



Psychiatric re-hospitalisation in Europe: incorporating expertise from lived experience

Key recommendations:

- Access to psychiatric after-care should be improved during critical first weeks after discharge
- Understanding the potentially traumatic effects associated with psychiatric hospitalisation within healthcare planning allows for a more person-centred approach
- The recovery perspective should be supported through availability of meaningful activities by municipalities, NGO's and other stakeholders within and outside of the health sector
- Ensure service user expertise is included in research and policy making

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Psychiatric re-hospitalisation

The aim of any hospitalisation is to promote a person's health and wellbeing. Unplanned readmissions are often disruptive for the patient and may be preventable through a multifaceted approach, taking into account individual and healthcare system factors. Incorporating valuable knowledge from lived experience is an important step in building more person-centred services.

The CEPHOS-LINK (Comparative Effectiveness Research on Psychiatric Hospitalisation by Record Linkage of Large Administrative Data Sets) compared psychiatric re-hospitalisation and its predictors in six different European countries. Simultaneously a qualitative study explored the service-user perspective by way of focus group interviews in all six countries, Austria, Finland, Italy, Norway, Romania and Slovenia.

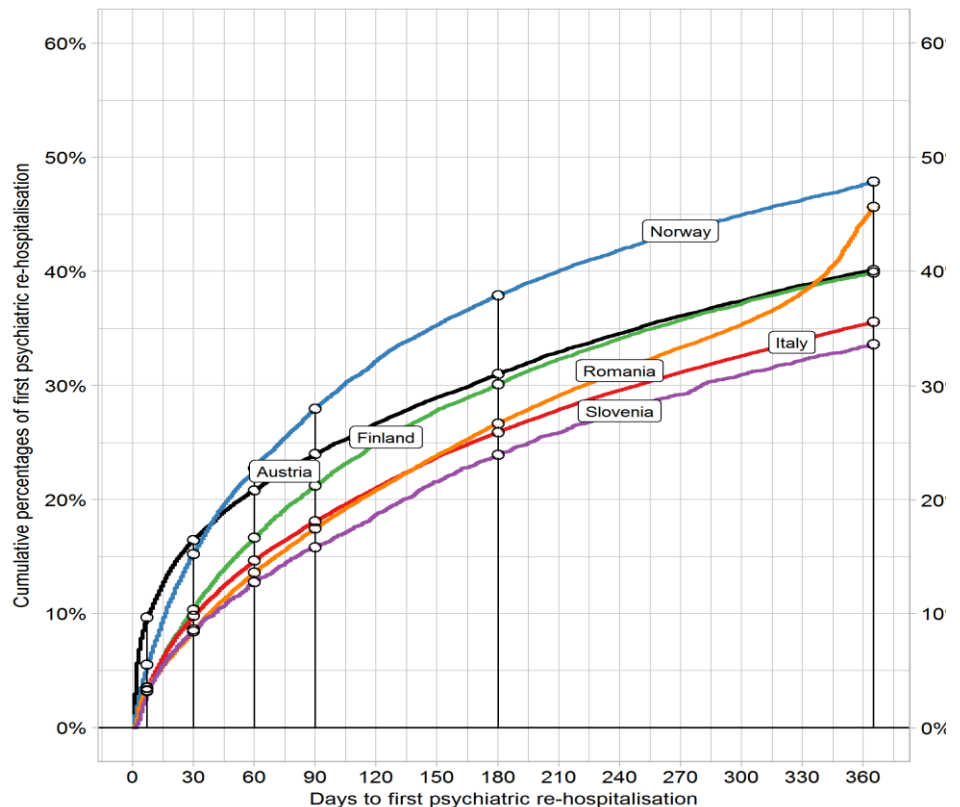


Figure 1: Cumulative percentages of first psychiatric re-hospitalisation up to 365 days for the six CEPHOS-LINK partner country cohorts n= 225600 (100% = baseline study cohort of each country)

Re-hospitalisation rates varied between the six countries included in CEPHOS-LINK study, with a substantial proportion of re-hospitalisations occurring very soon after discharge.

These results highlight the considerable variance in the performance of mental health service systems. Performance may be further enhanced by including a service user perspective.



Planning and support

Ensuring that there is sufficient support available is essential following psychiatric hospitalisation. The majority of the participants in the qualitative part of the CEPHOS-LINK study were receiving outpatient treatment of different types (Fig 2).

Even if the participants received outpatient treatment, they expressed the need for something more - a type of service which follows up and monitors progress, identifies changes and supports when needed. The general feeling being that a lack of planning increases the chance of going into a crisis or having problems which may lead to readmission.

