Study of alternative accommodation, using the hospital hostel practices profile*

E. Jorda-Moscardo1 and J. Espinosa Iborra2

1 Psychiatric Case Register Unit
2 Mental Health Service, Valencia, Spain

Accepted: March 6, 1991

Summary. The authors studied 58 different types of accommodation belonging to various classifications (Psychiatric Wards, Asylums, Hostels, Sheltered Homes, Apartments and Boarding Houses) which housed 613 chronic mental patients from the province of Valencia. The “Hospital Hostel Practices Profile” was used to test the reliability (internal consistency) of the Spanish translation. A profile of different types of practice in the accommodation was obtained by assessing restrictive practices in the patient’s areas of activity, personal possessions, meals and drinks, health and hygiene, residents’ rooms and services. Significant differences were observed between psychiatric wards and self-contained apartments and also, to a lesser degree, sheltered homes. The usefulness of H. H. R R for the analysis of restrictive practices in the accommodation of deinstitutionalized people is discussed in order to highlight the most suitable type of resettlement for the patients.

In January 1986, the Mental Health Services in the province of Valencia included three hospital units for public mental health care: the psychiatric hospital in the village of Bétera, the “Padre Jofrè” psychiatric sanatorium and the “Casa de la Misericordia” in the city of Valencia.

The reform of the services – their rationalization and the consequent need to make their resources profitable – involved closing the latter two centres. This meant that alternative accommodation had to be found for those patients whose transfer to the psychiatric hospital in Bétera was not justified.

To this group we must add those people who, having no relatives, had been rehabilitated at the psychiatric hospital and then discharged, receiving some economic aid to enable them to live adequately within the community. Due to the lack of public social resources for this group, it was necessary to turn to private resources.

The evaluation of these institutions could not be deferred because 45% of the residents were, as Lehmkühl (1987) points out, chronic mental patients. At the same time, it was necessary to have adequate information about the conditions in which the residents were being cared for, as public services should guarantee that fundamental human rights, dignity and suitable sanitary care are provided.

The role of “institutionalism” in psychiatric hospitals with regard to hospitalized patients is well known, and this conditions, to some extent, the psychopathological behaviour of the patients (Wing and Brown, 1970). But it is also true that, in alternative accommodation, residents run the same risk, because restrictive practices affecting the lives of the patients help to maintain a institutionalism (Kunzer, 1985).

Objectives

This study was designed with two objectives in mind: 1. To analyze the reliability (internal consistency) of the H. H. R R in the Spanish version and 2. to use the H. H. R R as an instrument to evaluate restrictive practices existing in alternative accommodation and select the most suitable accommodation for the transfer of institutional patients.

Materials

During the months of April and May, 1988, a study was made of 58 different lodgings, located in the province of Valencia, to which chronic mental patients had been transferred, having previously been hospitalized continuously for more than a year (average accumulated internment time, 22 years) at the provincial psychiatric units: the provincial psychiatric hospital in Bétera, the “Padre Jofrè” psychiatric sanatorium and the “Casa de la Misericordia” in Valencia.
Table 1. Characteristics of the patients residing in different kinds of accommodation

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Type</th>
<th>Number</th>
<th>Patients</th>
<th>Sex</th>
<th>Number</th>
<th>Sex</th>
<th>Number</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
<td></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15-44</td>
<td></td>
<td>45-64</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>65+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Organic psychos.</td>
<td>Schizophrenia</td>
<td>Mentally retard.</td>
<td>Other</td>
</tr>
<tr>
<td>1</td>
<td>Psychiatric Ward</td>
<td>5</td>
<td>293</td>
<td>60</td>
<td>40</td>
<td>23</td>
<td>41</td>
<td>36</td>
</tr>
<tr>
<td>2</td>
<td>Asylum</td>
<td>12</td>
<td>79</td>
<td>47</td>
<td>53</td>
<td>4</td>
<td>28</td>
<td>68</td>
</tr>
<tr>
<td>2</td>
<td>Hostel</td>
<td>28</td>
<td>198</td>
<td>43</td>
<td>57</td>
<td>9</td>
<td>37</td>
<td>54</td>
</tr>
<tr>
<td>2</td>
<td>Adoptive family</td>
<td>6</td>
<td>18</td>
<td>44</td>
<td>56</td>
<td>11</td>
<td>39</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>Sheltered home</td>
<td>3</td>
<td>20</td>
<td>70</td>
<td>30</td>
<td>30</td>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Boarding house</td>
<td>4</td>
<td>5</td>
<td>80</td>
<td>20</td>
<td>20</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>58</td>
<td>613</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* percentage

