

MAYVIEW DISCHARGE STUDY: RELATED ABSTRACTS

DISCHARGED LONG STAY FOLLOW UPS

Shane J. McInerney, Susan Finnerty, Gloria Avalos, Elizabeth Walsh. 2010. Better off in the community? A 5-year follow up study of long-term psychiatric patients discharged into the community. Soc Psychiat Epidemiol (2010) 45:469–473.

Background The quality of life of long-term psychiatric inpatients relocated to the community was investigated in this study. The aim was to investigate what changes, if any occurred, on standardised quality of life related instruments between discharge from hospital and at 1 year after discharge into the community. We were also interested to see if these changes continued 5 years after discharge into the community. **Method** 87 long-stay psychiatric patients were enrolled in the study. Each patient was assessed on four standardized assessment instruments designed to assess their attitudes towards community living and level of functioning in the community. **Results** Patients reported being satisfied in their new community environment. They showed improvements in their level of self-care and social functioning after 1 year in the community. These improvements were not maintained in their fifth year in the community. In addition, there were no improvements in patient's domestic skills, community skills or activity and social relations levels. Weekly occupation levels increased after 5 years in the community and their level of interests in things increased over the first year but not after 5 years in the community. **Conclusions** This study adds to the previous work carried out on patients discharged from large psychiatric hospitals into the community. Patients expressed a desire to continue to live in the community and while they showed improvements in self care and social functioning in the first year following discharge, these improvements were not sustained after 5 years in the community. Further training is needed for staff in the community residences so that patients can achieve their maximum potential.

Pier Maria Furlan, Marco Zuffranieri, Ferruccio Stanga, Luca Ostacoli, Jessica Patta, Rocco L. Picci. Four-Year Follow-Up of Long-Stay Patients Settled in the Community After Closure of Italy's Psychiatric Hospitals. Psychiatric Services 60:1198–1202, 2009.

This study reports on the final phase (1996–1999) of closure of Italy's psychiatric hospitals. In this phase the last group of patients was resettled in community-based care. These patients were particularly difficult to resettle, and many hospital staff considered their discharge impossible or inappropriate. Shorter-stay inpatients who were previously resettled in community facilities showed improvement in quality of life and socialization and apparent stability of psychotic symptoms. Compulsory resettlement, implemented by community-based practitioners, provided an opportunity to determine whether it could be considered positive for all patients. **Methods:** A total of 176 patients were discharged in 1998 from two psychiatric hospitals in Northern Italy until 2002. All patients had been hospitalized for more than 20 years (median stay of 37 years). Patients were resettled in sheltered communities with 24-hour staff (N=101), in apartments with daily support (N=24), in residential health care facilities (N=49), and to their previous homes (N=2). Follow-up evaluations were at three and six months and then yearly (total of six). Psychological condition was evaluated with the 18-item Brief Psychiatric Rating Scale. Autonomy and relational skills were assessed with scales developed for the closure project. Analyses of variance were used to assess data. **Results:** Clinical condition steadily improved and substantial improvements were noted in autonomy, socialization, and expression of volition. No worsening occurred in any category. **Conclusions:** Even among patients with very long hospital stays, resettlement in community-based care and changes in the social framework can have positive results in psychological and social functioning and quality of life.

Paul McCrone, Angela Hallam, Martin Knapp, Francis Swaray, Ana Nazir, Julian Leff, Andrew Szmidla. Service use and costs of supporting the most socially disabled patients in a hospital reprovision programme : A two-hospital comparison. Soc Psychiatry Psychiatr Epidemiol (2006) 41:656–661

The UK, in common with other Western countries, has seen a marked reduction in the number of long-stay hospital beds over the past few decades and most asylums have been closed. Whilst hospital closure and discharge programmes differ, a common characteristic is likely to be that those patients who are “difficult-to-place” in the community are amongst the last to be discharged. This paper compares service use and costs of difficult-to-place patients from two UK hospitals (Friern and Warley) and identifies predictors of cost. One of these hospitals (Warley) provided a more intensive programme of rehabilitation. Method The study included 84 patients (Friern 63, Warley 21). Patient characteristics prior to discharge were recorded. Service use was measured and costs calculated for the year following discharge. Comparisons were made between the Warley and Friern groups and cost predictors were identified using multiple regression analysis. Results Post-discharge accommodation, in-patient and outpatient costs were substantially higher for the Friern group, whilst the Warley group had higher day care costs. The total mean costs were £13,432 higher for the Friern group. However, non-accommodation costs were substantially higher for the Warley group. Patients with more social skills had higher non-accommodation costs. Higher total costs were associated with more self-care skills, fewer domestic skills and younger age. Longer length of stay prior to discharge was associated with higher non-accommodation and total costs. Conclusions: The costs of care following discharge differed substantially between these two groups. This is partly a supply effect given the different strategies for caring for these difficult-to-place patients. In common with other studies, patient characteristics can explain some of the differences in future costs.

