

Duration of hospitalization in an acute psychiatric unit

Making more efficient use of existing funding and cutting the cost of in-patient care in South Africa has stimulated a lot of debate about the factors influencing the length of hospitalisation. Studies have indicated that whilst a long hospital stay (>7 days) does not decrease subsequent hospitalisation, improve social adjustment or diminish psychopathology^{1,2}, short stay (< 7 days) after the initial evaluation is cited as one of the reasons for failure of community care^{3,4} and the emergence of "revolving door" and "new long stay" patients.^{5,6} Diagnosis alone is not an accurate predictor of length of stay but may have predictive ability when combined with other data.^{1,7} When depression, anxiety, and organicity are measured by psychological tests they correlated significantly with longer hospital stay.⁸

A study at the Helen Joseph Hospital (a general hospital in Gauteng, South Africa)⁹ found that patients with a short stay included a group of young males, who were abusing substances, had a previous admission to a psychiatric hospital and co-morbid psychological disorder. Van der Merwe et al¹⁰ also identified a similar group of short stay admissions to a psychiatric hospital in Western Cape, South Africa. The objective of this study was to analyze admissions at Johannesburg Hospital (a tertiary academic hospital in Gauteng, South Africa) with the intention of ascertaining factors associated with the length of stay.

Method

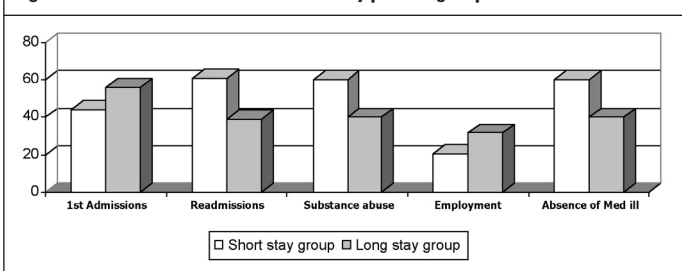
The study included all consecutive admissions, 18 years and older, to Johannesburg Hospital during the 4 month period - August to November 2003. All subjects gave verbal informed consent to participate in the study, which was approved by the

Committee for Research On Human Subjects, University of Witwatersrand. The study was in the form of a questionnaire, which was completed by the doctor in charge at the time of discharge from the ward. Patients were diagnosed with psychiatric disorders according to the criteria for DSM-IV.¹¹ Discharge within seven days of admission was considered as short stay.

Results

A total of 114 patients were discharged from the unit during the study period. Patients in the short stay group had the following characteristics: 61% had a previous hospital admission as compared to only 44% of patients for whom it was their first admission ($p<0.05$); 60% of patients were abusing drugs fell as compared to 40% who were not ($p<0.05$) (Fig 1). There was a correlation (although weak) with current diagnosis and duration of stay: the absence of co-morbid medical illness was associated with a shorter duration of stay. Patients who are employed had a shorter duration of stay than those that are unemployed; however there is a large difference in

Figure 1: Characteristics of the short stay patient group.



the numbers and when this is taken into account, the difference in duration of stay becomes much less significant.

Conclusion

From the results of this study it appears that a readmission to a psychiatric hospital, the presence of substance abuse and the absence of an co-morbid medical illness were the major factors contributing to a shorter duration of inpatient stay. Patients who are employed had a shorter duration of stay than those that are unemployed. The gender and age of the patient did not appear to affect the duration of stay, conflicting with previous South African studies. It is possible that the reason for these variations were that the sample size was small, the short duration of the study and that the demographics of the cohorts varies with the different regions of South Africa.

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References

1. Caton CL, Gralnick A. A review of issues surrounding length of psychiatric hospitalization. *Hosp Community Psychiatry* 1987;38:858-863
2. Mattes JA. The optimal length of hospitalization for psychiatric patients: a review of the literature. *Hosp Community Psychiatry* 1982;33:824-828.
3. Segal SP, Akutsu PD, Watson MA. Factors associated with involuntary return to a psychiatric emergency service within 12 months. *Psychiatr Serv* 1998;49:1212-1217.
4. Department of Health. Report of the inquiry into the care and treatment of Christopher Clunis. London: HMSO, 1994.
5. Todd NA, Bennie EH, Carlisle JM. Some features of new long-stay male schizophrenics. *Br J Psychiatry* 1976;129:424-427.
6. Glick ID, Hargreaves WA, Goldfield MD. Short versus long hospitalization. A prospective controlled study. The preliminary results of a one year follow-up of schizophrenics. *Arch Gen Psychiatry* 1974;30:363-369.
7. McCrone P, Phelan M. Diagnosis and length of psychiatric in-patient stay. *Psychol Med* 1994;24:1025-1027
8. Saravay SM, Steinberg MD, Weinschel B et al. Psychological comorbidity and length of stay in the general hospital. *Am J Psychiatry* 1991;148:324-329
9. MYH Moosa; F Y Jeenah. An analysis of acute admissions to a general hospital psychiatric unit. *S Afr Psychiatry Rev* 2002;5:16-18.
10. Van der Merwe PL, Allan A, Allan MM. Inappropriate involuntary admission to psychiatric hospitals. *S Afr Med J* 1999;5:1303-1307
11. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM-IV). Washington, DC:APA, 1994.

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