MENTAL HEALTH
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Appropriateness of Placement of Patients in State and County Mental Hospitals

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Effective planning for the future of the State and county mental hospital requires an assessment of the appropriateness of current placements and the availability of residential alternatives to institutional care. Consideration of the appropriate placement of patients in State and county mental hospitals is motivated by economic as well as humane concerns. The prediction of hospital bed needs has become even more important recently because of increased efforts to provide all necessary services without incurring waste through excess hospital capacity.

Over the past 15 to 20 years, there have been a series of empirical studies assessing the appropriateness of patient placements. The majority of these studies were done in State mental hospitals on a State-wide or area-wide basis. The methodologies and categories of appropriateness or alternate placement recommendations used in these studies are not strictly comparable a/ but may provide a useful overview of an important subject. This Note is a summary of selected empirical studies.

In 1961, the entire resident population (6,796) of St. Elizabeths Hospital in Washington, D.C. was studied. Each psychiatrist on the hospital staff reviewed his patients according to a well defined classification scheme under the general supervision of his service chief. It was found that about 50 percent of the hospital's patients could benefit from alternative placement, provided that sufficient alternative facilities of high quality were available. Specifically, it was found that 49.8 percent of the patients were appropriately placed, 5.8 percent were suitable for placement in a chronic disease hospital, 9.4 percent for placement in a nursing home with strong physical care, 19.5 percent for placement in a nursing home with strong psychiatric support; 12.0 percent for placement in a foster home and 3.5 percent were suitable for discharge (14).

A 10 percent sample of all resident patients (1,537 of 15,284) in Texas State mental hospitals as of July 1, 1966 was studied during July and August of that year. Patients were selected from 3 out of 7 State mental hospitals, specifically San Antonio, Austin, and Terrell hospitals. These hospitals were chosen because of the accessibility of the professionals needed to make the assessments. For each patient, the results of complete physical and psychiatric exams, laboratory tests, psychological tests, social work interviews, and a questionnaire completed by relatives were recorded. A team consisting of a psychiatrist and a social

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worker reviewed each case and concurred in a decision as to the appropriate placement for each patient. This study revealed that 43 percent of the patients were suitable for retention, 32 percent were suitable for transfer to another type of institution such as a nursing home, a day or night hospital, a general hospital, or a chronic disease hospital, and 25 percent were suitable for discharge either to independent living, to outpatient care, to a foster home, or to a halfway house (12).

The entire resident population (3,606) of St. Elizabeths Hospital was examined again as of May 31, 1970. At that time, an extensive psychiatric and medical evaluation was completed by the professional staff. The physician primarily responsible for the psychiatric treatment of the patient assessed the prospects for release or alternative placement for his patients according to a specified format. At this time, it was found that 32 percent required placement at St. Elizabeths or another psychiatric hospital, 35 percent could be placed in foster homes, 21 percent in nursing homes, and 12 percent in their own homes or apartments or elsewhere (15).

A study of all patients from one catchment area who were residents in the Florida State Hospital in Chattahoochee was completed as of February 1, 1973. For each of these 369 patients, an evaluation schedule was completed by a staff member on the ward judged by hospital supervisory personnel to be most knowledgeable about the patient. A review of their findings revealed that 20 percent of the patients could be referred to mental health clinics and 40 percent to nursing care facilities (6).

In 1974, a 20 percent sample (1,890 patients) of the resident population of the eight State hospitals in Texas was studied. A team of hospital staff led by a psychiatrist completed a form on each patient in the sample in which they either chose the appropriate placement for the patient or numerically rated the possible alternatives if there was more than one. In this study it was found that 38.5 percent of the patients could be released -- to live outside on their own (9.5 percent), to live outside on their own with outpatient care (7.0 percent) or to live in a halfway house (22.0 percent). It was found that 26.0 percent required transfer -- to a nursing home with strong psychiatric support (14.3 percent), to a nursing home with strong medical support (8.4 percent), to a chronic disease hospital (0.8 percent), to an acute general hospital (0.5 percent) or to a day/night hospital (2.0 percent). The remaining 35.5 percent required continued psychiatric hospital care (5.9).

In Washington State, a sample survey of resident patients in the State's two mental hospitals was done in 1975. From within each of two length-of-stay strata (less than 30 days; 30 days or more) 172 cases were randomly drawn. The record of each selected patient was rated independently by two mental health professionals who then resolved any differences together. For one-third of the cases, a third rater corroborated. This study found that 24 percent of the patients required contained hospitalization, 39 percent required other forms of residential placement and 37 percent required outpatient care only and no placement (8).

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In 1975 a survey form was completed by nursing staff for a 10 percent random sample of all residents in State hospitals for the mentally ill in Virginia. In this study, an attempt was made to establish the most appropriate setting available for these patients. It was revealed that 16.6 percent of the patients could benefit from a group or foster home, 20.4 percent from a nursing home, 7.2 percent from a halfway house, and 15.8 percent from an intermediate care facility. It was found that another 3.9 percent could live in their own home or apartment, 3.3 percent in a boarding house, and 11.4 percent could live with family. Further, 21.1 percent were found to need inpatient psychiatric care and for 0.5 percent no conclusion as to the most appropriate setting was reached (2).

In a 30 percent survey of all patients residing in State and county psychiatric hospitals in New Jersey, nursing staff completed a form on each selected patient. In this study it was found that 14.8 percent required continued hospitalization, 20.0 percent a supervised residential program such as a group home or halfway house, 11.0 percent a boarding home, 9.1 percent intermediate care, 9.7 percent skilled nursing, and 11.4 percent could return to their own home or family (1).

