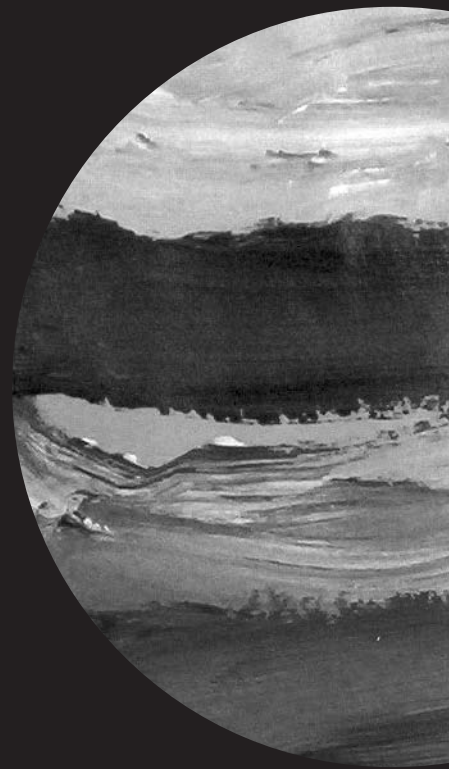


# Psychiatric Day Hospitals for older adults - where have we been and where are we going now?

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## Abstract

Considering the increasing use of mental health provision by older adults it is important to assess the efficacy of services that exist as well as identify the particular needs of this client group. This review aims to put psychiatric day hospitals for older adults into a context of current thinking on service provision. It introduces some of the reasons why they were established and the debates that have ensued about their continued use. It summarises existing knowledge about what it is that day hospitals provide and how this compares with social services day care. It also discusses appraisals and efficacy research in psychiatric day hospitals. The review considers some of the alternatives to day hospitals, which are mainly community based or intermediate care. It then discusses the possibility of day hospitals adapting their structure and how they operate. Overall there does seem to be agreement in the literature about the need for standardised evaluative measures for psychiatric day hospitals for older adults as well as guidance on service provision.

**Key words:** Psycho geriatric day hospitals, function, evaluation, critique, alternatives, future.

## Introduction

At least one in five people over the age of 65 suffers from a mental disorder and by 2030 the number of persons with psychiatric disorders in this older group will equal or exceed the number with such disorders in younger age groups (age 18 to 29 or age 30 to 44), (Jeste DV, Alexopoulos GS, Bartels SJ, et al 1999). Given older peoples' extensive and increasing use of health and social care resources, the provision of effective and appropriate services has become a national priority (DoH 1999). It has been addressed through specific initiatives such as Better Government for Older People (Better Government for Older People Programme) and the National Service Framework for Older People (DoH 2001). In the current climate of clinical governance and evidence-based practice it would seem that there is a greater need to determine whether psychiatric services for older adults are efficacious and cost effective.

There is a range of day treatment and day care provision available for older people. These include geriatric or medical services, psychiatric or psychogeriatric care and those provided by social services or the voluntary sector. Within older people's, as with many other services such as working age adult mental health, there seems to be a move away from the more traditional problem based model of care and a drive towards service provision that is more person centred or community based. Within a person centred or community based approach the focus is on providing integrated services which aim to meet individual needs (DoH 2001). Psychogeriatric day hospitals could potentially move in a similar direction. Within the South West Yorkshire Trust for example there are plans to replace some of the current older adult psychiatric services with a rapid access package that focuses on individual care plan needs. The proposed provisions will take the form of a Rapid Assessment Team and Home Treatment Team to run alongside a specialist day treatment service.

This review aims to:

- i) Outline the purpose and aims of psychiatric day hospitals that have been

highlighted in the literature so far.

- ii) Summarise the appraisals that have been made of psychogeriatric day hospitals and comment on why evaluation has been problematic.
- iii) Suggest possible directions for psychiatric services for older adults and future evaluation needs.

