LONG-TERM HOSPITAL TREATMENT:  
A 25-YEAR STUDY

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Findings from a 25-year study of admissions to a single long-term private psychiatric inpatient facility document a sharp decline in average age and an increase in concurrent diagnoses of substance abuse and personality disorders. In this case, long-term private inpatient care has survived the significant changes in mental health policy and funding practices of the past quarter century, but has shifted its focus from a more general psychiatric caseload to the seriously disturbed adolescent or young adult patient.

There are numerous factors which determine every aspect of hospital treatment. Though some are easily determined, many are dimly defined and difficult to measure. At present, their effect on patient progress is obscure. These factors, discussed in some detail, may be internal and peculiar to an institution itself. A dialogue is initiated for the insight it furnishes about the changes that have occurred in hospital treatment.

INTRODUCTION

How has utilization of the long-term private psychiatric hospitals changed over the last quarter century? Despite the fact that the deinstitutionalization era has fostered an expansion of outpatient
care and more parsimonious use of inpatient services, primarily in the public sector, long-term private hospitals have prevailed. But how have they adapted to keep pace with the remarkable changes in society at large and in American psychiatric practice?

There have been few comparative studies of patient cohorts across the decades in the United States. Studies that have looked at a hospital’s caseload over different time periods have shed light both on utilization patterns and patient characteristics. Bockoven and Solomon (1) conducted a retrospective examination of a sample of 100 patients admitted to a Boston hospital in 1947 and a second sample of 100 patients admitted to a mental health center in 1967. Patterns of hospitalization and rehospitalization were traced using archival data for each of these two samples for a five-year period. Unexpectedly, hospitalization and community tenure were comparable in the two groups, leading the authors to suggest that treatment prior to the psychopharmacologic revolution might have been as effective as more modern strategies. McGlashan (2) explored the same issue in a more methodologically sophisticated study of two cohorts of patients discharged from Chestnut Lodge after a minimum stay of 90 days; one cohort discharged between 1950–1955, and another discharged between 1970–1975. Study cohorts, matched on diagnosis, gender, and marital status, experienced no significant differences in subsequent hospitalizations. However, patients in the latter cohort were more likely to present with co-morbid psychosis and character pathology.

Our desire to contribute to this stream of investigation led us to conduct this retrospective study of 2,041 patients admitted to our long-term private psychiatric facility for the twenty-five year period from 1962 to 1986. We asked the following questions: (a) Did our inpatient population change demographically and diagnostically over this period of time, and, if so, how? (b) How did treatment patterns change during this time period? (c) How do changes in one psychiatric hospital’s patient population and treatment practices relate to larger social and professional changes noted previously? And (d) finally, what factors internal to the institution might have influenced changes in treatment practices over time?

**METHOD OF PROCEDURE**

We abstracted information from hospital admission files on all patients admitted from January 1, 1962 to December 31, 1986.