The total patients in residence in psychiatric centers operated under the auspices of the New York State Department of Mental Hygiene were studied during March 1977. At that time there were 27,203 patients over the age of 21. Information about each patient was obtained by a trained surveyor primarily through interview with two staff members who knew the patient, preferably the primary therapist and another member of the treatment team, secondly, from the medical record and, thirdly, from a brief unstructured interview with the patient. The surveyor integrated the information from all these sources and completed a survey form. This study indicated that 28.0 percent of these patients were appropriate for care in the community, 31.3 percent were appropriate for continued intensive psychiatric care, and that 40.8 percent required rehabilitative psychiatric care (11).

In 1977, the resident population of St. Elizabeths Hospital was surveyed to assess the level of care appropriate for each patient. Trained surveyors completed a form on each patient who had been in the hospital for more than 90 days (1,717 persons) according to clearly specified level of care categories. Short-term nonforensic patients not on unauthorized leave (348) were counted as appropriately placed for purposes of the study and 71 long-term forensic patients were deleted resulting in a total of 1,994 patients included in the study. The results of this study indicated that 37.6 percent of the patients were in need of intensive psychiatric treatment, as administered at St. Elizabeths Hospital or a similar facility. The others were in need of skilled nursing care in a psychiatric setting (20.1 percent), psychiatric rehabilitation programs (22.0 percent), regular skilled nursing care (3.3 percent), regular intermediate care (4.0 percent) supervised living in a foster home, halfway house, etc. (5.7 percent) or independent living, alone, with family, or in a cooperative apartment, (7.3 percent) (16,17).

Table 1 summarizes the studies described above.

Table 1. Summary of empirical studies of the percentage of patients appropriate for care in State and county mental hospitals or in alternate settings, 1961-1977

State or locality	Number of patients studied	Year of study	Percent appropriate for:	
			psychiatric hospitals	alternate settings
St. Elizabeths Hosp.---	6,796	1961	50%	50%
Texas----------	1,537	1966	43	57
St. Elizabeths Hosp.---	3,606	1970	32	68
Florida----------	369	1973	40	60
Texas----------	1,790	1974	36	64
Washington State-------	344	1975	24	76
Virginia----------	761	1975	21	79
New Jersey----------	9,753	1975	35	65
New York State---------	27,203	1977	31	69
St. Elizabeths Hosp.---	1,994	1977	38	62

Using this classification scheme, the studies in the 1960's at St. Elizabeths Hospital and in Texas showed that about one-half of the patients in the hospital could benefit from alternate placement. However, the majority of these patients were thought to need some form of supervised residential placement such as that offered by a nursing home, a community residence, or by foster care. Most of the studies in the 1970's found that between 30 and 40 percent of patients would have to be retained in the hospital. Approximately one-third would require some form of supervised care, and almost one-third could be discharged with only supportive care in the community.

It was initially expected that a longitudinal examination of these studies would reveal that the percentage of persons appropriately placed in State mental hospitals would be increasing with time until almost all of them were appropriately placed. There are several possible explanations for the deviation of the data from what was expected.

First, the definition of appropriate placement is changing as our society becomes more conscious of community-based alternatives to the traditional State and county mental hospital. There are now a variety of models for determining the appropriate use of and admission to psychiatric facilities, depending on their functions. The Balanced Service System (3) is one such model prepared in conjunction with community mental health centers for use by the Joint Commission on Accreditation of Hospitals. This model classifies residential facilities into three categories -- natural (home), supportive (alternative community residences), and protective (hospital). Each facility serves three functions: stabilization, growth, and sustenance. In clinical use,

an individual is appropriately placed in the Balanced Service System in the least restrictive setting with the necessary functional level and range of services. In hospital settings, various standards and models of admission criteria have also been developed. The American Psychiatric Association (10) has published model criteria for certain specific disorders. In a somewhat more generic effort, Gruenberg (7) outlined seven beneficial functions of short-term hospitalization.

Second, the number and types of alternatives (such as halfway houses, intermediate care facilities and nursing homes) are growing and, thus, potential alternatives exist for more patients (4,13). However, many communities do not have an adequate number of beds in alternative residences.

Third, the methodologies used in the different studies discussed varied quite widely and, therefore, comparisons of their results may not be completely valid. Our contention remains that given a uniform definition of appropriate placement and given stable societal influences over time, the percentage of persons in State and county hospitals deemed appropriately placed will increase with time as more and more of the inappropriately placed patients are moved to more suitable alternate settings.

Although the focus thus far has been on public mental hospitals, largely because of the deinstitutionalization movement, studies of this kind are also needed in other settings. The appropriate fit of patients and facilities is critical to the effective, efficient, and most humane delivery of mental health services.

Footnote

a/ Methodological differences in the studies discussed include:

- the use of different assessment techniques (e.g., evaluation of patient records, assessment by a battery of tests, completion of survey forms).
- the use of different evaluators (e.g., psychiatrists, social workers, nursing staff, trained surveyors)
- the evaluation of different patient groups (e.g., based on length of stay, in specified age groups)
- the use of a variety of sampling techniques in one or more facilities in a State.

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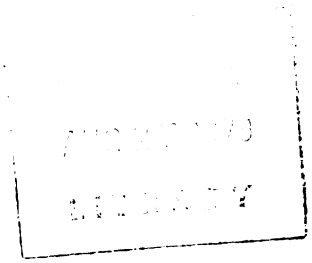

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