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**Literature search results**

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**Search details**

Length of stay in psychiatric rehabilitation units.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; Health Business Elite; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

**Database search terms:** length of stay; psychiatric rehabilitation; rehabilitation psychiatry; psychiatric patients; predicting length of stay

**Evidence search string(s):**

**Google search string(s):**

**Summary**

It has been difficult to find any amount of articles which deal specifically with psychiatric rehabilitation patients and/or any rating scales/instruments which have been used to devise a tool to try and predict LOS. The articles included in this search are hopefully, able to give some historical background, an insight into developments in other countries and maybe – some facts and figures to work on!

A number of rating scales are mentioned in some of the abstracts – no further investigation has been done into them at this stage.

Some foreign language studies with English abstracts have been included (see red warning notice) for interest/ information.

**Guidelines and Policy**
G1. Kendall T, Pilling S, Barns T et al
Schizophrenia: Core interventions in the treatment and management of schizophrenia in primary and secondary care
NICE Guidance 1, 2002
G2. CG 120 Psychosis with coexisting substance misuse: full guideline

The next two items are taken from:
G3. Length of stay, admission types, psychiatric diagnoses, and the implications of stigma in African Americans in the nationwide inpatient sample
Issues in Mental Health Nursing, 2005, 26, 1043 – 1059
Bolden L, Wicks M N


Evidence-based reviews

E1. Jimenez R E, Lam R M, Marot M, Delgado A
Observed-predicted length of stay for an acute psychiatric department, as an indicator of inpatient care inefficiencies. Retrospective case-series study.

BMC Health Serv Res, 2004, Feb 17; 4 (1) 4 (See G4 entry – the same??)

Abstract

BACKGROUND: Length of stay (LOS) is an important indicator of efficiency for inpatient care but it does not achieve an adequate performance if it is not adjusted for the case mix of the patients hospitalized during the period considered. After two similar studies for Internal Medicine and Surgery respectively, the aims of the present study were to search for Length of Stay (LOS) predictors in an acute psychiatric department and to assess the performance of the difference: observed-predicted length of stay, as an indicator of inpatient care inefficiencies.

METHODS: Retrospective case-series of patients discharged during 1999 from the Psychiatric Department from General Hospital "Hermanos Ameijeiras" in Havana, Cuba. The 374 eligible medical records were randomly split into two groups of 187 each. We derived the function for estimating the predicted LOS within the first group. Possible predictors were: age; sex; place of residence; diagnosis, use of electroconvulsive therapy; comorbidities; symptoms at admission, medications, marital status, and response to treatment. LOS was the dependent variable. A thorough exam of the patients’ records was the basis to assess the capacity of the function for detecting inefficiency problems, within the second group.

RESULTS: The function explained 37% of LOS variation. The strongest influence on LOS came from: age (p = 0.002), response to treatment (p < 0.0001), the dummy for personality disorders (p = 0.01), ECT therapy (p = 0.003), factor for sexual and/or eating symptoms (p = 0.003) and factor for psychotic symptoms (p = 0.025). Mean observed LOS is 2 days higher than predicted for the group of records with inefficient care, whereas for the group with acceptable efficiency, observed mean LOS was 4 days lower than predicted. The area under the ROC curve for detecting inefficiencies was 69%

CONCLUSIONS: This study demonstrates the importance of possible predictors of LOS, in an acute care Psychiatric department. The proposed indicator can be readily used to detect inefficiencies.

Published research – Databases
1. In-patient psychiatric rehabilitation services: Survey of service users in three metropolitan boroughs.

**Citation:** The Psychiatrist, March 2012, vol./is. 36/3(85-89), 1758-3209;1758-3217 (Mar 2012)

**Author(s):** Cowan, Colin; Meaden, Alan; Commander, Martin; Edwards, Tom

**Abstract:** Aims and method: To examine care pathways and characteristics of service users across a range of in-patient rehabilitation settings: community, long-term complex care and high-dependency rehabilitation. Results: Significant differences were found for service users in the different units with respect to duration of stay, length of history, number of admissions, community team, physical health, social functioning, history of aggression and perceived risk if discharged. Clinical implications: Community service provision may not adequately meet the needs of the most disabled and access to appropriate move-on facilities for rehabilitation in-patients is insufficient. Remedying this requires collaboration between policy makers, commissioners and clinicians to ensure access to a comprehensive range of services. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Source:** PsycINFO

**Full Text:** Available from Grantham Hospital Staff Library (lib330745) in Psychiatrist (was Psychiatric Bulletin); Note: ; Notes: Username: ulhtlibraries/Password: library

