ALTERNATIVES TO HOSPITALIZATION IN PSYCHIATRIC SERVICES

THESIS

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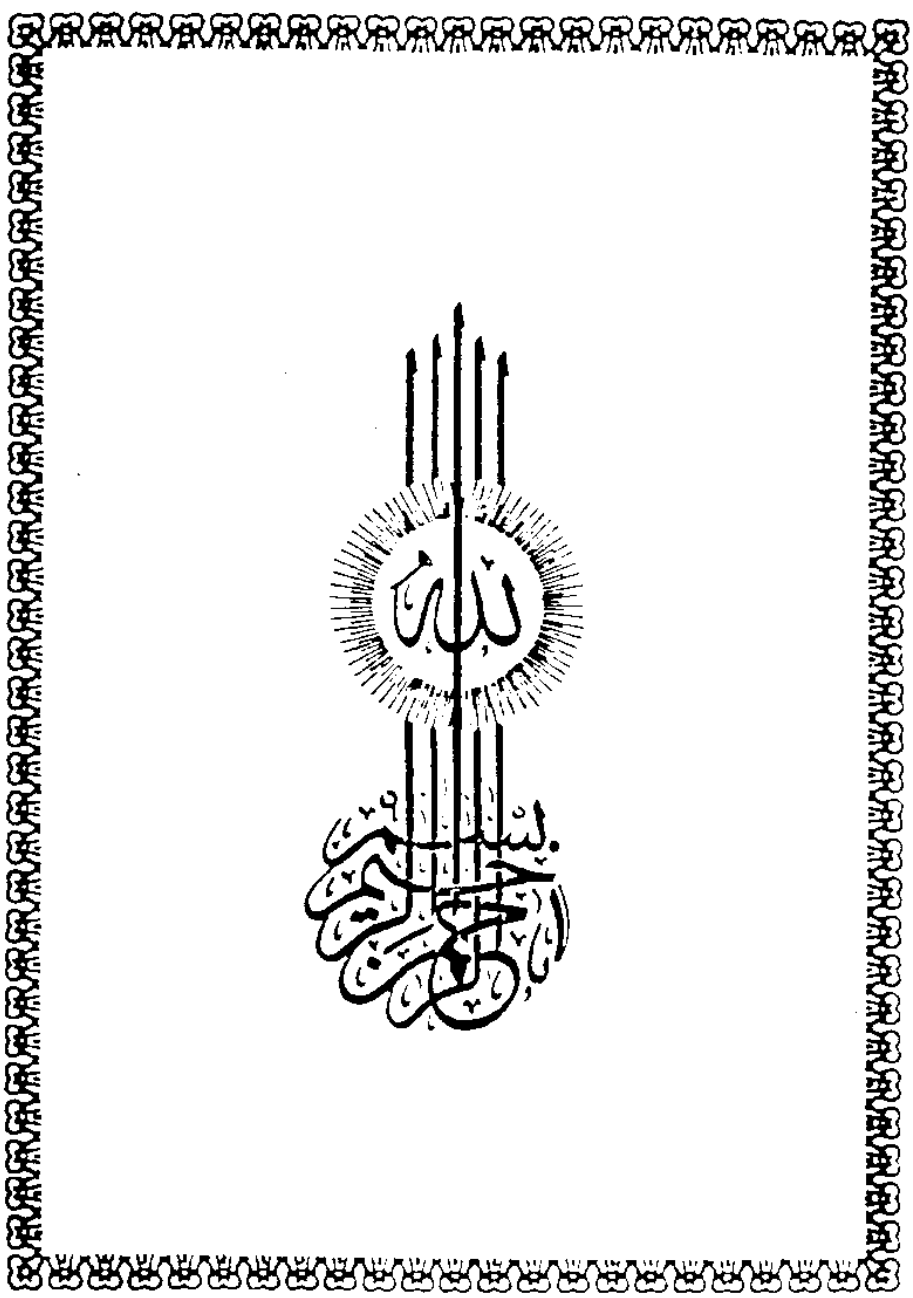

