

A Study of Long Stay Psychiatric in-Patients: Assessment of Disabilities and a Plea for Discharge

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All long stay in-patients in a state mental hospital were identified and studied both retrospectively and cross-sectionally with several psychometric tests. Results showed that the patients whose number was 53 were formed of three main groups: a schizophrenic group (64%), a mentally retarded group (24%), and a miscellaneous group (24%). 54.7% of the patients were recommended by the staff to be discharged while the remaining 45.2% were considered enough impaired to deserve in-patient stay. A comprehensive assessment was done to all the patients except the mentally retarded. The assessment included the Mini-Mental State examination, the Social Behaviour Schedule, the Scale for the Assessment of Positive Symptoms and the Scale for Assessment of Negative Symptoms. Apart from the Mini-Mental State examination, patients recommended for hospital stay were found to be significantly more impaired on all of the remaining scales than was the group recommended for discharge. As regards diagnosis, schizophrenics were significantly more recommended for the in-patient hospital recommendation while the reverse was true for the mentally retarded group who were significantly more recommended for discharge. No significant differences were found between the different diagnostic groups as regards age which was found to be in the middle age range for the whole sample. The study discusses the above-mentioned results within the socio-cultural context of the patients and offers recommendations for appropriate community placement and community support.

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Introduction

The problems and needs of the long-stay in-patient population (continuous stay of one year or more) is becoming recently a widely studied topic (Pryce et al, 1991). As many western countries are increasingly developing community care for their chronically mentally ill patients (Clifford et al, 1991), debate has

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intensified over what is the best range of facilities required for that population once discharged into the community. However, there seems a dearth of data concerning the clinical characteristics of patients requiring long term or often recurring hospital care (Kendell, 1989). Presently, there is agreement that the residual hospital population is characterized by high levels of disability and a corresponding need for high levels of staff support (Ford et al, 1987). There is

also a growing awareness of the problems posed by the so-called "new long stay" population usually defined as those people under 65 years old who have been in hospital between one and five years (Mann and Cree, 1976).

Many of these patients require high levels of support for prolonged periods and this has led to the development of a new type of specialist facility, the hostel ward (Garety and Morris, 1984).

This paper addresses the issue of long stay in-patients as revealed in an Eastern culture in Al Hassa, Eastern Province of Saudi Arabia.

Subjects and Method

The study took place in Al Hassa hospital for mental health, which is a 60 - 100 bed occupancy state hospital with 5 wards (acute and settled male wards, acute and settled female wards, and a geriatric ward for males only). The hospital offers a variety of services including in patient, outpatient, emergency, liaison and minor forensic services.

The files of all the patients who have been in hospital for more than one year were scrutinized for demographic data, clinical diagnosis, presence of physical illness, duration of current hospitalization, date of initial contact with hospital and number of previous admissions whenever possible. Diagnosis as mentioned in the files followed the ICD-9(WHO, 1978) which was the official diagnostic system in the hospital.

After this retrospective survey, the patients were interviewed clinically by the following scales: 1: Mini-Mental State Examination:

(M.M.S.E.; Folstein et al, 1975) to assess cognitive function.

2-Social Behaviour Schedule:

(S.B.S; Wykes and Sturt, 1986) to assess social behaviour in long stay in-patient populations.

3:Scale for the Assessment of Negative Symptoms:

(S.A.N.S.; Andreasen, 1983) to assess negative symptoms.

4:Scale for the Assessment of Positive Symptoms:

(S.A.P.S.; Andreasen, 1984) to assess positive symptoms.

Statistical analysis was made with the use of the t-test and chi-square test.

Results

The sample consisted of 53 patients, 36 males and 17 females, distributed in the 5 wards as follows: 17 in geriatric ward, 16 in female settled ward, 14 in male settled ward, 5 in male acute ward and one in female acute ward. The mean age of the sample was 45 years with a range of 23 to 75 years. There were no significant differences between the male and female patients as regards age (45.6 and 44.1 year respectively, $p > 0.05$). The mean age of the patients in the geriatric ward was significantly older than the rest of the sample (52.5 and 41.6 year respectively, $p < 0.05$). Four fifths of the sample were under age of 60, while the remaining fifth consisted of 11 patients: 8 (15% of the sample) were in the 60 to 70 age group, and 3 (5.6% of the sample) were above 70.

According to marital status, 32 (60.37%) of the sample were single, 7 (13.2%) were married, 12 (22.6%) were divorced, one (1.8%) was widowed and one (1.8%) not known.