2. An investigation into the length of hospital stay for deaf mental health service users.

**Citation:** Journal of Deaf Studies and Deaf Education, 2010, vol./is. 15/2(179-184), 1081-4159;1465-7325 (Spr, 2010)

**Author(s):** Baines, Di; Patterson, Neil; Austen, Sally

**Abstract:** This study looked at the average length of hospital stay for in-patients in a specialist deaf mental health service over a 10-year period, in comparison to that of a general psychiatric hearing cohort. In addition, two case studies of deaf inpatients were carried out looking specifically at the prerequisite factors governing discharge. Finally, a comparison of the types of community-based services available to deaf and hearing service users was undertaken in order to establish whether there was now a similarity of provision for both groups. The conclusion reached was that deaf inpatients are likely to remain in hospital twice as long as their hearing peers, but explanations for this difference may not necessarily be solely of a clinical nature. There is some evidence to suggest that social factors (i.e., a lack of appropriate community support, rehabilitation services, and provision) may have a negative impact on length of hospital stay. It is suggested that an increase in community-based services and provision may well shorten the length of hospital stay for deaf service users in the future. It is also recommended that further research into the relative effects of clinical versus social factors is considered. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Source:** PsycINFO

**Full Text:** Available from Highwire Press in Journal of Deaf Studies and Deaf Education

3. Duration of bed occupancy as calculated at a random chosen day in an acute care ward: Implications for the use of scarce resources in psychiatric care.

**Citation:** Annals of General Psychiatry, May 2005, vol./is. 4/11, 1744-859X (May 2005)

**Author(s):** Berg, John E; Restan, Asbjorn

**Abstract:** Background: Psychiatric acute wards are obliged to admit patients without delay according to the Act on Compulsive Psychiatric Care. Residential long term treatment facilities and rehabilitation facilities may use a waiting list. Patients, who may not be discharged from the acute ward or should not wait there, then occupy acute ward beds. Materials and methods: Bed occupancy in one acute ward at a random day in 2002 was registered (n = 23). Successively, the length of stay of all patients was registered, together with information on waiting time after a decision was made on further treatment needs. Eleven patients waited for further resident treatment. The running cost of stay was calculated for the acute ward and in the different resident follow-up facilities. Twenty-three patients consumed a total of 776 resident days. 425 (54.8%) of these were waiting days. Patients waited up to 86 days. Results: Total cost of treatment was 0.69 million Euro (0.90 mill. $), waiting costs were 54.8% of this, 0.38 million Euro (0.50 million $). The difference between acute care costs and the costs in the relevant secondary resident facility was defined as the imputed loss. Net loss by waiting was 0.20 million Euro (0.26 million $) or 28.8% of total cost. Discussion: This point estimate study
indicates that treating patients too sick to be released to anything less than some other intramural facility locks a sizable amount of the resources of a psychiatric acute ward. The method used minimized the chance of financially biased treatment decisions. Costs of frustration to staff and family members, and delayed effect of treatment was set to zero. Direct extrapolation to costs per year is not warranted, but it is suggested that our findings would be comparable to other acute wards as well. The study shows how participant observation and cost effectiveness analysis may be combined. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
Full Text: Available from National Library of Medicine in Annals of General Psychiatry
Available from BioMedCentral in Annals of General Psychiatry

4. Structure and development of psychiatric outpatient services.
Citation: Nervenheilkunde: Zeitschrift für interdisziplinäre Fortbildung, 2005, vol./is. 24/8(686-695), 0722-1541 (2005)
Author(s): Valdes-Stauber, J; von Cranach, M
Language: German
Abstract: As a result of the German "Psychiatric Inquest" of 1975 outpatient services, most as model projects were installed across Germany. These services provide unbureaucratic, multi-professional, long-term, mobile services that are oriented towards treatment and rehabilitation of persons with severe psychiatric illness through a complex performance programme. These outpatient services complement the range of services of practising psychiatrists according to the Inquest, particularly with emergency treatment and liaison services. The outpatient services at the Bezirkskran-kenhaus Kaufbeuren are gradually developed since their founding in 1981, as have similar institutions across the country. Today, there is centralised responsibility for economic and co-ordinating tasks, and decentralised specialty treatment. The outpatient services at the Bezirkskrankenhaus Kaufbeuren is composed of seven specialty outpatient units, and currently 26 employees spanning six professions with 3 700 persons per year (2400 per trimester) and trimester treatment costs between 164 and 196 Euro per patient, with 1300 new patients per year. We analyse the development based on 18 parameter and discuss implications for the future. Clinical outpatient services are an important management tool for community-based psychiatric treatment and for admission of inpatient treatment, and reduce the length of inpatient stay by discharge preparation and continuity of care. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
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5. Psychiatric symptom severity and length of stay on an intensive rehabilitation unit.
Citation: Psychosomatics: Journal of Consultation and Liaison Psychiatry, March 2000, vol./is. 41/2(114-120), 0033-3182;1545-7206 (Mar-Apr 2000)
Author(s): Galynker, Igor; Cohen, Lisa; Salvit, Cory; Miner, Christian; Phillips, Edward; Focseneau, Marius; Rosenthal, Richard
Abstract: Evaluated the role of psychiatric symptoms in the medical and surgical rehabilitation of patients on an intensive rehabilitation unit and examined whether psychiatric symptom severity contributed to length of hospital stay (LOS). 44 inpatients (aged 24-90 yrs) were assessed at admission and before discharge with the Functional Independence Measure. Ss were evaluated with the Mini-Mental State Exam, the Hamilton Rating Scale for Depression, Positive and Negative Symptom Scale (PANSS), and Scale for the Assessment of Negative Symptoms (SANS). 36 % of Ss were cognitively impaired, 14% had significant depressive symptoms, and 52% had significant negative symptomatology. A regression analysis yielded a model of 3 predictive factors. Gender, the PANSS General subscale, and the SANS Attention subscale accounted for 42.4% of LOS variance. These results show that psychiatric symptoms are common in medical rehabilitation inpatients and, together with demographic factors, are associated with increased LOS. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
Full Text: Available from ProQuest in Psychosomatics