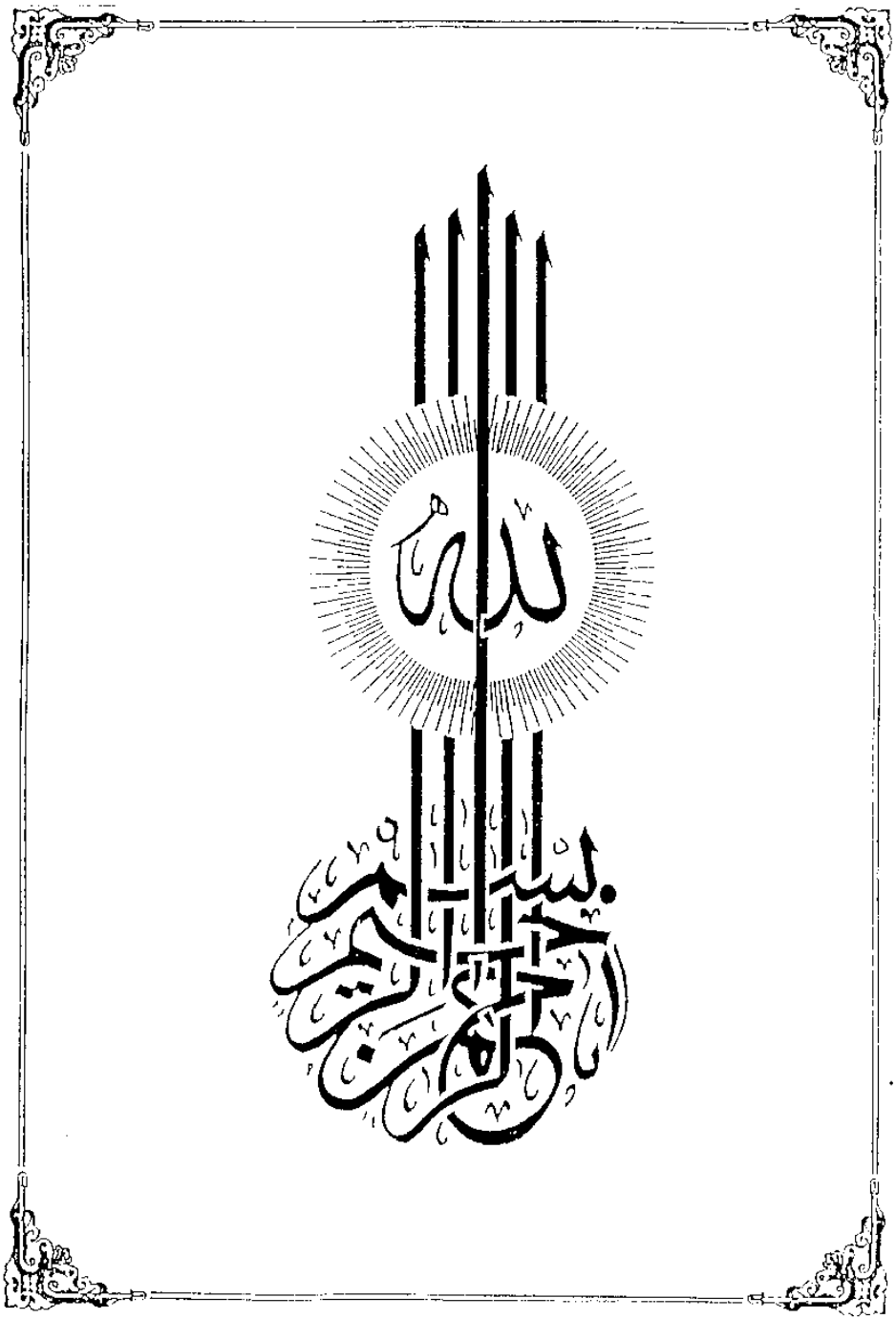

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INTRODUCTION

Radical change occured in the modality of psychiatric services. One of the most important of these has been that shift in the locus of treatment from large public mertal hospital to community based program. The main aim was and still is to enable the patient to keep ties with his family, friends and with the community as well as to reduce the disabilities associated with institutionalism.

Many psychiatrists have attempted to return the hospitalized patient to the community as early as possible, and to provide psychiatric care within the patient community rather than in large hospitals (Herz, et al., 1979). Now hospitalization of the mentally ill is seldom measured in terms of years but is more often a matter of months or even weeks.

Mosher (1983) concluded that there is no need to hospitalization what so ever if available alternatives in the community are possible. He based this corclusion on the fact that there are treatment for psychiatric disorders which are at least as effective as, and may

in some cases be more effective than hospital admission and at same time cost less.

Community based program needs a number of services such services as emergency services, outpatient services, partial hospitalization, inpatient services and consultation education services. Also services for children, aged, drug abuse and follow up service. In addition, many other programs exist for chronic mental patient, such as, socialization clubs, self helping group and rehabilitation services.

Such facilites may reduce recidivism (rehospitalization) to mental hospitals, even may reduce their needs and considered as alternative to hospitalization.

AIM OF THE WORK

Mental hospitals have been providing care and treatment for the mentally ill over the past two centuries and over the last three decades, there was trend to avoid hospitalization and if it is necessary become for short time only .

The aim of this thesis is:

1. To test the hypothesis that the community care is more effective than institutional care.
2. To examine the models available other than hospitals.
3. To compare the hospital and extrahospital facilites.
4. To try and to suggest comprehensive care system.
5. To give some advices to promote the mental health.

HISTORY OF PSYCHIATRIC SERVICES

The first mental hospital to be built was in Baghdad in 570 A.D. The Kalawon Hospital in Cairo built in 14Th century is extremely interesting as regards to psychiatric care and it had a separate section for mental disorders. At the begining of 19Th century the mental patients were move out and were addmitted at al Azbakeya general hospital. A few years latter, they were again transfered to another building in Boulag area, and from there in 1988 to Abbassia where a royal palace damaged by fire, was provided to house mental patient (Okasha, 1977). On 1911, another state mental hospital was established at Alkhanka that was called "Balmarstan Alkhanka" (Nesseem, 1985).

