

Abu-Dhabi Psychiatric Day Hospital Efficacy AND ACCEPTABILITY : A SURVEY OF TREATING TEAM, PATIENTS AND FAMILIES

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Team workers psychiatrists , nurses , psychologists , social workers , as well as patients and their families were surveyed on their experience and attitude to wards day hospital services. Three self - rating instruments were designed for the purpose of the study to evaluate the service quality , satisfaction and attitude of medical team , patients and their families respectively.

The results greatly favours day hospital as a substitute for in-patients and proper facility for treatment as shown by result of attitude measure of team workers, patients and families.

□ Clinical Implication

Day hospital is a debatable issue both to health service planners and professionals in under developed countries. Our study in Abu - Dhabi new psychiatric hospital reveals a remarkable benefit of day hospital service in terms of both psychosocial and economic gain and a suitable place for training and rehabilitation and a step to normal integration in community.

The aim of establishing day hospital is to promote and deliver health service to psychiatric patients out side the traditional hospitals (Lois, E. Passi, Li 1998).

Some consider day center or hospital as partial hospitalisation with limited residency, and as substitute to in patients wards (casino , etal , 1982), and it's multi- facets of therapy is targeted to patients already remitted or partially improved form acute state and so lessen pressures on hospitals services (Frank , J.Ayd , 1995).This will mitigate the impact of social stigma of mental illness and facilitate the transfer of acquired skills to community after discharge (Bierer, 1951) Several of psychiatric patients in hospital can be managed easily in day hospitals instead of being in - patients, and some studies clearly showed that 40% of in- patients can be cared in day centers , (Herz, etal 1971) . Not all patients in day hospital are chronic psychotics and socially disabled , but other diagnostic categories are included such as depression . anxiety disorders , mental retardation and personality disorders (Bender & Pilling 1985), even young people with phobic disorder and lack of social skills can be contained in day hospital to get their chance of improving psycho social abilities , (Gath, etal 1973).

The roles of general hospitals and geriatric departments are still vital and will remain, and there are a lot of patients who are unsuitable for day hospital like acute cases , suicidal behaviour , aggressive and violent patients and organic cases. All these patients need close supervision and intensive care (Bowman , etal 1983).

In Arab Countries, lack of resources and trained specialized personnel's , made health authorities reluctant to think of establishing day hospital units. In Abu Dhabi New Psychiatric hospital , we pioneered in establishing a day hospital in 1996. It is run by trained team of clinical psychologist, social workers, occupational therapist physical therapist and psychiatrists. The unit is headed by consultant psychiatrist who organizes the available facilities and methods of treatment according to patients individual need . The treatment modalities include drug therapy, behavioral therapy, individual and group therapy, counseling & depot

clinic. This study is aimed to look on our short experience and evaluate the opinions of staff, patients and families to the day hospital service and activities .

□ The Study

All patients who attend day center in Abu - Dhabi New Psychiatric hospital (No.66) are the sample of the study (table -1). Most of the patients have been admitted as in -patients several times. Diagnosis, social and psychological assessments were evaluated thoroughly before referral to day hospital and again assessed by day center team. Treatment already advised by consultant was maintained, unless there is clinical change or impending relapse. Diagnostic categories of the sample are depicted below (table - 2).

Table 1 : nationality &Distribution of the sample by gender

	UAE	Arabs	Non-Arabs
Male	15	23	4
Female	11	8	5
	-	-	-
Total	26	31	9

Table 2 : Diagnostic Categories of patients attending day hospital

Diagnosis	Male	Female
Mood disorder (BP1,BP11)	7	9
Schizophrenia	17	6
Shizo affective	1	3
Anxiety	0	2
Phobias	3	1
Delusional disorder	1	1
Schizophrenia	-	-
Mental subnormal	1	1
Speech disorder	0	1
Personality disorder	2	0
Organic Mental disorder	2	0
Obsession. C.D	1	0
Mental retardation	1	0
Drug induced psychosis	1	0
Dysthymia	1	0
Asperger's disease	1	0
Psychosis atypical	1	0
Autism	1	0
Under assessment	1	0
Total	42	24

Three self - rating instruments were designed for the purpose of the study to evaluate the service quality, satisfaction and attitude of medical team, patients and their families respectively (copies of these scales can be obtained from

authors). There was agreement by specialist and experts that these self - rating scales can measure the real objective aim of the study with high significant test - retest reliability , correlation coefficient (0-88). The scale were also provided by instruction and general information with open questions to elicit more information not mentioned in the questionnaire. Percentile results and frequencies were used, with application of correlation coefficient ratio between various variables and X2 to reveal the significance of differences (Al Zarrad, 1988).

Findings

The questionnaire (team scale) was given to the medical team of the day unit and also to specialists who have been in day hospital and transferred to other units of the hospital. This will give us a global picture of the quality of service and plan deemed necessary. Content analysis of response is shown below (table- 3).