Table 1 shows the distribution of the 613 patients by sex, age and diagnosis in the six categories of accommodation studied.

The accommodation was classified into three groups, as follows:

1. Psychiatric hospital wards and one ward at the local hospital (n = 5) which are public institutions, with professional staff belonging to the categories of doctors, nurses, social workers, psychiatric helpers and cleaning staff, providing daily supervision and 24-h coverage.

2. 24-h-supervised accommodation: including asylums (n = 12), hostels (n = 28) and adoptive families (n = 3) with two or more dehospitalized patients. Run by religious orders (asylums) or by private owners (hostels), the attending staff having no specific professional qualifications. Mental health personnel from the community staff make periodic visits to these residents, many of whom are included in rehabilitation programmes.

3. Self-contained accommodation: sheltered apartments (n = 6) and boarding houses (n = 4). These are all private. The inmates, previously confined patients, provide mutual support. Members of the mental health staff periodically visit the premises or the residents call on the mental health centres when necessary.

There are significant differences between these three groups of patients with respect to sex ($X^2 = 17, P = 0.0001$) and age distribution ($X^2 = 53, P < 0.0001$), but not with respect to diagnosis ($X^2 = 7.7, P > 0.05$).

Method

The accommodation studied satisfies Nagy's definition (1988): lodging premises, both authorized and unauthorized, public or private, religious or secular, which provide lodging, food and a certain degree of protection 24 h a day to two or more adults (aged 18 or over) not related in any way to the person in charge of the centre.

The techniques employed have been based on the use of the H. H. P. P., translated from T. Wykes' work (1982) and used by S. Hewett et al. (1975); P. Ryan and J. K. Wing (1979) and T. Wykes, E. Sturt and C. Creer (1982). It consists of 55 questions related to the six following areas: personal activities, personal possessions, meals, hygiene and health, residents' rooms and services. The list of restrictive practices was completed in each case in order to establish, through these 55 questions, which were the usual practices. The non-existence of the practice corresponding to each question was scored as 0, whilst a positive answer was scored as 1, so that the maximum value of the H. H. P. P. was 55. The items included a description of the possibilities of free choice or of the rules which restricted the behaviour of the residents irrespective of their individual capacity.

The procedure that was followed consisted of studying all lodgings where deinstitutionalized patients from the three public psychiatric units of the province of Valencia were living and which fitted one of the above-mentioned classifications but excluding those people who went back to their own families or to adoptive families with only one resident. The “Padre Jofré” sanatorium in Valencia and the long-stay wards at the psychiatric hospital in Bétera were also included.

To find out about the present range of accommodation facilities, a record was designed so that the survey could be carried out in a structured way. The interviewers were students from the “Escuela de Trabajo Social” (School of Social Work).

Some time before, the interviewers were assigned to the various Health Areas where they had the opportunity of becoming familiar with the place to be studied. There were several sessions of instruction to obtain homogeneity in the evaluation criteria.

In order to test the patient’s abilities in everyday activities we used the Everyday Instrumental Activities Schedule (Escala de Actividades Instrumentales Cotidianas) whose characteristics are described in E. Jorda-Moscardo et al. (1986).

Statistical treatment

Restrictive practices profile

The test-retest reliability (internal consistency) between interviewers was verified by obtaining a $\rho$ (Spearman) coefficient = 0.98 with $P < 0.05$. 