In the world, during the later part of the 19Th century and early 20Th century saw large mental hospitals being built some distance away from centres of large cities, faraway to keep the mentally sick at a respectable distance from the rest of the community (Sanisbury, 1974). For along many years, the mental hospital was the primary element of the system of mental care before the onset of community based programs (Levine, 1981).

Since 1950s have been the most revolutionary in the history of psyhiatric treatment. These years are marked by major change in the scope and diversity of mental health services and provides, in the range and effectiveness of psychiatric treatments, and in the massive migration of severely mentally disabled individuals from the large public asylum back to the community. This community mental health movement has been called "the third psychiatric revolution" (Sharfstein, 1984).

The first revolution was the age of enlightenment and humanization of treatment following the middle ages when mental illness was viewed as a consequence of sin and witchcraft.

The second revolution was the pervasive influence of psychoanalysis and was a hope for a causative explanation of mental disorders (Eckman, 1979).

The third revolution gave promise of becoming the basic public funded system for treatment and prevention of mental disorders. It can best be understood by examining the somatic, hereditary and sociocultural theories of mental illness, accordingly environment

influences behaviour. The end of the 19Th centurey was an era of new developments and discoveries in the concept of disease, knowledge of human physiology and pathophysiology expanded. Scientific medicine began to advance and gave promise of understanding the causes of behaviour and hope for effective treatment, even the classification of mental disorders by kraeplin were hopeful that they could demonstrate a disorder of brain itself, a disorder of structure and function.

In the early of the 20Th century Sigmund Freud (1856 - 1939) introduced psychodynamic concepts and unconscious and their influence on behaviour suggested that psychological forces were the major factor in mental illness. So psychoanalysis became a treatment method for both mild and serious mental disorders and moved the whole field away from the hospital into office and community practice, it began in the 1930. Therefore became the base for the development of community psychiatry, (Langsley, 1985).

Adolf Meyer (1866 - 1950) stressed the importance of prevention of mental illness and public education as well as an integration of prevention, treatment and after care. So it would promote healthy attitude,and

behaviour, and would lessen the type of stress that was conducive to mental disorder (Talbott, 1983).

In 1908 Clifford Beers inspired of the mental hygiene movement. It brought nonpatients and families of patients into a movement designed to offer better treatment to mental disorders, also he accelerated the movement of psychiatrists into the community (Mora,1985).

World war I resulted in a large number of military personnel developed mental illness, and the shell-shocked veteran was a matter of grave public concern. A more than rudimentary social psychiatry developed in the military during the First world war. After world war 1, it turned its attention to the development of preventive services (Levine, 1981).

In world war II a great deal of attention was paid to psychiatric responses associated with stress and battle conditions. The principles of prompt treatment as possiple to battleline, active psychotherapy, social support and the expectation of prompt return to duty had a great influence on the later development of civilian methods of treating acute disorders. The military

experience reduced the stigma of mental illness, it exposed many people to the evidence that mental disorder is an illness precipitated by stress and that, like other illnesses, it can managed by early diagnosis and active treatment, it showed the benefits of avoiding removing the military personnel from their community and sending them to distal mental hospital. The principle of treatment as close as possible to the duty site or home became a keystone in community psychiatry (Langsley, 1985).

Mental hospitals had been throughly neglected during the war years, manpower shortages aggravated poor conditions, in one city, vagrants were given the choice of working in the mental hospital or going to jail. After the war, publicity about the scandalous conditions of the mental hospitals created a climate conducive to reform (Levine, 1981). Psychiatrists developed the procedure of milieu therapy, emergency treatment, partial hospitalization, family treatment, and the use of volunteers as agent in treatment process. Mental hospital personel became more optimistic about the prognosis of mental patients, and so began to reduce security operations and permit more early discharges.

In the mid 1950s the mental hospital census declined for the first time and it has been declining ever since (Gottesfeld, 1977).

In the early 1950s particularly important, saw the development of antipsychiatric drugs that can influence behaviour, the major effect came with the discovery that chloropromazine tranquilizes disturbed patients and influences psychotic symptomes. The drug gaves a more liberal outlook, extension of outpatient services and patients discharged (Affleck, 1978).

Soon followed by antidepressants and antianxiety drugs, the use of Lithium to prevent attacks of mania is the major psychopharmacological breakthrough in prevention, The use of psychotropic agents permitted vast improvement in the mental hospital themselves and in the treatment of many serious disorders outside the hospital and influenced in the development of treatment in the community. Non hospital psychiatric treatment for those who ordinarily would have been hospitalized was developed in Britain and Europe before it was developed in the United state (Langsley, 1985). The Mental Health Act in England, Wales, and Scotland wer