

Fast stream psychiatric rehabilitation after recent hospital closure

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A six year retrospective study was performed on the referrals to a fast stream rehabilitation unit in Plymouth ('114'). In the wake of recent hospital closure, an historical perspective on the changes within the service and the model of our new rehabilitation service is presented. Clinical features, demographical details, outcomes and duration of stay were examined. New strains have been put on acute psychiatry resources and it was demonstrated that the rehabilitation process has had a beneficial effect on acute general psychiatric bed usage.

Historical development of the service

In Plymouth the old psychiatric hospital started to close down in 1984, and finally closed in late 1992. It had provided 120 acute beds. A new psychiatric hospital, built on the district general hospital site, was designed purely to manage acute in-patient adult psychiatric problems and provides 75 beds in three wards to serve a catchment population of 330,000.

The current service

'114' (114 Beacon Park Road) opened in November 1989 and it provides eight beds. The care model is largely based on "the essential ingredients of a rehabilitation programme" (Anthony *et al.*, 1982). At discharge patients are placed in an environment of their choice, appropriate to their needs and with an appropriate level of support. The follow-up is often long term and provided by staff from the rehabilitation directorate rather than the acute sector. Twelve community psychiatric nurses are available for this purpose.

Patient group

Patients admitted to '114' are aged between 18 and 65; living within the Plymouth health district; suffering from a major psychiatric illness; expected to need long-term involvement with the psychiatric services; have a number of unmet needs and are willing to engage in active rehabilitation.

Referrals may not be accepted on the basis of the following criteria: the acute stages of illness; the primary problems result from learning disabilities; primary problem is drug or alcohol abuse; severe behaviour problems (e.g. goal directed antisocial behaviour or deliberate self-harm); primary problem is due to organic disease. The unit is not designed to accommodate clients with significant mobility problems.

Research methodology

Every patient taken into '114' since it opened in November 1989 was included in the study. This sample was defined according to age, sex, legal status, diagnosis (ICD-9 according to case-notes). Duration of stay in the unit, discharge outcomes (defined as where they are currently living) were calculated. Verdicts of suicide and open verdicts were examined. Acute psychiatric bed usage both before and after the rehabilitation intervention was estimated. Each patient's psychiatric notes and computer contacts from January 1987 to March 1993 were scrutinised and the acute bed occupancy rates in weeks per year both before and after admission to '114' calculated so as to determine the patients use of acute bed resources in weeks per year.

Patient characteristics

The range of diagnoses were: schizophrenia (72.4%), affective illness (17.2%), organic (3.4%), personality disorder (3.7%), obsessive compulsive neurosis (1.7%), hysterical conversion neurosis (1.7%, $n=1$). The mean ages were 39.2 years for males and 41.1 years for females.

Outcomes

Since '114' opened in November 1989, 120 referrals have been received; 65 have resulted in admission, seven for respite care. For the 58 clients admitted to '114' the outcomes of

rehabilitation were: 12.1% independent living, 10.3% low support accommodation, 15.5% returned home, 17.2% private sector residential, 13.8% NHS slow stream rehabilitation units, 5.2% returned to other district health authorities, 8.6% returned to acute wards (with no further contact), 3.4% ($n=2$) died, 13.8% still resident. Of the eight referrals still resident, three are preparing for independent living, one for low support accommodation, two for private sector residential and two are still in the assessment stage.

At the time of admission, 14% were on treatment orders; of these there were nine section 3, three section 37/41 and two section 37 patients.

The duration of stay at '114' averaged 16 weeks, range 1–75 weeks ($n=52$), s.d. 16.1; 25% of patients stayed less than four weeks and 19% more than six months. Of the patients staying less than four weeks, 56% were schizophrenic and 80% of those who stayed longer than six months were schizophrenic.

The mean acute bed occupancy rate prior to admission to '114' was 5.03 weeks per year (range 0–29.3) and the same rate after discharge was 2.1 weeks per year (range 0–14.8). This represents a significant reduction in bed occupancy rate ($P<0.001$ Mann Whitney U test, z corrected for ties).

Comment

The range of diagnoses was wide, in keeping with the entrance criteria with other rehabilitation assessment units (Bridges *et al.*, 1991; Murdock, 1992; Robson, 1993). The majority of patients were schizophrenic, often treatment resistant with difficult families and social problems.

The criteria for admission to '114' were guidelines only and no particular criterion was absolute. In particular, many of the patients have shown antisocial behaviour and alcohol abuse and that deliberate self-harm is a chronic problem in some is reflected in the two deaths: one by misadventure and the other by suicide.

There are no forensic facilities in Plymouth and this reflects in the five patients under forensic sections. These placements are in keeping with the current approach to move forensic patients away from high security psychiatric wards.

Currently the average age of the clients is quite high at 40 years. This probably represents a group that has been poorly rehabilitated for many years, particularly as the average age of onset of schizophrenia is in the third decade. It is anticipated that the average age of the clients will fall as the backlog of older patients are rehabilitated successfully and new younger patients come from the acute wards.

The results imply that schizophrenic patients are over-represented in clients staying longer

than six months. This of interest because prior to coming to '114' these clients were not getting that amount of time in the acute beds. The high rate of detained patients confirmed our finding that prior to rehabilitation they had not complied with treatment strategies and were 'revolving door' patients who had been using large amounts of acute resources, up to 29.3 weeks per year in acute wards.

The results show a reduction in acute bed usage after our interventions, which is good news for the acute wards hard pressed for beds. This reduction may not remain significant in future years and the average duration of follow-up since discharge is only 21 months. It remains possible that over the years patients may start to be readmitted for longer. However we hope that this rehabilitation process will act as an inoculation effect and, with continuing support, the patients will remain out of hospital.

Conclusion

There are many long-term patients who will always need readmissions to acute wards and this service must always be available. However, one of the purposes of good rehabilitation is to avoid patients spending unnecessary periods in psychiatric wards. We have shown that our rehabilitation service is effectively keeping patients out of hospital in more progressive community environments. This has involved us fundamentally reviewing and reorganising their lives, often after years of inconsistent management. These good results cannot be achieved without considerable resources and consistency in management over many years.

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