As regards diagnosis, 3 groups were discerned; 1) Schizophrenia: This formed the largest group as it comprised 33 (62.2%) patients. of these 28 (84.8%) were diagnosed as chronic undifferentiated, 2 (6%) residual, and one paranoid, one hebephrenic and one catatonic, each 3%. 2) Mental retardation: Comprised 13 (24.5%) patients, and lastly 3) A miscellaneous group of 5 (9.4%) patients. This

Table 2
Comparison between Patients in Need of Hospitalization Versus Those Not in Need. Demographic, Diagnostic and Psychometric Variables

	Patients In Need Of Hospitalizatio n (N=24)	Patients Not in Need of Hospitalizatio n
Hospitalization (N=29)		
1-Age	41 years	48.5 years
2-Male/Female Ratio	1.66	2.625
3-Number of Schizophrenics	21	12*(p<0.01)
4-Number of mental Handicaps	2	11*(p<0.01)
5-Number of Miscellaneous Patients	1	6
6-Old/New Long Stay Patients	7/17	14/15
7-MMSE (<20): Number of Patients Scoring Less Than 20	11	8
8-SBS (Mean Score)	22.84	10.11*(p<0.01)
9-SAPS (Mean Score)	28.78	12.82*(p<0.05)
10-SANS (Mean Score)	57	30.26*(p<0.01)

Asterisk points to significant differences

(N.B.: The psychometric tests MMSE,SBS,SAPS and SANS were not applied to the mentally retarded group.)

were new long stay (current hospitalization more than one year but less than 6, Clifford et al, 1991). The mean age for the former group was 52.8 years, which was significantly older than the latter group (40.15 years). There were no other significant differences between the 2 groups as regards other demographic, diagnostic or psychometric variables (see table 1).

As seen from the table schizophrenics were significantly more recommended by the staff to deserve hospitalization, in contrast to the mentally retarded who were recommended for community placement. Also patients recommended for hospital placement were significantly more impaired on nearly all psychometric variables (SBS, SAPS, SANS, but not MMSE) than were the group recommended for community placement. Interestingly, the single and only patient of the miscellaneous group who was recommended for hospital placement was that

of epileptic psychosis, while the other patients including the one with dementia with psychosis was recommended for community placement.

Discussion

This study echoes the findings of Pryce et al (1991), McCreadie et al (1991) and Clifford et al (1991) that schizophrenics are by far the largest group of long stay in patients in mental hospitals. The percentage of schizophrenia in our study 62.2% is comparable to the 64% found in the former two studies and to the 70% found in the latter study. Also the fact that mental retardation formed the next biggest group (24.5%) confirms the quest made by Clifford et al (1991) to pay more attention to this category, which tends to be over-represented in in-patient populations of rural psychiatric hospitals (McCreadie et al, 1991). Given the fact that El Hassa region in which the study took place is essentially a rural area undergoing rapid urbaniza-

tion, we can assume that this trend of over admitting mentally subnormals as long stay in-patients will eventually decrease as more urbanization takes place. The study has also echoed another quest made by Clifford et al (1991) which is to abandon altogether the distinction made on disability grounds between old and new long-stay patients. As seen from our study no substantial differences between the two groups on any of the scales used were found. On the other hand separating the patients on the basis of their need for hospitalization, yielded significant results. The study has shown beyond doubt that there was a subgroup of mentally ill in-patients who were so severely disabled on both clinical and social terms so as to be recommended for hospital stay. This subgroup seems to be stable across cultures. According to Clifford et al (1991), the "hospital placement recommendation" is a strong indicator of "asylum need" In this latter study people recommended for hospital placement were "typically older, more disabled on all measures, and usually multiply handicapped" Also, McCreadie et al (1991) identified a subgroup of patients who were according to the opinion of the staff in need to remain as in-patients. The latter were characterized by being older, were in hospital for a longer time, showed more florid psychotic, deficit and neurotic symptoms, and were functioning at a lower level. In our study this subgroup was generally similar to those described above. They were more disabled clinically and socially than the rest of the sample, were diagnostically heterogeneous composed mainly of schizophrenia (87.5%), mental retardation (8.3%), and epileptic psychosis (4.1%), but were not older. Regarding this last point, we must be aware that the average age of our sample was generally lower than that reported abroad with similar populations of in-patients

(e.g. In McCreadie et al's 1991 study, 70% of the patients were over 60 years of age). The presence of a majority of middle aged patients in our sample can be explained on socio-cultural terms. According to Okasha (1994), elderly patients in our eastern culture are generally taken care of at home. The families in these cultures make the necessary arrangements to make room for both their elderly patients and their young mentally handicapped members (Okasha, 1994). Speaking of the mentally retarded, it was seen from this study that the majority of them were recommended for community placement. This finding is in accordance with the recent trend of "normalization" which is the trend to make the mentally retarded live "as normal a life as possible" in the community (Nirje, 1969, Lyall, 1994). However, since the mentally retarded in this study were hospitalized in their middle or late thirties, it seems that they were tolerated by their families during their childhood and adolescence which are the critical periods of upbringing in life of the mentally.

