral

During the year 205 patients were referred for day hospitalisation. The diagnostic distribution (table-1) reveals Group 1, i.e. schizpohrenia (38%) and Group 2, i.e. mental retardation (35.6%) as the most frequent diagnosis followed by Group 3 (26.4%).

The three diagnostic groups were compared on several variables using Chi-square test. Of the sociodemographic data, no significant differences were found in sex (male : female :: 2 : 1); age (75%

below 30 years); and socioeconomic status (over 90% of lower and middle strata) distributions. They differed significantly in educational status ($p < .001$ -group 2 having 78.1% illiterates whereas 73.1% of group 1 and 79.6% of group 3 had read upto classes 5 or more); religion ($p < .05$ -20.6% of group 1 whereas only 6.8% of group 2 and 13% of group 3 were Muslims/Christians, rest being Hindus); marital status ($p < .001$ all were single in group 2 as compared to 74.4% single, 12.8% married, 12.8% separated/divorced in group 1 and 50%, 38.9% and 11.1% respectively in group 3).

Amongst family details, significant difference ($p < .01$) was seen in family strength - Group 1 had more (62.8%) medium sized (5-8 member) and fewer (12.8%) small sized (1-4 member) families than group 2 (38.4% & 39.7%) or group 3 (38.9% & 40.7%). Family history of mental illness was significantly ($p < .01$) commoner in group 1 (21.8%) than group 2 (5.5%) or group 3 (14.8%). Family attitude to mental illness was uniformly negative in over 50% of patients but there was a difference ($p < .05$) in family attitude to day hospitalisation with 61.5% and 78.1% of group 1 and 2 compared to 46.3% of group 3 being positive.

Developmental variables revealed a significant differences in - delay in development ($p < .001$ -83.6% of group 2 described delays compared to 3.9% of group 1 and none of group 3); childhood neurotic or conduct disturbances ($p < .01$ -18.0% of group 1 had disturbances compared to 43.9% & 32.5% of groups 2 and 3); scholastic performance ($p < .001$ - group 2 was uniformly unsatisfactory in contrast to rest). No differences were seen in peer, personality and marital adjustment prior to the illness.

More group 2 patients were (50.7%) than group 1 (39.7%) or group 3 (38.9%) had received treatment elsewhere in the past ($p < .05$). Group 2 significantly oftener ($p < .001$) found such treatment not beneficial. None of the group 2 were ever hospitalised and no significant difference was seen between group 1 and 3 in duration of hospitalisation - 40% were hospitalised (25% for less than 6 months and 15% for longer). Group 1 patients had oftener (61.6%) received previous rehabilitational services than group 2 (35.6%) or group 3 (33.3%) - $p < .01$.

Discussion

Our day hospital caters predominantly to the chronic mentally ill or disabled as compared to many other day hospitals which care for the acutely ill. On evaluating the demographic and clinical variables of these patients the overall sex ratio is 2:1 in favour of the males. Patients are predominantly in their second or third decades and belong to the lower or middle socio-economic strata. These findings are uniformly applicable to the three diagnostics groups studied and reflected the type of population utilising this facility. Difference in marital status are explained on the basis of the earlier onset and continuous nature of illness in schizophrenics and mental retardates as compared to the others (group 3). The findings regarding religion should be viewed with caution due to the relatively small sample size for this purpose. The domiciliary status of the three groups is predominantly urban, in keeping with the location and the types of treatment programmes offered in this day hospital.

Developmental retardation, resultant scholastic backwardness and low educational status amongst the mentally retarded distinguishes them from the rest; neurotic and conduct disturbances being less often reported for the schizophrenics is a finding needing further examination. Although no significant differences were noted in marital, personality and peer adjustment prior to illness, information regarding these variables were not available in 37-73% making generalisation suspect.

Over half of the schizophrenic patients come from medium sized families whilst the representation of small families is higher in the rest. The schizophrenics also had a higher rate of first degree familial mental illness than the rest however without age correction this finding is not absolute. Overall, negative familial attitude to mental illness is high being ever higher in the schizophrenics. However familial attitude towards day hospitalisation is more satisfactory amongst the schizophrenics and retardates than the others. These findings reflect the more chronic and socially more disabling nature of former conditions and the relief that day hospitalisation probably brings to the families.

Over half of the patients had never worked (table 2). In this respect group 3 is different from the rest in having better employment records. This trend persists when patients who had worked over the past five years were examined for their periods of current employment. In keeping with the earlier observation, group 3 patients have better employment records prior to the onset of the index episode or referral (less than half of them having been unemployed then as compared to a majority of the rest). Understandably, current employability is perceived as significantly lower for the schizophrenics and retardates than group 3 both by the families and the patients themselves.

Table 2 - Comparison of clinical and occupational variables

Table 2 - Comparison of clinical and occupational variables

Combined results for duration of illness are misleading due to the large group of mental retardates who are significantly different from the rest (a majority of the latter having been ill for less than ten years). In keeping with the natural history of the illnesses a majority of the schizophrenics and others had acute onsets (more of the latter having had episodic courses) and 60% of them had no treatment prior to coming to NIMHANS. The mentally retarded get referred earlier after first contact, for day hospitalisation than the rest. In keeping with current practices, none of the mentally retarded were hospitalised and there was no significant difference in the frequency and period of hospitalisation of the rest. However, probably as a function of their needs, schizophrenics received rehabilitative efforts more than the rest. Personal disability - a measure of disability as perceived by the patient - is greatest amongst group 3 whereas family, occupational and other disabilities are significantly greater in the schizophrenics. The differential expectations of the families, from day hospitalisation is in keeping with the nature of deficits expected in the different illnesses and this in turn is in concordance with the treating team's plan for the patient, implying that the needs as felt by the receiver of care and the observed deficits or needs as per the professional are broadly in agreement.

