Research as an Impetus for Change in a State Psychiatric Hospital

Phyllis Solomon, Ph.D.
George Gintoli, M.S.

Abstract

This article presents recommendations resulting from a study of barriers to discharge from a state psychiatric hospital.* The results of this study became the impetus and basis for this particular hospital’s definition of its mission within a community support system and for the development of a hospital plan responding to the study recommendations. The programmatic and policy changes initiated by the hospital have demonstrated that a traditional state psychiatric hospital can become more responsive to the needs and desires of consumers and families by utilizing the entire mental health delivery system and other community resources. It is evident that the hospital need not be bound by the physical limits and facility-based resources that have historically restricted its responsiveness.*

The 1980s have been called the post-deinstitutionalization era due to the fact that by the end of the 1970s, public hospitals had reduced their census to levels remaining where they have been relatively stable. However, nationally, 150,000 severely mentally disabled persons remain in state psychiatric hospitals, and in Ohio, 4,000 remain in institutions. The 150,000 still in hospitals represent a small portion of the country’s severely mentally disabled; 900,000 severely mentally disabled persons are in nursing homes and 800,000 individuals reside in the community.

Primarily as a result of the media attention given to the homeless but also due to the advocacy efforts of families and consumers, there has been a growing awareness of the plight of the deinstitutionalized and an increased emphasis on funding, research, planning and programming for this population. In recent years, there has been little mention in either the media or professional literature of concerns about the severely mentally disabled persons who remain in state psychiatric hospitals; this population has been overshadowed by the more visible severely mentally disabled persons residing in the community.

The Ohio Department of Mental Health commissioned the Federation for Community Planning to conduct a study of one of its extended-care hospitals in northeast Ohio to assess the system barriers that may be impeding the placement of patients from the hospital. The study was to be the first phase of a planning effort that would result in changes in hospital and

* This study was founded by the Ohio Department of Mental Health. The authors wish to acknowledge Shirley Beck, M.S.S.A., for her assistance. At the time of this research, Dr. Solomon was director, Commission on Mental Health, Federation for Community Planning, Cleveland, Ohio.
community-based programs intended to enhance successful placement of appropriate patients into the community.

The research was, therefore, designed to have a system perspective with a patient focus. The study methodology involved examining the various components of the system by focusing on the specific study patients. A sample of patients, as well as samples of hospital staff, community mental health workers and family members were interviewed to learn the perspectives of each group regarding the study patients' readiness for discharge in terms of their behaviors, their acceptance and preparedness for discharge and the appropriateness of community placement.

This paper will present: 1) the study recommendations (study results have been presented elsewhere); 2) the hospital's plans to address the recommendations; and 3) the resulting responses to the recommendations. Given the evolving role of the public psychiatric hospital within a community support system, this article will also demonstrate how a traditional state psychiatric hospital can become more responsive to the needs and desires of consumers and families by reaching beyond the physical limits and resources of the hospital to involve the entire mental health delivery system and other community resources in addressing consumer needs.

The Setting

The study took place at the Western Reserve Psychiatric Habilitation Center (WRPHC), a 600-bed public psychiatric hospital in Northeast Ohio. WRPHC, accredited by the Joint Commission on Accreditation of Healthcare Organizations, serves two major metropolitan areas. It has a 60-bed intermediate care unit for patients dually diagnosed mentally ill and mentally retarded and for 100 patients under forensic commitment status. The median length of stay is three years with a range of one month to more than twenty years. Almost half the population have been at the institution for over four years. The average age is 36 with an age range of 18 to 75. Two-thirds are male and two-thirds are white. The majority of diagnoses relate to some type of schizophrenia. The average education level is 11 years.

The Study Recommendations

A major portion of the recommendations that emerged from the research focused on the need for a partnership of mental health providers (both hospital staff and community mental health or CMH workers), consumers and family members. The results revealed a need for greater active participation on the part of consumers and family members in relation to treatment and discharge planning on the individual patient level as well as in relation to the program planning of the hospital. It was also apparent from the research findings that mental health professionals need to inform and educate family members about the progress of their family member and about mental illness in general. Consumers and family members have a similar responsibility to communicate their needs and concerns to mental health professionals. Without this educational process, there tends to be a lack of understanding and mutual respect among the parties resulting in an unequal partnership. However, through increased collaborative efforts among the parties, a recognition of common goals and an appreciation for the unique contributions of each of the system's various components can be achieved. The Ohio Department of Mental Health has been promoting a partnership of mental health professionals, consumers and family members for some time, but this needs to be implemented at the hospital level.

It was also evident from the research that community mental health agency staff need to play a more active role during the hospitalization of their consumers. Patients are no longer