Day hospital care

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Abstract
Over the past 50 years, day hospitals have emerged and developed in Western psychiatric services in the process of deinstitutionalization. There is now great diversity in the aims and uses of services that fit under the umbrella term of 'day hospital care'. The research literature has identified four models of day hospitals, varying from acute or crisis services as an alternative to traditional inpatient psychiatric care, to longer-term rehabilitative services to bolster ongoing outpatient treatment. A recent survey of English day hospitals found that most individual day hospitals aim to provide an array of functions and services, which suggests that the different day hospital models may not be mutually exclusive. Over the past 20 years a robust evidence base has developed to support the use of acute day hospitals, with a recent randomized controlled trial in London suggesting that service users may make significantly more improvement in symptom change in this treatment setting than on traditional wards. There is a dearth of research investigating the efficacy of other day-hospital models, including those with multiple aims and functions. There is thus a real gap between evidence and practice in this area. The range of day hospital uses may reflect the flexibility of day hospitals in adapting to local service needs, but may also suggest that, despite their lengthy history, day hospitals have not carved out a distinct identity within modern community service provision.

Keywords crisis services; day centres; day hospitals; deinstitutionalization; social rehabilitation

What's new?

- The randomized controlled trial (RCT) evidence supporting day-hospital treatment as an alternative to inpatient care has almost doubled in the past three years
- Acute day-hospital research has consistently indicated that it produces similar clinical outcomes and superior social outcomes to inpatient treatment
- A recent RCT in London found that day-hospital service users showed significantly more improvement in psychopathology than those treated on the ward
- There is new evidence suggesting that there are specific positive effects of day-hospital treatment for service users experiencing high suicidal ideation

History and context of psychiatric day hospitals

Over the last 50 years all Western industrialized nations have seen far-reaching reforms of mental healthcare, with the closure and 'downsizing' of former asylums and the establishment of services in the community.[1] For example, in England, psychiatric inpatient beds have been reduced by over two-thirds since the mid-1950s. At the same time, with referrals to acute inpatient care continuing to rise, admissions have more than doubled.[2] Thus, non-residential alternatives to tertiary level mental healthcare have been sought.

Within this context of deinstitutionalization there has been a growth in the use of psychiatric day hospitals across Europe and North America as part of a comprehensive system of community care. In Germany there are now established policies on the provision of day hospitals alongside inpatient services in every locality. In the UK, health policies since the early 1960s have recommended the use of day hospitals as an alternative to acute inpatient care and continue to stress the principle that patients are entitled to receive appropriate treatment and support in the least restrictive environment possible.

Defining day hospitals

Although day hospitals have a long history, beginning in Russia in the 1920s, it remains unclear what services are grouped under this umbrella term, which may be used to describe any 'multidisciplinary day-care facilities offering comprehensive psychiatric care'.[3] There is great diversity in the uses and aims of day hospitals, with some functioning as an alternative to acute inpatient care, some for the rehabilitation and support of the chronically ill, and others for the treatment of neurotic and personality disorders.

Types of day hospital

Although there are a range of day-hospital models, there is no clear and consistent use of terminology to differentiate day hospitals offering such varied services. To complicate matters, many day hospitals that began as crisis day services have changed their service focus whilst sometimes retaining the name, and have either disappeared or gradually evolved into psychotherapeutic outpatient units. For example, Creed *et al.*'s important contribution to the evidence base supporting the use of psychiatric day

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hospitals as an alternative to inpatient care is based on the evaluation of an acute day hospital in Manchester that transformed into the base and drop-in centre for a 'Home Options' service soon after the research was completed.[4]

In a systematic review of day-care effectiveness, Marshall *et al*. distinguished four categories of day hospital:

- acute day hospitals (aim: alternative to acute inpatient admission)
- transitional day hospitals (aim: shortening admission)
- day-care centres (aim: rehabilitation or maintenance)
- day-treatment programmes (aim: enhancing outpatient treatment).[3]

To allow some consistency and clarity, these labels are used in this chapter; however, this contribution also discusses how the day hospital types may be mutually exclusive in practice, and critically appraises the use of such theoretical distinctions.

Day hospital as an alternative to inpatient care

This type of day service focuses on acute treatment for patients in crisis, and has emerged as an alternative to acute inpatient admission, providing 'diagnostic and treatment services for people who would otherwise be treated on traditional psychiatric in-patient units'.[5] However, there may be some variation in the content of service provision and the service name (e.g. crisis day service, acute day hospital) within this subgroup.