Robert L. Okin, Jonathan F. Borus, Lee Baer, A. Levond Jones. Long-Term Outcome of State Hospital Patients Discharged Into Structured Community Residential Settings Psychiatric Services January 1995 Vol. 46 No. 1 73-78.

Objective: This longitudinal study examined various dimensions of the lives of patients with chronic mental illness immediately before and again several years after their discharge from a state hospital into well-staffed structured community residential settings. Methods: fifty-three patients with chronic mental illness and long histories of hospitalization were evaluated shortly before their state hospital discharge using a comprehensive structured assessment of nine dimensions of functioning and symptomatology. A follow-up assessment was undertaken a mean of 7.5 years after discharge into four structured group borne settings. Results: At follow-up, 57 percent of the patients continued to live in structured community residential settings, 28 percent had moved on to independent living, and 16 percent had returned to an institutional setting. Fifty-five percent needed hospital readmission, but the total sample spent only 1.1 percent of the time after discharge in the hospital. At follow-up, patients showed significant improvements in cognitive and social functioning, and 94 percent expressed a preference for life in the community. Conclusions: Many patients discharged to structured community residential settings seem to prefer them to the state hospital, are able to graduate to independent settings, and show improvement in important dimensions of functioning after several years in the community. Other dimensions seem resistant to change despite the structure and support afforded by residential settings.

Christine A. McCourt Life after hospital closure: users' views of living in residential 'resettlement' projects. A case study in consumer-led research. *Health Expectations*, 3, pp.192-202. 2000.

Objective To conduct a user-led and focused study of the views and experiences of former psychiatric hospital patients in community-based residential projects four years after hospital closure. The aims of the study were to assess residents' views about their current living arrangements, their opportunities to give their views and their interest in a formal user-group such as a residents' council or citizen advocacy scheme. **Design** A small-scale, qualitative study designed to enable users to voice their own views and experiences in their own words, conducted by a project group of psychiatric service users/survivors. **Setting and participants** All eight residential 're-provision' projects in the area were included, with a total potential sample of 65 residents. All residents were invited to take part and a total of 26 were interviewed, although a larger number of residents together with residential care staff took part in initial 'house' meetings to discuss the study. **Methods** Semi-structured, open-ended interviews with all residents willing to participate, researcher participation in 'house meetings', researchers' personal reaction and discussion. **Results and conclusions** On the whole, residents were content with community living arrangements and preferred these to hospital, although levels of satisfaction varied across different residential projects. Residents lacked awareness of rights to and means of voicing concerns and making choices about major issues in their lives. They showed greater interest in individualized rather than group advocacy. Ideally, research and evaluation, to be truly user-focused, should be long-term and continuous in order to involve participants more fully, and should anticipate the structures and processes needed to act on findings.

Elizabeth H. Flanagan & Larry Davidson. Passing for "Normal": Features That Affect the Community Inclusion of People with Mental Illness *Psychiatric Rehabilitation Journal* 2009, Volume 33, No. 1, 18–25. DOI: 10.1177/0020764009345062

Objective: The purpose of this study was to investigate specific features that indicate to community members that a person has a mental illness and the emotional reactions elicited by these features, in hopes of understanding barriers to the community integration of people living with mental illnesses. **Method:** Participants were 15 community members who had considerable experience with people with mental illnesses but no extensive clinical training (e.g., store clerks, landlords, clergy). A mixed qualitative-quantitative design elicited 1) participants' subjective experience of interacting with people with mental illness and 2) participants' ratings of specified features of people with mental illness. **Results:** Interpretive phenomenological analysis of qualitative interviews suggested that a person's mental illness was only apparent from afar if s/he was responding to internal stimuli or wearing bizarre or inappropriate clothing. The person's illness usually became apparent through interacting with the community member. Participants reported feeling kind benevolence towards people with mental illness and rated the likelihood of people with mental illness to be threatening or violent as very low. Overall, participants' ratings of features of people with mental illness corroborated qualitative themes. **Conclusions:** These data suggest that stigma is not elicited simply by the presence of a person with a mental illness, and that the presence of a mental illness in most cases only becomes apparent through social interaction. Also, these data support conclusions that personal experience with people with mental illness reduces fear and increases benevolence and that personal contact should be integral to community integration and anti-stigma campaigns.