## Psychogeriatric Day Hospitals

### Why Established & Why Debate?

In many countries day hospitals have become a cornerstone of psychiatric care for the elderly (Kitchen et al, 2002). The first day hospital opened in the UK in 1946 and since then many have opened with the initiative of individual consultants as well as Government support (Vaughan, 1995). 20 years ago the growing awareness of the old age mental illness problem prompted the Government to issue guidelines of 2 to 3 places per day per 1000 of the elderly population for dementia alone, (DHSS, 1975), figures that were never reached, (Wattis, Wattis and Arie, 1981). Indeed so central to the theme of psychogeriatric services was the day hospital that some districts purported to operate with no need for inpatient beds (Rosenvinge, 1994). Despite the paucity of research evidence on the efficacy of day hospitals and studies on day hospital processes, they have continued to grow in number (Wattis, J., McDonald, A and Newton, P., 1999). With the development of alternative models of service delivery and the apparent blurring of boundaries with the role of the day centre, a debate on day hospitals started in the 1990's and has continued ever since. There are also no internationally or even nationally agreed guidelines for the type of service that old age psychiatric day hospitals should provide. On one hand there is an enthusiasm for newer and more modern service models and on the other the 'if it ain't broken don't fix it' philosophy. It seems that the day hospital is no longer uniformly or unreservedly accepted as an essential service component in old age psychiatry (Howard, 1995).

### Functions of Day Hospitals

Consultants have always seen the main functions of the day hospital as assessment, treatment and the maintenance of the person in the community (Rosenvinge, 1994). Another role of the day hospital is thought to be providing respite for family, which can also delay or prevent admission to institutional care (Fasey, 1994). Day hospitals are usually divided into separate units or days for people with 'organic' (mostly dementia) and 'functional' mental illness (mostly depression but including a wide spectrum of disorders) (Rosenvinge, 1994).

One study (Bell et al, 2003) has attempted to capture the purposes, processes and outcomes of day hospitals by interviewing the different stakeholders involved. All those interviewed saw help with mental health problems and social interaction as the main purposes of attendance but beyond that, views diverged. Patients and carers stressed help with physical health problems and other practical assistance while staff chose process related variables such as assessment and monitoring. When interviewees were asked what happened to people attending the day units, patients and carers agreed social interaction, staff qualities, specific activities and educational activity were important processes. Some of the differences were that patients mentioned exercise and medication adjustment while carers mentioned expert attention, enjoyable experiences and support for the patient. It was noted that the differences in perceived purpose, processes and outcomes between the stakeholders might reflect different ways of conceptualising similar procedures. There was agreement in some of the perceived outcomes such as the importance of increased motivation and activation as well as respite between carers and staff. Patients saw improvement in personal well being as important while carers rated support and relief from pressure highly. Staff outcomes were more concerned with completing processes and care planning.

## How Different from Social Services Day Care

In their short report Collier and Baldwin (1999) compared NHS day hospitals with non-specialist day care and found small but measurable behavioural differences between the two. However, greater differences were found when reason for referral was compared. They found the function of the day hospital and main reason for referral was primarily assessment, and referral tended to be medically controlled. The main perceived benefit reported by staff was respite for carers who were managing very difficult behaviours. The skills in day hospitals were commensurate with roles and aims and included skilled nursing, both physical and psychiatric, physiotherapy, occupational therapy and speech and language assessment, all within the context of a multidisciplinary team. The attendance was time limited, although a handful of patients were given aftercare. In the day hospital 30% were identified for whom staff had 'some' reservations about their attendance. These seemed to be people whose main benefit of attendance was social, some of who were also attending day centres.

Within day centres assessment and monitoring was not regarded as the primary function and its role was viewed as supportive with an open-ended commitment to attend. Difficult behaviours were tolerated but tended to be infrequent. The most commonly recorded reasons for attendance were 'reduce isolation' and 'support via community care package'. For 9% of the patients in the social services centres, staff had 'some' or 'considerable' concern about the appropriateness of their attendance.

## Appraisal of Day Hospitals for Older Adults

Strong opinions have been expressed for and against their usefulness (Howard, 1994, Fasey, 1994) but published work has been almost entirely anecdotal (Rolleston & Ball 1994). Proponents of the Day Hospital claim that it is an acceptable alternative to inpatient hospital admission and delays institutionalisation. It could be suggested that elderly patients admitted to hospital are at risk of losing their support systems in the community, precipitating their admission to long-term residential care. In one study 68% of carers were found to prefer day hospital to inpatient care for their relatives (Jones & Munbodh 1982). Day hospitals bridge the gap between hospital and community, making services more accessible not only to the elderly person but also for relatives and staff (Peace, 1982). It has also been argued that the Day Hospital does not merely fill a gap in the community (Murphy, 1994) but has a role, which compliments day centres rather than overlapping with them (Collier & Baldwin, 1999). Pro Day Hospital writers suggest that despite the absence of data, most psychiatrists with access to day hospitals know that they can be used to prevent inpatient admission, particularly in functionally ill patients and that it facilitates earlier discharge (Howard, 1995). An evaluation of the effects of brief Day Hospital closure reported that the well being of carer and day hospital attenders fell during a closure period but quickly returned to preclosure levels after the unit reopened (Rolleston & Ball, 1994).