Table 3 : Percentage of team attitude

	Positive attitude	Negative attitude
Psychiatrists	58,08%	41,91%
Psychologists	75%	25%
Social workers	80%	20%
Nurses	87,5%	12,5%
Occupational Therapists	66,66%	33,34%
Average	78,97%	21,03%

The main key points mentioned by positive attitude (98.97%) group are:

- 1- Programs and activities given to day patients with the available resources are considered good.
- 2- The day hospital has achieved part of it's goal in medical care and rehabilitation.
- 3- Being in a day hospital reduce the relapse rate and improve the quality of life and suitable for psychosocial skill training necessary for daily activities .

The pessimistic group (negative attitude 21.03%) gave their views on ideal expectation and aims. They mentioned patients heterogeneity and absences of objective methods for assessments. They also mentioned the shortage of training period of staff and the repetitive boring activities and lack of evaluation after discharge. The difference between negative and positive attitude group was significant 2 8.52, P 0.01 in favour of positive group.

Family attitude toward day hospital care and utility to their sick member is of paramount importance. This will reflect his improvement in social and occupational domain as well as psychological stability. Families response to the specially designed scale referred to a bore was , + attitude 80%Vs - attitude 20% . Those who prefer day hospital were impressed by improvement of self - care , participation in home chores and better communication with their sick member. The negative attitude families (20%) gave no clear reason of their opinion and this probably stem from family dynamic with conflict, rejection and misunderstanding with wishes to keep patient in long stay wards.

There was a high percentage of patients (90.35%) who feel happy, satisfied and much better in day hospital. They gain a lot of skills , training and can interact with people in acceptable way. The negative attitude group (9.65%) feels unsatisfied due to frequent change of treating team members, lack of spacy areas, noises of music and lack of privacy to discuss their personal problems. Results of groups attitude were analyzed using the significance of percentile differences there was no significant difference between the groups (table -4)

Table 4 :

	Treatment team (No.29)	Patients (No.66)	Families (No.30)
Positive attitude	78,97%	90,35%	80%
Negative attitude	21,02%	9,65%	20%

Discussion

The published studies about day centers agree about utility of the service in these hospitals and it's suitability for treatment and rehabilitations and helps family to support their sick members to integrate in community.

Vaughan , (1985) appeals for more implementation of day hospitals in health services. Our study clearly showed that the day hospital is a best place for training those patients who have pronounced defective psychosocial skills. The drop rate in our sample was low (10%) Compared with (50%) reported by baek and lundwall (1975) which they attribute to lack of transport personality disorders and depressive illness . This observation is also found in our study with additional factor of poor employment history. Although attitude of our sample was significantly positive , we feel that there is a scope for improvement in programs , training and objective evaluation of function out side hospital. In spite of our limited experience with day hospital , the achievement gained was rewarding and hospital administration is keen to enlarge and maintain a modern standard of health care to patients through training and teaching facilities.

Conclusion

This study of patients (no.66) attending day hospital in Abu Dhabi psychiatric hospital to find out their satisfaction and attitude to the service and also their families (no.30) and team work (no.29) The attitudes of the groups concerned were measured by specially designed scales. Results greatly favours day hospital as a substitute for in- patients and a place for proper training, treatment and rehabilitation. We are looking for ward to improve our service and enlighten our experience in day hospital utility and efficacy in UAE.

Limitations of the study

This study in a small under developed country with high percent of non- locals and small sample size may not represent the views of people at large. Recent introduction of health service insurance system will put great limitation on non-locals to attend day hospital. This bias of interest might be reduced in the future with more homogenous large sample.

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References

- 1- BaekLand , F. Lundwall , L. (1 975) Dropping out of treatment, A critical Psychological Bulletin. No. 82,P.738
- 2- Bender, M.P., Pilling, S. (1985) A study of variables associated with under attendance at psychiatric day center Psychological Medicine, No 15,P. 395
- 3- Bierer,J.(1951) The day hospital -Lewis Co. London, P.69
- 4- Bowman, E.P.etal (1983) Day hospital patients Vs, in -patients , fctors determining selection of acutely ill patients for hospital treatment. British J.Psych. No. 42,P .584
- 5- Casino, J.P., Wilner , M., Maxe, J.T. (1 982). American Association for partial hospitalisation. International journal of partial hospitalization. No. 1, (5-21)
- 6- Faisal Al Zarrad (1988) Edit Advanced Educational & Psychological Statistics . Dar - Al Gallam -Dubai
- 7- Frank , J.,AYD, JR (1995) Lexicon of psychiatry , neurology and neurosciences William and Wkins , USA.P. 185,494
- 8- Gath, D. , Hassal , C., Cross, K.W. (1973) Psychiatric day hospital care. A study of day patients in Birmingham. British M., journal No. 1 , P-94
- 9- Herz, M.I. etal (1971) Day Vs In -patients hospitalization controlled study American J. Psychiatry, No. 127,P.1371
- 10- Lois, E. Passi, L (1 998) A guide to creative group programming in the psychiatric day hospital The Haworth press, Inc Binghamton, NY
- 11- Vaughn, Pj. (1985) Development in psychiatric day care British. Journal of Psychiatry . No 147.(1-41).