A. Topor, M. Borg, S. Di Girolamo and Larry Davidson. Not just an individual journey: social aspects of recovery. *Int J Soc Psychiatry* published online 15 October 2009

Background: Recent literature on recovery describes the process as deeply personal and unique to each individual. While there are aspects of recovery that are unique to each individual, this article argues that focusing solely on these overlooks the fact that recovery unfolds within a social and interpersonal context. **Materials:** Drawing from qualitative data, this article describes aspects of recovery that involve the contributions of others, the social environment and society. **Discussion:** These aspects of recovery include relationships, adequate material conditions and responsive services and supports. **Conclusion:** The authors consider the implications of these social factors for transforming psychiatric research and theory as well as for recovery-orientated practice.

STATE HOSPITAL CLOSURES

Aileen B. Rothbard and Eri Kuno

The Success of Deinstitutionalization: Empirical Findings from Case Studies on State Hospital Closures. *International Journal of Law and Psychiatry*, Vol. 23, No. 3–4, pp. 329–344, 2000

Notwithstanding concerns around hospital closures, the trend toward hospital closures has accelerated in past years. The empirical evidence suggests that the long-stay discharge population shows an improved life satisfaction following discharge, with little or no deterioration in level of functioning. In addition, costs have generally been the same or less for discharged patients living in the community. In Philadelphia, the cost of care was substantially reduced; in Massachusetts, as well as London, costs were, on average, no higher in the community versus the state hospital, particularly after the first year following discharge. Finally, in South Verona, though there are no cost figures given for long-term psychiatric hospitals operating in contiguous regions, the data suggests that the community system is no more costly and patients appear more satisfied with community care. There are several similarities between these case studies that may be useful in planning for systems of community-based care as long-stay psychiatric hospitals continue to downsize and close. First, it appears that the “long-stay” inpatient population is transitioned more easily into the community than might be assumed given their lengthy hospitalization histories. This may have to do with the illness trajectory associated with severe mental disorders where persons have learned over time to cope with symptoms and adjust to the functional limitations imposed by mental illness. Given that this long-stay cohort is usually the first group to be discharged, estimates of cost savings are likely to be based on the cost of residential care in the community. In Philadelphia, this care was substantially less than the cost of the state hospital, whereas in the U.K. residential care proved to be at least as costly given the support services provided in the care settings. The desire to create a cost-effective service system that provides care in the least restrictive setting while promoting quality of life for individuals with serious mental illness is shared by all. The relevant question, at this juncture, is what mix and level of service(s) should replace the former “state” hospital system, not whether long-stay psychiatric institutions should be eliminated.

Shifting Resources to the Community: Closing the Illinois State Psychiatric Hospital for Adolescents in Chicago. Peter Nierman, John Lyons. *PSYCHIATRIC SERVICES* _ September 2001 Vol. 52 No. 9 1157-59

On the basis of anecdotal information and empirical data, it appears that the closure of the state hospital for children and adolescents in Chicago was achieved without undue burden on those it served. Although the number of hospital admissions increased, the average number of days declined dramatically, by more than 75 percent. In addition, the community linkage appears to have improved in