The results indicate that our day hospital caters to the more chronically ill patients (predominantly schizophrenics and mental retardates) often with poor support systems and disability of an alloplastic nature. Although the aim is of providing long term vocational and social rehabilitation, different diagnostic categories differ markedly on several variables and can not be considered as a homogenous group in planning and evaluating treatment. The minority population of manic depressives, epileptics and others show features of better prognosis. These findings suggest that day hospitals are distinguishable from one another in terms of functioning and results, depending on the overall aims of treatment, and the nature of deficits and disorders handled by them. This is a factor that should be considered in reporting research in this area.

1. Daniels R S, Issues in the origin, organisation and operation of a day hospital

In : Epps R L & Hanes L D. (Eds) *Day Care of Psychiatric Patients*. Springfield, Illinois: Charles C The

Page: 20-34, 1964

2. Cross K W, Hassal C & Gaith D, Psychiatric day-care. The new chronic population
British Journal of Preventive & Social Medicine Page: 26: 199-204, 1972
3. Washburn S L, Vannicelli M & Scheff B J, Irrational determinates of the place of psychiatric treatment
Hospital & Community Psychiatry Page: 27: 179-182, 1976
4. Braun P, Lochansky G, Shapiro R, et al, Overview: Deinstitutionalisation of psychiatric patients a critical review of outcome studies
American Journal of Psychiatry Page: 138: 736-749, 1981
5. Kris E, Prevention of rehospitalisation through relapse control in a day hospital
In: Greenblatt M. (Ed) Mental Patient in Transition. Springfield, Illinois: Charles C Thomas Page: 155-162, 1961
6. Wilder J F, Cevin G & Zwerling I, A two year followup evaluation of acute psychotic patients treated in a day hospital
American Journal of Psychiatry Page: 122: 1095-1101, 1966
7. Herz M I, Endicott J, Spitzer J E & Mesnikoff A, Day versus in-patient hospitalisation - A controlled study
American Journal of Psychiatry Page: 127: 1371-1383, 1971
8. Weisbrod B A, Test M A & Stein L I, Alternatives to mental hospital treatment II: Economic benefit-cost analysis
Archives of General Psychiatry Page: 37: 400-405, 1980
9. Dick P, Cameron L, Cohen D, Batlow M & Ince A, Day and full time psychiatric treatment: A controlled comparison
British Journal of Psychiatry Page: 147: 246-250, 1985
10. Hoenig J & Hamilton W, The schizophrenic patient in the community and his effect on the household
American Journal of Psycho-Analysis Page: 26: 165-176, 1966
11. Test M A & Stein L I, Alternative to mental hospital treatment III: Social cost
Archives of General Psychiatry Page: 37: 409-412, 1980
12. Vaughan P J, Developments in psychiatric day care
British Journal of Psychiatry Page: 147: 1-4, 1985
13. Hogarty G E, Dennis H, Guy W & Gross G M, 'Who goes there?' A critical evaluation of admissions to psychiatric day hospitals
American Journal of Psychiatry Page: 124: 934-944, 1968
14. Guy W, Gross M, Hogarty G E & Dennis H, A controlled evaluation of day hospital effectiveness
Archives of General Psychiatry Page: 20: 329-339, 1969
15. Bowman E P, Shelley R K, Sheehy-Skeffington A & Sinanan K, Day patient versus in patient: Factors Dermining selection of acutely ill patients for hospital treatment
British Journal of Psychiatry Page: 142: 584-587, 1983
16. Harris A, Day and night hospitals in psychiatry
Lancet Page: 2: 729-730, 1957
17. Smith S & Cross E, A review of 1000 patients treated at a psychiatric day hospital
International Journal of Social Psychiatry Page: 2: 292-298, 1957
18. Craft M, An evaluation of treatment of depressive illness in a day hospital
Lancet Page: 2: 149-151, 1958
19. Craft M, Psychiatric day hospitals
American Journal of Psychiatry Page: 116: 251-254, 1959
20. Canton R & Hagest R, Day care as a substitute for inpatient care

- American Journal of Orthopsychiatry* Page: 32: 227-228, 1962
21. Peck H, The role of the psychiatric day hospital in a community mental health programme
American Journal of Orthopsychiatry Page: 33: 482-493, 1963
22. Carney M W P & Ferguson R S, Psychiatric day hospitals and community
Lancet Page: 1: 1218-1220, 1970
23. Herz M H, Endicott J & Spitzer R L, Brief versus standard hospitalisation: The families
American Journal of Psychiatry Page: 133: 795-801, 1976
24. Michaux M H, Chelst M R, Foster S A, Pruijm R J & Dasinger E M, Post release adjustment of day and full time psychiatric patients
Archives of General Psychiatry Page: 29: 647-651, 1973
25. Pryce I G, An expanding 'Stage Army' of long stay psychiatric day patients
British Journal of Psychiatry Page: 141: 595-601, 1982
26. Stein L I, Test M A & Marx A J, Alternatives to the hospital: A controlled study
American Journal of Psychiatry Page: 132: 517-522, 1975
27. Stein L I & Test M A, Alternatives to mental hospital treatment. I. Conceptual model, treatment programme and clinical evaluation
Archives of General Psychiatry Page: 37: 392-397, 1980
28. Sharma P S V N, Sharma S K & Gopinath P S, Evaluation of a day hospitalisation referral instrument
Journal of Rehabilitation in Asia Page: 26 (3): 14-23, 1985
-