Correlates of Lengthy Stay in a Mental Health Hospital

Thesis
Submitted for partial fulfillment of Master Degree in Neuropsychiatry

Presented by
Mostafa Mohamed Al Sayed Hussien
M.B.B.ch

Supervised by

Prof. Amany Haroun El-Rasheed
Professor of Psychiatry
Faculty of Medicine-Ain shams University

Prof. Hanan M.Ezz El-Din Azzam
Professor of Psychiatry
Faculty of Medicine - Ain Shams University

Dr. Doaa Nader Radwan
Assistant Professor of Psychiatry
Faculty of Medicine - Ain Shams University

Faculty of medicine
Ain Shams University
2014

Acknowledgement

*First thanks to **Allah** the Almighty to whom I relate any success in achieving any work in my life.*

I would like to express my very great appreciation to Professor. Amany Haroun El-Rasheed, prof in psychiatry, Faculty of Medicine, Ain Shams University, for her precious instructions, expert supervision and valuable comments during the course of this work.

I would like to offer my special thanks and deep appreciation to Professor. Hanan M.Ezz El-Din Azzam, prof in psychiatry,Faculty of Medicine, Ain Shams University, for her help and valuable advice throughout the performance of this work.

I would also like to thank Dr. Doaa Nader Radwan, assistant professor in psychiatry, Faculty of Medicine, Ain Shams University for providing me with very valuable and constructive suggestions, for her support and enthusiastic encouragement.

List of Contents

List of figures

List of tables

List of Abbreviations

AD: Ante Datum
APA: American Psychiatric Association
BAD: Bipolar Affective Disorder
BC: Before Christ
BPRS: Brief Psychiatric Rating Scale score
CGI: Clinical Global Impression
CGI-BP-S: Clinical Global Impression Bipolar score
DALY: Disability-Adjusted Life Years
DSM-I: Diagnostic and Statistical Manual of Mental Disorders, First Edition
DSM-V: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
ECT: Electroconvulsive Therapy
GAF:Global Assessment of Function
GDP: gross domestic product
ICD 10: International Classification of Diseases
ICD 6: International Classification of Diseases, Sixth Edition
LOS: Length of Stay
LOS-tECT: Length of Stay minus the time until Electroconvulsive Therapy
N A: Not Available
N: Number
NICE: National Institute for Health and Care Excellence
NGO:Non-Governmental Organization
NHO:national health organization
NNT: Number Needed to Treat

List of Abbreviations

PANSS: Positive and Negative Symptoms Scale
SSRI: Selective Serotonin Reuptake Inhibitors
Std.: Standard
UK: United Kingdom
US$: United States Dollar
USA: United States of America
WHO: World Health Organization
XR: Extended Release

Introduction

Large psychiatric hospitals provide a number of distinct types of service: admission, respite, rehabilitation and long-stay. Each of these occupies beds for different lengths of time **(Glover et al., 1990).**

In psychiatric practice, some mentally ill patients spend their life in continuous or prolonged hospitalization, that is, as long stay patients **(Priebe, 2004).**

The long-stay status of inpatients has not been defined consistently across studies. Several reports have described stays between 60 and 90 days as long stays **(Glick et al., 1975)**, whereas another study defined a long stay as lengh of stay (LOS) of one year or longer **(Jakubaschk et al., 1993)**. The UK national survey of long-stay patients used LOS criterion of greater than six months **(Lelliott et al., 1994)**, new long-stay patients, who had been in hospital for over a year and less than 3 years **(Richards et al., 1997)**

Daly and Walsh (2009) defined of long-stay as those patients who have been in hospital continuously for between one and five years**.**

Introduction

In Australia, new long-stay patients, who had been in hospital for over a year and less than 3 years, were found to have significant problems from their psychiatric illnesses, together with concomitant physical illnesses and disabilities **(Richards et al., 1997)**. In the USA, a study of 330 long-stay psychiatric patients found an array of medical problems and nursing needs in 84% of patients **(Fisher et al., 2001**). The presence of significant medical problems is one of the barriers to the discharge of these patients. Some of these problems are avoidable including high rates of smoking with central weight distribution and excessive weight gain **(Cormac et al., 2004).**

There have been many studies reporting the social morbidity of long-stay mental hospital populations irrespective of diagnosis **(for example Carson et al.,1989)** assessed the social functioning of 254 patients with schizophrenia who were resident in a long-stay hospital**(Claybury Hospital, england)** but who were not precluded from any hope of discharge because of high levels of physical dependency

A lasting consequence of socio-environmentalist theories of psychosis emanating from the 1960s has

been the belief that patients with psychosis benefit from a rapid return to the community, thus minimizing social isolation and the adverse effects of adopting psychiatric communities as reference groups. Studies of patients returning to the community compared with those remaining in institutions show not only better quality of life and larger friendship networks, but also reductions in dependence on pharmacotherapies and lower mortality rates **(Ryu et al., 2006).**

The hospital setting cost more per patient per day compared with the various community costs which were one-third to one-half of the comparable hospital costs**,** the analysis demonstrated overall that hospital care was nearly twice as expensive as care in the community setting **(Lapsley et al., 2000).** It will be a number of years before this population leaves psychiatric hospitals and such hospitals can close because of the lack of suitable alternatives **(Daly and Walsh, 2009)**

In a study by **(William et al., 2001)** done at Massachusetts Department of Mental Health with 276 had been hospitalized for at least three years as of April 1, 1999 found that at six months only 19 patients (6 percent) had left the hospital. These 19 accounted for 23

percent of the individuals who had been rated by staff as being ready for discharge at the time of assessment or within the six-month time frame**.**

Cumulative length of stay, which reflects both the length of each inpatient episode and the rate of readmission, is affected not only by clinical factors, but also by the cultural background of the patient population and by administrative factors such as bed pressure **(Lerner and Zilber, 2010)**. So, researchers could improve their assessment of long-stay status of patients with schizophrenia by using a two-level analysis including patient-level and institution-level factors **(Chung et al., 2012).**