Factors Contributing to Long Stay of Patients

in a Governmental Psychiatric Hospital in Egypt

Thesis
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Abstract:

Aim of work:

Defining and studying the clinical characteristics of long term admitted psychiatric patients in Helwan mental health hospital and searching factors that interfere with their discharge.

Subject:

All compatible patients of different DSM-IV psychiatric disorders who are admitted at "Helwan mental health hospital" for more than one year.

Methods:

Diagnostic criteria of DSM-IV modified FACE profile, the socio-Economic Status Scale of the Family, Positive and Negative Syndrome Scale and Social Behavior Schedule.

Results:

Long-stay patients who stayed more than one year were more females than males, coming mainly from urban areas, most of patients were illiterate or only read and write and most of them were not working, most of these patients were of low socio-economic level. The most frequent diagnoses of these patients was schizophrenia undifferentiated type, majority of cases were voluntarily admitted. Some of these patients were risky to self and others, positive symptoms were the more frequent and social abilities of the patients were impaired.

Conclusion:

Long stay patients were more female, mostly of low socioeconomic status, some of them were risky to self and others, positive symptoms were the most frequent and social abilities of the patients were impaired.

Key words:

Long stay, psychiatric, governmental hospital, social, positive, negative& demographic.

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List of abbreviations

ACT	Assertive Community Treatment
AIMS	Assessment Instrument for Mental Health Systems
AMA	Against Medical Advice
APA	American Psychiatric Association
ASW	Approved Social Worker
CT	Computerized Axial Tomography
D2	Dopamine type 2
DSM IV	Diagnostic and Statistical Manual of Mental Disorders (the 4th edition)
ECT	Electro Convulsive Therapy
EEG	Electro Enchephalo Gram
EMRO	Regional Office for the Eastern Mediterranean
ETU	Emergency Treatment Unit
IQ	Intelligent Quotient
KPI	Key Performance Indicators
lCD 10	International Classification of Disease (the 10th)
MHRT	Mental Health Review Tribunal
MHS	Mental Health Secretariat
MOH	Ministry Of Health
PANSS	Positive And Negative Syndrome Scale
PET	Positron Emission Tomography
RMO	Responsible Medical Officer
SPECT	Single Photon Emission Computed Tomography
SPSS	Statistical Package for Social Science
WHO	World Health Organization
WPA	World Psychiatric Association

Introduction

Long term stay in psychiatric hospitals is very urgent and important problem in the society today which makes the patient less fit for life outside the psychiatric hospitals (Pullen and Hume, 1994).

Length of hospitalization is defined as the mean period of time a patient is hospitalized in a full day psychiatric service (Feigelson, 1983).

Today the average length of stay for adults in a psychiatric facility is 12 days. The mental health care team and patient begin planning for discharge on the first day of admission. Because medical research has produced highly effective treatments, people who suffer from mental illness today recover from severe episodes much more quickly than in the past. Most recover with short-term stays that average 10 days, followed by partial hospitalization, outpatient and support group services (APA, 2004).

The definition of long-term hospitalization varied from one investigation to another. Long or extended hospital stay is defined as period of stay that is longer than four weeks (Sadock and Sadock, 2004), 90-120 days (Glick and Hargreaves, 1977), 75 days (Gaffey, 1971), 50 days (Herz, 1975), 179 days (Jeffrey *et al*.1977).

Inpatient program categorized by length of stay Into: brief hospitalization (1-4 weeks) and extended hospitalization (longer than 4 weeks) (Sadock and Sadock, 2004).

Long term hospitalization was the dominant type of care provided for psychiatric patients from the late 19th till the mid 20th centuries (Krupinski, 1995). Prior to the early 1950s patients who suffered from chronically disabling psychiatric illness were hospitalized for years and often for life (Stein, 1980).Today psychiatric hospitals must meet the challenge of reducing the costs of care while maintaining a high level of quality (Mezzich and Coffman, 1985).One approach for reducing costs is to reduce an individual patient's length of stay (Huntely *et al.*, 1998).

Prolonged inpatient admissions impact negatively on quality of life, social interaction and deplete health care resources (Huntly *et al.*, 1998).

Since , there is no doubt that the amount of time spent in hospital as inpatient has financial, social and quality of life implications, it is desirable to determine some of the correlates of prolonged psychiatric inpatient hospitalization in governmental psychiatric hospital . This study explores the characteristics of long stay patients in a governmental psychiatric hospital and defines their impaired social functioning. These aspects need to be taken into consideration while planning for their discharge.

Aim of the work

Defining and studying the clinical characteristics of long term admitted psychiatric patients in Helwan mental health hospital and searching factors that interfere with their discharge. This might be helpful for psychiatrists in governmental hospitals to have guide lines (clinical, sociodemographic, economic and social functioning) for minimization of long term hospitalization.

CHAPTER I

PSYCHIATRIC HOSPITALS

A psychiatric hospital (also called a mental asylum) is a hospital specializing in the treatment of persons with mental illness. Psychiatric wards differ only in that they are units of a large hospital (APA, 2004).