Subnormal (Dupont, 1986). Also, since there were no significant differences as regards mean age and duration of hospitalization between the mentally retarded group and the schizophrenics in this study, we can assume that families of these patients experience despair when their mentally ill member reaches late adulthood with no prospects of change and while still showing socially unacceptable behavior (leading to subsequent hospitalization). Quests for social skills training and sex education for such patients (El-Fiky et al, 1994) as well as family support (Hahlweg et al, 1989) seem to be appropriately called for in this context as important elements of rehabilitation and community support). Such rehabilitative measures are likely to enhance resettlement within the community and to decrease the length of in-

patient stay. Thus the trend for "normalization" of the majority of the mentally retarded subjects found in this study stands in strong contrast with the former recommendation to delay "deinstitutionalization" of the subgroup of patients recommended for hospital placement. In other words the recommendations of the staff in this study coincide with the recommendations made abroad whether those concerning normalization issues or deinstitutionalization policies. It is recalled that some authorities abroad ask to delay the deinstitutionalization movement on the premises that premature discharge of chronic mental patients from hospital without adequate community planning will be unjust to both the severely ill who are not equipped to live by themselves as well as to the community at large which will have to cope with the social problems offered by these patients (Elliot, 1994).

As regards the miscellaneous group, we can deduce that the percentage of organic brain syndrome (5.6%) found in our study is generally lower than that reported in other studies e.g the 15% found in McCreadie et al's 1991 study and the 20% found in Clifford et al's 1991 study. This lowered prevalence of organic brain syndrome could be accounted for by the relatively younger age of our sample, the location of the hospital in a rural area (McCreadie et al, 1991), and the likelihood of decreased brain insults due to alcohol intake which is largely prohibited by Islamic rules. As regards affective disorders, 2 (3.7%) patients were diagnosed as affective psychosis, a figure which is comparable to the 7% found in McCreadie et al's study.

In conclusion, this study has tried to shed light on an important sector of our mentally ill, the so-called long stay in-patients who are easily forgotten by our health authorities as they stir in us a

great sense of dismay and obligation towards them. It is hoped that the recommendation in this study to pay more attention to issues of mental health education to allay unnecessary anxiety in the families of such patients and to promote resettlement of adult and middle aged mental handicaps and chronic patients into the community be taken into consideration. Finally, it is hoped that this study will enfold our pride and confidence in the positive aspects of our culture including robust and enduring support to our elderly and young mentally ill members.

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Une étude des patients psychiatriques hospitalisés à long terme: évaluation du handicap et les possibilités de sortie

Les patients hospitalisés depuis de longue durée dans un hôpital psychiatrique public ont été identifiés et ont fait l'objet d'une étude retrospective et transversale utilisant divers tests psychométriques. 53 patients formaient 3 groupes: un groupe de schizophrènes (64%), un groupe de déficients intellectuels (24%) et un 3^{ème} groupe de diagnostic varié. Les résultats de cette étude sont discutés en prenant en considération le context socioculturel des patients et les possibilités de placement et de soutien adéquat dans la communauté.

دراسة المرضى النفسيين المحتجزين داخل المستشفيات

لفترات طويلة. تقييم الاعاقات والحاجة للخروج

تناقش هذه الدراسة بطريقة راجعة ومستعرضة أنماط وأحوال المرضى النفسيين المحتجزين لفترات طويلة بالمستشفيات الطبفسية - فتشير النتائج إلى أن المرضى الفصاميين يشكلون نحو ٦٤٪ وفئة التخلف العقلي ٢٤٪ ومجموعة مختلفة (١٢٪) - واشتملت التقييمات الطبفسية على عدة إختبارات للفحص العقلي والمعرفي وتقييم الأعراض الطبفسية الموجبة والسالبة - وأظهرت النتائج أن ٥٤,٧٪ كانت لديهم توصيات من هيئة المعالين للخروج من المستشفى - كما أن معظم هؤلاء الذين كانت التوصيات لصالح بقائهم للحجز في المستشفى كانوا من الفصاميين.

وتستعرض الدراسة النتائج المختلفة في ضوء الجانب الاجتماعي الحضارى واحتياجات هؤلاء المرضى وتقدم التوصيات اللازمة لإتاحة المكان والمساندة المناسبين لهم في المجتمع.