The criticisms made of day hospitals include the high capital and running costs as well as poor utilisation of the facility. Models of care are sometimes unclear with a lack of clarity regarding the most appropriate skill mix of staff (Collier & Baldwin, 1999). One of the most commonly cited views is that there is great overlap with day centre services and is suggested that day centres could do much of the work currently carried out by the NHS for a fraction of the cost (Currie et al, 1995). An analysis of day care on dementia patients, looking at costs and benefits indicated that although attending day hospital may reduce the use of hospital and institutional care resources, the cost of psychogeriatric day care is far more than that of the alternative care (Wimo, A et al 1990). Furthermore, although one of the proposed functions of the Day Hospital is to maintain elderly people in the community some studies have reported that 75% of Day Hospital attenders had previously been inpatients so it did not substitute inpatient care (Cross, et al 1972 Arie, 1978). Arie (1978) also described a permanent supportive role for day hospitals that does not sit well with modern models of short term NHS care. A high rate of admission (88% in some cases) to long stay care has also been found on average 6 months after initial referral (Green & Timbury, 1979), though this work also is very dated. Those against day hospitals suggest there is no evidence to show attendance prevents or delays admission to acute or continuing care placement for patients with dementia (Bramsfeld et al,

2001) and that many of these patients will be admitted to residential care sooner or later. Studies by Woods and Phanjoo (1991) and also Diesfeldt (1992) concluded that day hospitals had little effect on the need for institutional care and that the attitude and well being of the carers and the patient's disability were more significant factors. Carer strain may be increased through preparation of the patient for attendance, which may disrupt the home routine a person has. Day hospitals may be just providing a day care service to people with dementia who are too severe for day centres because of the level of dependence and presence of behavioural problems (Fasey, 1994). Other possible drawbacks include the problems with transport to day hospitals, the fact that assessments could be done in outpatient clinics or the patient's home, and the fact that a false idea of functional level may be gained in an environment away from the patient's home (Fasey, 1994).

## Research on Efficacy of Psychogeriatric Day Hospitals

As mentioned previously evidence for day hospital efficacy is sparse. The majority of literature has thus far been focused on the functions of and variety in the structure of day hospitals. Gilleard et al (1984) noted that there was no agreed criterion of the success of day hospital care. Still, almost 20 years on, researchers are struggling with the complexity and variety of the service provided and thus the absence of guidelines and evaluative studies become indicative of the difficulties in assessing day hospitals. (Corner L et al 1998). Some of the problems and lack of consistency in the day hospital service, includes assessing concepts such as quality of life and well being. It is also difficult to measure other factors involved such as staff capacity, attitude to dementia care and emotional interaction between patients and relatives. Problems have included lack of shared language and conceptual difficulties in the assessment of need (McWalter et al, 1998) and also the lack of standardised assessment tools for assessing both carers and patients needs (McWalter et al 1994, 1998). It has also been sited that numerous attempts have been made through uncontrolled audits of the service delivery of old age psychiatric services, however the simplicity of the measures have meant that they have been criticised as lacking in sufficient meaning (Draper, 2000).

In recent years there has been a shift onto a focus of the user voice. User satisfaction has therefore become a central key component to new government policies and guidelines. Gaining the views of dementia patients on services and the type of and levels of care they receive can be problematic, hence why there is currently a lack of research literature available in this area (Marshall, 1999). Research and policies have now been more geared towards the opinions of relatives of dementia patients and attempting to find techniques of staff and relatives working more collaboratively in assessing and implementing the care needs of all involved. A care needs assessment pack was devised (CarenapD) and evaluated by McWalter et al (1998). It brought together a number of currently used assessment tools and from evaluation and was found to have high inter-relater reliability. It was also said to be effective in highlighting unmet needs of carers and patients. However the assessment pack did pose problems in that the CarenapD cannot be used to assess severity of problems or the levels of patient functioning. Validation of the CarenapD has consequently proved problematic.

## Alternatives to Psychiatric Services for Older Adults.

Central to European policies on the care of dementia patients is the notion that patients should be encouraged and supported to stay at home for as long as possible. New interventions have suggested that individual, barrier-free houses could be the key to assisting the elderly to remain independent for longer (Marshall, 1999). These have also been referred to as lifetime homes, which in effect would be designed to incorporate everything necessary to achieve this. However it would involve a great deal of technological design and housing modifications and although time and effort is being placed in such interventions, very little research has been conducted with regards to the efficacy and impact of these initiatives on people with dementia. On a smaller scale, design guides are frequently produced and modernised but again, research into the design and use of the equipment has been sparse.