HISTORICAL BACKGROUND:

In The World:

From the dawn of history, until about the middle of the 19th.century , the mentally disordered were indiscriminately exercised, or burnt , or left to wander at will or were chained up and beaten (Patricia, 1979).

During the later part of the 19th century and early 20th century, large mental hospitals being built some distance away from centers of large cities, sufficiently faraway to keep the mentally sick at a respectable distance from the rest of the community (Maurice, 1974).The patients became more dependent, lost their initiative and lost the sense of responsibility. The final result was that, it has been termed "institutionalization syndrome" (Martin, 1955) or "institutional neurosis"(Russell Parton, 1959).

Although the historic beginnings of genuine psychiatric hospital treatment are still a matter of controversy, evidence is accumulating that the first authentic psychiatric hospital in the western world were founded in Spain during the 15th.century. This hospital was opened in 1410 by father Juan Gilabert Jofre and is still in operation (now called the

psychiatric hospital of father Jofre) and is the oldest among all the mental hospitals presenting function in the entire world (Chamberlain, 1966). Bethlem Royal hospital (Bedlam) in London was founded in 1247 and possibly began receiving mental patients around 1377, but Bedlam was not totally converted into a "lunatic asylum" until 1547, and even then in practice it was simply a" mad house". The village of Gheel in Belgium became the forerunner of community psychiatry, perhaps in the 13th century (Rubin, 1972). In 1752 the Pensylvia hospital became the first medical facility in America to separate a unit for psychiatric patients. In the first half of the 19th.century the influence of Pinel and Tuke began to be felt in this country in the form of moral treatment, such hospitals as the Hartford Retreat, the Worcester State hospital, and Bloomingale Asylum became known as pioneers of the new treatment philosophy. Doraththea Dix carried the new humanism in psychiatric treatment to state legislatures across the nation, from those legislatures emerged the concepts of state government responsibility for the mentally ill and the beginning of the state hospital system (Eugene, 1980). Phillip Pinel is viewed as a kind of patron saint of psychiatry for having eliminated use of physical restraints and for introducing enlightened human reforms at the end of the 18th.century. He was influenced by the scientific social, ideological thinking of his day, also he was aware of the approach to the care and treatment of mentally ill that had been practicised in Spain since 15th.century (Lewis L., 1980).

The beginning of the 20th.century ushered the development in biology, which helped to secure the concept of psychiatric hospital and its

relation to medicine. Insulin shock and ECT in 1930's gave further impetus to the notion of a psychiatric hospital as a medical treatment facility. Simultaneously, psychoanalytic ideas were rapidly captivating the imagination of American psychiatry and influencing therapeutic methods in such places as the Meninger clinic and Chestrust Lodge. Adolf Mayer's emphasis on the patient total environment was becoming integrated the hospital-based psychoanalytic psychotherapy of the Meninger brother, Harry Stack Sullivan and Frieda Reichmann. At the end of the World War II, the psychoanalytic ideas dominated hospital psychiatry in the United States. The period after the World War II saw the development of the National Institute of Mental Health. In the late 1940's and early 1950's, the social psychiatric contributions of Maxwell Jones (1953, 1986) and Stanton and Schwartz (1954) began to influence the nature of psychiatric hospitalization in this country. However, the most dramatic influence of the 1950's came with the introduction of neuroleptics in 1955. Effective antipsychotic agents, heralded by chlorpromazine, laid the foundation for short –term treatments in hospitals and viability of insurance coverage for psychiatric treatment in general hospitals. The development of effective antidepressant agents (imipramine in 1958and amitriptyline in 1962) further facilitated these processes (Eugene 1980).

As a result, hospitals now provide varying degrees and mixtures of occupational therapy, attitude therapy, vocational rehabilitation education, work therapy, recreation, resocialization, remotivation, therapeutic community and patient government (Philip 1980).

In Egypt:

Mental disorders have been recognized in Egypt for millennia; 5000 years ago, they were considered to be physical ailments of the heart or uterus, as described in the Ebers and Kahun papyri (Okasha, 2001).

The Kalawoun hospital in Cairo built in the 14th.century is extremely interesting as regard the psychiatric care. It has four separate sections for surgical, ophthalmological, medical and mental diseases. The generous contributions to hospital funds by the wealth of Cairo allowed a high standard of medical care and supported the patients during convalescence until they were gainfully occupied. Unfortunately the good start which Kalawoun hospital enjoyed did not continue for long. Gradually the services were neglected and inpatient population was reduced to the mentally ill. At the beginning of the 19th.century, the mental patients were moved out and were admitted at Al Azbakeya general hospital. A few years later, they again transferred to another building in Boulaq area and from there in 1880 to Abbassia where a royal palace damaged by fire, was provided as a house for mental patients. In the process of renovation, the house was painted yellow and until very recently it has been known as the yellow palace (Okasha, 1977).

On 1911, another state mental hospital was established at Alkhanka that was called "Balmarstan Alkhanka" belonging to the ministry of internal affairs. It consisted of 5 sections for custodial care of the dangerous persons outside the country. Then in 1938, it was attached to