The research interest in day hospitals as an alternative to inpatient care has reflected and sustained policy interest in this area. In a recent Cochrane Review, Marshall *et al*. identified nine randomized controlled trials (RCTs) comparing acute day-hospital and inpatient psychiatric treatment. The review findings suggest at the most pessimistic 23% of all psychiatric inpatient admissions could be diverted to acute day hospitals. The authors concluded that patients randomized to day-hospital or inpatient treatment showed similar improvements in social functioning, and there was no significant difference in readmission rates between the two groups. In an allied Health Technological Assessment Review, the same authors concluded that the evidence from RCTs suggested that acute day-hospital patients showed more rapid improvement on measures of psychopathology and were more satisfied with their treatment than inpatient controls. In addition to high user satisfaction with day-hospital care, which is important in terms of later engagement and the therapeutic alliance, research also suggests that families are more satisfied with this model of care.

Since the publication of the Cochrane Review, the first multicentre RCT of acute day-hospital treatment has been completed.[6] This study represents a significant contribution to the evidence based, with over 1100 voluntarily admitted patients in five European cities (London, UK; Dresden, Germany; Michalovce, Slovak Republic; Prague, Czech Republic; and Wroclaw, Poland), randomized to day-hospital or treatment as usual on an acute inpatient ward. Participants were assessed on measures of psychopathology, treatment satisfaction, subjective quality of life and social disabilities. The findings across the five sites suggested that day-hospital care is as effective on clinical outcomes as conventional inpatient care and more effective on social outcomes. The outcomes varied across the five sites, which probably relates to the different treatment contexts and the way that each day hospital was organized and run. Service users who received day-hospital treatment at the London site showed significantly more improvement on measures of psychopathology than those randomized to the inpatient ward, plus higher ratings of treatment satisfaction.[7] This study included an analysis of the impact of treatment on patients with high suicidal ideation at admission, and found that day-hospital patients showed significantly more improvement in symptoms than those on the ward.[8] These findings challenge the assumption that overnight care is necessarily the best treatment for acutely suicidal patients.

Despite the abundance of research on acute day hospitals and a continued emphasis on the need to incorporate day hospitals in service provision, this model has not been widely adopted,[9] and has recently been described as 'definitely not in fashion'. In comparison, more radical approaches to community care, such as assertive outreach and home treatment, have been taken up more readily by service providers.

However, the acute day hospital may yet make a comeback as the evidence base for its efficacy is now more established and it has become apparent that such units can offer a much less labour-intensive (and thus cheaper) service than home treatment or inpatient care, whereby 'comparatively small numbers of nurses can maintain a high level of input to substantial numbers of patients in a safe environment for one-to-one treatment'. Also, unlike home treatment, day hospitals can provide socio-therapeutic group-based activities in which patients support one another. Day hospitals can satisfy the common expectations of users and carers that acute mental disorders warrant intervention in an institution, while also maintaining patients in – rather than removing them from – their social context.

Yet the function of a day hospital for acute treatment is not to replace conventional inpatient care or home treatment, but to be one therapeutic option among others. Which of these options is the most appropriate in a given situation may depend on patient preference and previous experience, as well as individual needs that can change over time.

There is little literature on how services change over time. However, day hospitals appear to require a degree of organizational rigidity to maintain the focus on acute treatment; such key elements are summarized in Table 1.[10] The example is based on the operational policy of the day hospital in the East London borough of Newham, which has worked successfully as an acute service since 1999.

Day hospitals to shorten inpatient admission

Transitional day hospitals have been developed to offer time-limited care to patients who have just been discharged from inpatient care. Such day hospitals aim to change the pattern of hospital care for people with severe mental health problems, as they can allow inpatient admissions to be shortened. However, there is a lack of quality research on short-stay admissions. In a recent Cochrane review, only one RCT in this area was identified, which compared standard inpatient admission (discharge at carers' discretion) with planned discharge after less than 8 days to community day-care.[11] Thus, there is a need for further research into the efficacy of the transitional day-hospital model.

Suggested principles for a day hospital for acute treatment

- All referred patients should really need crisis intervention
- A defined number of places, with no waiting list
- Run by a multidisciplinary team
- RMO responsibility and care coordination remain with CMHTs, so good communication between day hospital and community teams is essential
- Patients required to attend Monday to Friday from morning to evening, with optional attendance at the weekends
- Treatment programme based on group activities, but individual interventions (biological, psychological and social) should also be made available
- Facilities should be separate from those used by inpatients
- It may be necessary to operate some exclusion criteria based on diagnosis (e.g. patients with primary drug dependency); however, it is beneficial to have a patient group with a range of problems as this can be positive for the programme atmosphere

RMO, responsible medical officer; CMHT, community mental health team.

