THE CLOSING OF A STATE HOSPITAL:
WHAT IS THE QUALITY OF PATIENTS' LIVES
ONE YEAR POST-RELEASE?

Phyllis Solomon, Ph.D.

The closing of a state psychiatric facility afforded an opportunity to assess the
quality of life of a cohort of patients who were released. Patients were interviewed
a month after release and again a year later. Patients spent about half their time
in mental health programs, but few were engaged in community activities or in
employment. Cohort members mainly turned to mental health workers and case
managers for support and problem resolution, as they had limited supports to
turn to otherwise. Patients desired assistance in such areas as money manage-
ment. In a number of areas of daily living, cohort members desired assistance a
year after discharge, more so than upon release. Despite this, a year after release
patients appeared to be quite positive toward themselves and their quality of life.

There has been limited research on the closing of state hospitals; however, it is evident that the feasibility of closing these hospitals
is contingent on the development of appropriate community re-

sources. There needs to be systematic research on what happens to
patients when a state psychiatric hospital closes so that future

Phyllis Solomon, Ph.D., is Professor and Director, Section on Mental Health
Services and Systems Research, Department of Mental Health Sciences, Hahn-
emann University, 1427 Vine St., Room 405, MS 988, Philadelphia, PA 19102.
decisions on the closing process can be based on rational decisions(1). The closing of Philadelphia State Hospital (PSH) afforded such an opportunity.

The few studies that were conducted regarding the phase out of a psychiatric institution were at least ten years old. These studies assessed readmission rates, mortality rates, and satisfaction with new placements. For example, a follow up of severely mentally ill patients released from Saskatchewan Hospital found that 45% were rehospitalized in the five-year-study period but half of these were rehospitalized in the first year after release. Similarly, a follow up of short-stay patients from Boston State Hospital found a readmission rate of 53% within 13 months(1). These rates are well within the estimates of readmission rates of follow-up studies generally of patients released from psychiatric hospitals which indicate that 40%-50% are rehospitalized within a year of discharge(2,3).

Regarding patient satisfaction with their new environments, 90% of patients released from Grafton State Hospital to a variety of community placements, including nursing homes and cooperative apartments, preferred their new location. However, only 50% of those transferred to other psychiatric hospitals preferred their new location(4).

In recent years there has been a growing interest in the quality of life of severely mentally disabled persons(5,6,7,8,9). A major goal of the Community Support Program (CSP) of the National Institute of Mental Health is to improve the quality of life of this population and the CSP Program has continued to emphasize this issue.

Malm and his colleagues(8) have noted that quality of life is currently a fashionable concern, for critics are concerned that although they realize severely mentally disabled persons are out of the hospital, and may even remain out, they question the quality of life of this population. With increasing concerns regarding the homeless population, this question has correspondingly increased. Moreover, many mental health professionals are of the belief that merely improving the quality of life of patients is "a great step forward in the management of the long-term mentally ill and in making real the benefits expected by deinstitutionalization."(10)

The focus on the quality of life of severely mentally disabled persons affords an opportunity to assess the entire life situation of