that the rate of residential placements also declined dramatically, from 14 percent of discharges at the state hospital in 1997 to fewer than 5 percent from private hospitals in 1998 and 1999. The actual numbers of children who were transferred from the hospital to residential treatment declined from 33 in 1997 to 16 in 1998 and 20 in 1999. The closure resulted in a dramatic reduction in expenditures on hospital services, from \$12 million in 1997 to about a fifth of that amount in 1998 and 1999. More than \$10 million was garnered for annual expenditure on other approaches to serving children and families. The promise by state leaders to invest savings from the closure into building community-based services was a key aspect of the success of this process. Although the closure was accomplished during an economic boom, when less emphasis was placed on cost containment, there is always the risk that funds saved in a state system will be lost to priorities other than mental health care. The privatization of hospital services appears to have produced an increase in the number of readmissions. However, part of this increase reflects readmission of discharged children who otherwise would have remained hospitalized all year. With extended stays, the number of readmissions is kept artificially low. For the population of children and adolescents who were rehospitalized within six months in private-sector hospitals, the average total number of hospital days was still significantly lower than the average length of stay for all hospitalized adolescents at the state hospital in 1997 (50 days in 1997 compared with 38.2 days in 1998 and 41.8 days in 1999). However, beyond this reduction it appears that readmission within a year is more common under privatization. This finding suggests that it is important to continue development of community-based services that can effectively serve the youths who are likely to return to the hospital. Closure of any existing program or facility faces many obstacles. A goal to convert investment in human and physical infrastructure into a more flexible resource can enliven the natural resistance to change. The state of Illinois was able to achieve its objective by capitalizing on an already shifting service system that was rendering the state hospital increasingly obsolete. Also helping to pave the way was an inclusive planning process to address the very real concerns of clinical staff, advocates, and families. The result has been greater funding of community-based mental health services without sacrificing access to high-quality psychiatric hospital care. _

OVERALL HOSPITAL TRENDS FRAMEWORKS FOR CLOSINGS

William H. Fisher, Jeffrey L. Geller, and John A. Pandiani. The Changing Role Of The State Psychiatric Hospital . Health Affairs 28, no. 3 (2009): 676–684; 10.1377/hlthaff.28.3.676

ABSTRACT: State hospitals were once the most prominent components of U.S. public mental health systems. But a major focus of mental health policy over the past fifty years has been to close these facilities. These efforts led to a 95 percent reduction in the country's state hospital population. However, more than 200 state hospitals remain open, serving a declining but challenging patient population. Using national and state-level data, this paper discusses the contemporary public mental hospital, the forces shaping its use, the challenges it faces, and its possible future role in the larger mental health system.

Mayur M. Desai, Robert A. Rosenheck, Trends in Discharge Disposition, Mortality, and Service Use Among Long-Stay Psychiatric Patients in the 1990s. Psychiatric Services 54:542–548, 2003

Objective: This study examined changes in discharge disposition, mortality, and service use among three cohorts of highly vulnerable long-stay psychiatric patients in the Department of Veterans Affairs (VA) mental health system during the 1990s, a period of extensive bed closures. **Methods:** National VA administrative databases were used to identify and prospectively follow three long-stay cohorts: mental health inpatients who had been hospitalized for at least one year as of the end of fiscal year 1991

(N=2,343), 1994 (N=1,853), and 1997 (N=1,156). The cohorts were compared in baseline demographic and diagnostic characteristics as well as discharge disposition, mortality, and service use over a three-year follow-up period. *Results:* Nationally, the number of occupied long-stay beds decreased by 50 percent between 1991 and 1997. Over time, significant changes were noted in long-stay patients' principal diagnoses and discharge dispositions. Compared with the 1991 cohort, the 1994 and 1997 cohorts had a higher proportion of patients with psychotic disorders (69 percent, 77 percent, and 75 percent, respectively) and were more likely to be discharged from the hospital during the three-year follow-up period (33 percent, 54 percent, and 53 percent, respectively). However, among patients who were discharged, no substantial differences were noted in either mortality or overall VA service use across the three cohorts. *Conclusions:* The delivery of inpatient VA mental health services changed dramatically during the 1990s. This study provided evidence that continuing efforts to close VA mental health beds have not resulted in substantially adverse changes in mortality rates or in the extent to which long-term inpatients remain connected with the VA system after discharge.

Priebe, Stefan. Institutionalization revisited – with and without walls. *Acta Psychiatr Scand* 2004; 110: 81–82

Professional mental health care is probably impossible to conceive without institutions. Whatever the reasons for new forms of institutionalization, important questions remain. How do these institutions contribute to the social inclusion of patients? Can they help to maintain the autonomy of patients with severe disabilities? Do they provide beneficial care even for the most vulnerable and least assertive group of patients? The answers to these questions are central to the future of mental health care, because people with severe and chronic mental illnesses are at the heart of our specialty.