(Adapted from Priebe, 2002.[10])

Table 1

Day-hospital admission after failure of outpatient care

Using Marshall *et al.*'s definition,[3] there are two day-hospital models that have been developed to offer more intensive input for patients who have failed to respond to outpatient care.

Day-treatment programmes typically offer treatment to patients with non-psychotic disorders (usually patients with affective or personality disorders).

Day-care centres offer structured support to patients with long-term severe mental disorders (mainly schizophrenia) who would otherwise be treated in outpatient clinics.

Marshall *et al.* identified only two RCTs comparing day-treatment programmes with conventional outpatient care for non-psychotic patients who were refractory to outpatient treatment. No usable outcome data were found on quality of life, burden on carers, readmission rates or costs. One trial reported significantly higher user satisfaction in the day-hospital group, and the other reported significantly lower user satisfaction. There was evidence from one trial suggesting that day-treatment programmes were superior to continuing outpatient care in terms of improving psychiatric symptoms. There was no evidence that day-treatment programmes were better or worse than outpatient care on any other clinical or social outcome variable, or on costs. Nor were the reviewers able to judge the proportion of patients for whom day-hospital treatment might be appropriate or effective, owing to differences in intake criteria with regards to treatment resistance.

The evidence to support the use of day-care centres is similarly patchy. Marshall *et al.* concluded that there is no evidence that day-care centres are any better or worse than outpatient care on any clinical or social outcome variable, although there is some evidence to suggest that the cost of day-care centres is greater.

The lack of research into either of these day-hospital models has resulted in a lack of clarity concerning typical or suggested programme content and provides no basis for the use of these models in mental health systems that encourage evidence-based practice.

Day-hospital provision: a national picture

There is empirical evidence to support the efficacy of specific day-hospital models, but a lack of research on what English day hospitals do in practice. A recent national survey of day hospitals confirmed that there is great heterogeneity in English day-hospital service provision.[12] Day-hospital managers were asked to rate the relative importance of various aims and functions for their service (Figure 1). A cluster analysis did not reveal strikingly different day-hospital profiles with respect to their aims and functions. Three groups were identified:

- the first had less emphasis on chronic and social rehabilitation
- the second had less emphasis on crisis intervention and addition to outpatient treatment
- the third was apparently multifunctional.

Survey results of aims and functions of day hospitals in England

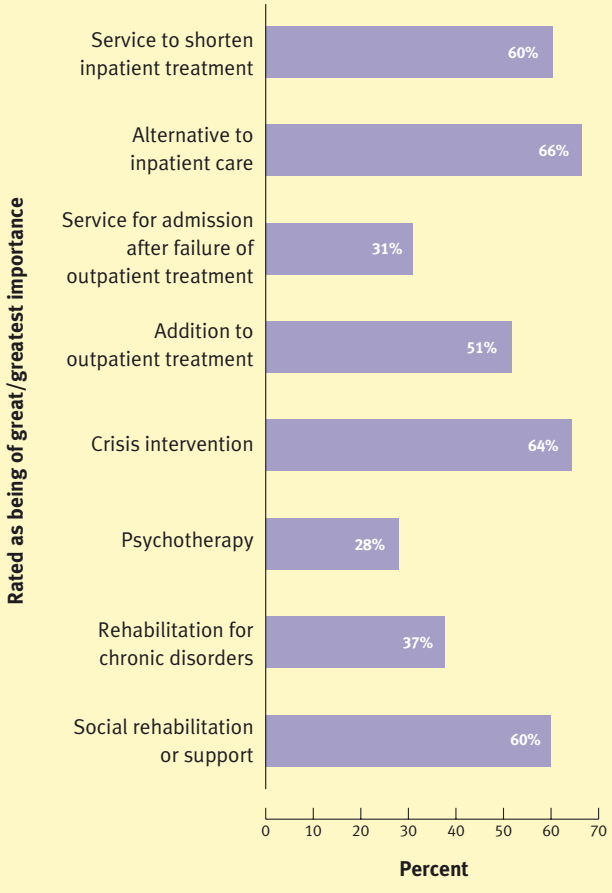

Figure 1

There was no evidence of day hospitals providing solely an alternative to inpatient care; nevertheless, this policy focus appears to be reflected in the survey results, as providing an alternative to inpatient care was the most consistently highly rated aim across all three groups. However, the majority of respondents prioritized multiple roles, with many day hospitals aiming to provide acute and chronic care concurrently, suggesting that these roles are not mutually exclusive.