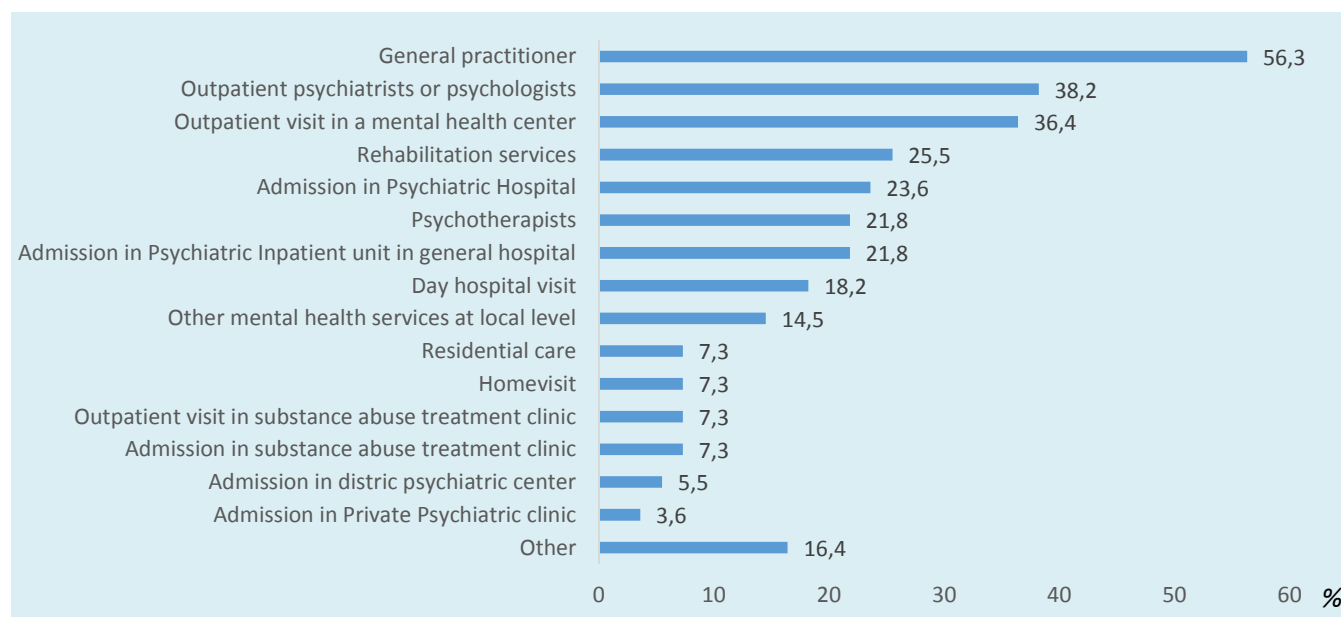


Figure 2: Contacts (at least one) with mental health services last 12 months (n=55). Per cent (%)

Expertise from lived experience

Making use of valuable knowledge from people with lived experience of psychiatric re-hospitalisation will allow for a better understanding and contribute to more person-centred mental health services. Services outside of the health sector may also be of importance, for example access to day centres/activity centres, workshops, seminars and courses, peer support and assisted living or housing.

*“That you somehow have a network, that you are rescued, that would be great, that would certainly have helped me.” **

Experiences of hospitalisation

Psychiatric hospitalisations are often viewed in a negative light, described as dramatic and traumatic experiences, particularly in connection to their first admittance and involuntary admissions.

*“For me, it was terribly traumatic, a really horrible experience, the worst I have ever been through in my life. Really terrible.” **

Although psychiatric hospitalisation may at times be seen as a necessity or as a relief, referring to it as a “lifeline” or appreciating the structure it provided.

*“It was very hard to be hospitalized... despite the fact that I felt good because I was hospitalized... I was feeling good... (...) I was making scenes [and] it was very hard, but it brought results.” **

Many considered re-hospitalisation to be difficult and upsetting in many ways, although subsequent admissions were experienced by many as less frightening.

*“The second time, I simply already knew what would happen, and that was okay then.” **

Conclusions

The nature of the first experience of a psychiatric admission appears to have special importance including whether it was a voluntary admission or not. Special attention should be given under such circumstances, and as well as an understanding the traumatic effects these circumstances may be associated with. Close collaboration between the hospital, municipality, primary care and of course the service user themselves as well as family members, carer’s, and the local community is of vital importance if re-hospitalisation is to be avoided. This collaboration is relevant not only in the context of care, but also in terms of supporting recovery through the availability of meaningful activities and support in daily life.

*Quotes from CEPHOS-LINK Qualitative focus group study



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