A study in the Netherlands took a more cost-effective approach and evaluated the integration of mental health care into residential homes for the elderly, mentally ill (Depla et al 2003). The study concluded that the de-institutionalisation movement in elderly psychiatric care was questionable. It found that community integrated

facilities did not necessarily imply community integrated patients and that including psychiatric patients in mainstream residential homes did not foster the expected community involvement. The study also pointed out that the additional needs of elderly care patients, such as functional, somatic and cognitive difficulties made effective community based services difficult to incorporate and define.

Multi-agency elderly mentally ill (EMI) units, based on an intermediate care (IC) model have also been set up in the UK. The units are designed to promote integrated care processes that encourage independence and prevent lengthy hospital admissions. The outcomes of one such unit were evaluated over a two-year period and it was found that it served its purpose in lowering the potential number of patients going into long term care with the cost of a short term in-patient stay being significantly lower than admission to long term EMI care. In addition, the work of the IC unit is currently being studied further by the Nuffield Community Care Studies unit and is looking at increasing the development of the units as part of the UK's NHS plan. The units aim to promote independence through person centred care. An assessment of whether these could be used to compliment day hospitals services could be a useful starting point to clarify the functions that would be needed by both services (Ackermann E, et al 2003).

## The Future of Psychiatric Day Hospital Services

With the view of moving away from day hospital services to a more community based approach it would be important to evaluate the potential gains of the move. Little evidence has yet been produced to indicate that a change to community services could provide more service efficacy than with use of day hospitals. A possible alternative to changing the service given might be to re-focus on the structure of the day hospital and produce guidance on a more cost effective way of providing the service as a supplement to community services.

'Total quality management' is one methodology that utilises the workplace and the staffing team more efficiently. The emphasis of this approach is on work structures and interaction between the clinical team and systems of care. Mutch et al (2001) conducted a study through the implementation of a 'total quality management' system and found that improvements in assessment could be achieved when completed as part of a new management team where by all practitioners and staffs were provided with substantial training. As part of the improvement service delivery system, provision for standardised assessment and treatment tools were also incorporated. Whilst the implementation of such a management system proved successful at improving the service, it has a cost limitation since it required a large resource commitment in the short term as well as long term management commitment. The effects of the project and its generalisability to other services has yet to be discovered, nevertheless the rationale behind the system appears comprehensive and could be useful as a guideline for a more consistent day hospital structure. This would then allow for a consistent and structured method of analysing the need for the day hospital.

## Need for Future Evaluation

In response and following on from the criticisms made concerning day hospitals many authors have highlighted possible research questions; whether it is in fact useful to avoid admission is one question, particularly as this is sometimes seen as the main function of day hospitals. Requests are also made to find out more about whether the service could be provided more economically and comparisons to be made of the efficacy of treatment at home, at outpatients and day hospitals (Fasey, 1994). Another call for research is in outcome measures. Comparisons of different ways of evaluating day hospitals have been made (see Kitchen et al, 2002) but yet the need for a standard measure of efficacy remains. Similarly there is a lack of research on the mix of staff skills and community support required for success (Beats et al, 2001).

# Conclusion

It is clear that the published research on the purpose of psychiatric day hospital services to date has generally been inconclusive, fragmentary and contradictory. Attempts have been made to determine the purpose process and outcomes of day hospitals. Evaluations that have focused on the main functions and purpose of day hospitals have concluded that support and respite for carers and help with mental health and social interactions for the patient are forefront for the majority of stakeholders. However in terms of outcomes patients and carers perceptions were different in parts to those of staff.

Evaluations on the efficacy of day hospitals have been problematic due to the lack of guidelines and also inconsistencies in terms of the service they provide. This has meant that it has been difficult to measure the core aspects of day hospitals such as quality of life and emotional well being for patients and carers. It is also difficult to fully appreciate the opinions of patients with dementia as they may be limited in their abilities to communicate.

Psychiatric services for older adults are potentially facing a move from a problem based model of care to a person centred or community based service provision. The move could result in Day Hospital closure, before a sufficient evaluation of their potential use, efficacy and effectiveness has been achieved. Further evidence is required to assess the cost-effectiveness of day hospitals in comparison to other services. Therefore a more structured day hospital service nationally may allow for comparative studies to be completed reliably. In the event of a move to more structured day hospital service, development of national standardised assessments for the efficacy and outcomes of day hospitals should be prioritised.

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