Most day-hospital managers rated multiple aims and functions as being of great or greatest importance. These findings not only have implications for the use of terminology to describe day-hospital care, but highlight the need for generalizable research to support such practice, for adequate service descriptions to be included in research publications, and for service planners to respond to research evidence.

Conclusion

The term 'day hospital' covers a heterogeneous group of mental health service structures, reflecting the multitude of aims and functions even within a single institution. This may be seen as positive evidence for the flexibility of day-hospital models to adjust to different local needs but may also suggest that day hospitals have not found a clearly defined role within the spectrum of distinct services that modern community mental healthcare provides.

There is a strong evidence base for the use of day hospitals as a less restrictive and more cost-effective alternative to inpatient care, yet day hospitals appear to have received less focus in service development than other services with a less robust evidence base, such as assertive outreach and early intervention. This may relate to the difficulty in sustaining the focus on acute treatment, so that day hospitals often drift into providing a range of other functions. It can be argued that the priority for service commissioners, researchers and clinicians may not be whether service users in general benefit most from home treatment, inpatient treatment or day hospital treatment, but rather what works best for whom. The suitability of the treatment medium may be influenced by the service users' preference, in addition to other clinical and demographic factors. Thus day hospitals for acute treatment may continue to function as an integral part of community mental healthcare in the UK.

In contrast, there remains a distinct lack of research to support for the use of other, particularly multifunctional, day-hospital models, which is at odds with the principles of evidence-based practice. Day-hospital research has historically focused on treatment *outcome*, whereas treatment *process* has been relatively neglected. The next step for acute treatment research could be a move away from *where* the treatment is taking place, towards a focus on the treatment *content*, including clearer descriptions of the theoretical orientation, structure, cultural context and organization of the service. ◆

REFERENCES

1 Fakhoury W, Priebe S. The process of deinstitutionalisation: an international overview. *Curr Opin Psychiatry* 2002; **15:** 187–92.

2 Sainsbury Centre for Mental Health. Acute problems: a survey of the quality of care of acute psychiatric wards. London: Sainsbury Centre for Mental Health, 1998.

3 Marshall M, Crowther R, Almaraz-Serrano A, et al. Systematic reviews of the effectiveness of day care for people with severe mental disorders: (1) acute day hospital versus admission; (2) vocational rehabilitation; (3) day hospital versus outpatient care. *Health Technol Assess* 2001; **5:** 21.

4 Creed F, Black D, Anthony P. Day hospital and community treatment for acute psychiatric illness: a critical appraisal. *Br J Psychiatry* 1989; **154:** 300–10.

5 Rosie JS. Partial hospitalization: a review of recent literature. *Hosp Community Psychiatry* 1987; **38:** 1291–99.

6 Kallert T, Priebe S, McCabe R, et al. Are day hospitals effective for acutely ill psychiatric patients? A multi-center randomised controlled trial. *J Clin Psychiatry* 2007; **68:** 278–87.

7 Priebe S, Jones G, McCabe R, et al. Effectiveness and costs of acute day hospital treatment as compared to conventional inpatient care: a randomised controlled trial. *Br J Psychiatry* 2006; **188:** 243–49.

8 Jones J, Jankovic -Gavriolvic J, McCabe R, et al. Treating suicidal patients in an acute psychiatric day hospital: a challenge to assumptions about risk and overnight care. [In press.]

9 Harrison J, Marshal S, Marshall P, Marshall J, Creed F. Day hospital vs. home treatment: a comparison of illness severity and costs. *Soc Psychiatry Psychiatr Epidemiol* 2003; **38:** 541–46.

10 Priebe S. Making crisis day services happen in practice. *Mental Health Times* 2002; **1:** 12–13.

11 Johnstone P, Zolese G. Length of hospitalisation for people with severe mental illness. Cochrane Review. In: The Cochrane Library. (Issue 4) Chichester: Wiley, 2003.

12 Briscoe J, McCabe R, Priebe S, Kallert T. A national survey of psychiatric day hospitals. *Psychiatr Bull R Coll Psychiatr* 2004; **28:** 160–63.