Citation: Zhurnal Nevropatologii i Psikhiatrii imeni S.S. Korsakova, 1988, vol./is. 88/12(64-
68), 0044-4588 (1988)

Author(s): Burian, R; Vuks, A. V; Iovlev, B. V; Korabelnikov, K. V; L'vovskii, A. E

Language: Russian

Abstract: Studied factors affecting the length of psychiatric hospitalization. Human subjects: 682 male and female Russian and East German adults (schizophrenia). Ss were assessed with the Automated Rehabilitation Information System. 775 signs reflecting clinical and psychosocial characteristics were analyzed. Computerized prognosis of length of hospital stay was made with image-detection algorithms. (English abstract) (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Source: PsycINFO

7. The Scottish survey of old long-stay in-patients.

Citation: The British Journal of Psychiatry, March 1991, vol./is. 158/(398-402), 0007-1250;1472-1465 (Mar 1991)

Author(s): McCreadie, Robin G; Stewart, Mary; Robertson, Lesley; Dingwall, J. Michael

Abstract: Studied 2,605 old long-stay patients, defined as those admitted to a psychiatric hospital before the age of 65 yrs and in hospital more than 6 yrs. Of all Ss, 64% were schizophrenic and 15% had organic brain disease; most Ss were male, single, and over 60 yrs of age; 41% had been in the hospital more than 30 yrs; and 61% had either florid psychotic symptoms or symptoms of a deficit state in marked or severe degree, and the rehabilitation potential for 70% was low. An increasing prevalence of deficit symptoms in schizophrenics was associated with increasing length of stay in hospital. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Source: PsycINFO

Full Text: Available from Grantham Hospital Staff Library (lib330745) in British Journal of Psychiatry; Note: ; Notes: Username: ulhtlibraries/Password: library

8. The Glasgow rehabilitation survey.

Citation: The British Journal of Psychiatry, May 1989, vol./is. 154/(620-624), 0007-1250;1472-1465 (May 1989)

Author(s): Livingston, Martin G; Bryson, Adam

Abstract: Reports on a survey, carried out in 1986, to assess the rehabilitation potential of every psychiatric long-stay patient in the catchment population of the Greater Glasgow Health Board. All consultant psychiatrists in Glasgow, Scotland, completed a questionnaire for every inpatient under their care. Patients aged 65+ yrs with organic diagnoses were excluded. The questionnaire requested details regarding hospital, ward, sex, date of birth, date of admission, length of stay in hospital, and diagnosis. Completed forms were received for 597 males and 502 females. Data suggest that almost a third of the patients surveyed would be able to live in the community if the appropriate facilities were present. These patients were mostly younger with a shorter inpatient care period and those suffering from a functional psychotic illness. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Source: PsycINFO

Full Text: Available from Grantham Hospital Staff Library (lib330745) in British Journal of Psychiatry; Note: ; Notes: Username: ulhtlibraries/Password: library


Citation: General Hospital Psychiatry, November 1995, vol./is. 17/6(440-443), 0163-8343 (Nov 1995)

Author(s): Aoki, Takayuki; Hosaka, Takashi; Ishida, Akira

Abstract: Examined the frequency and types of psychiatric/psychological symptoms among physical rehabilitation patients with illnesses including cerebrovascular, orthopedic, Parkinson's diseases (aged 19-86 yrs). Ss were administered Zung's Self Rating Anxiety and Depression Scale (SAS and SDS) and Profile of Mood States (POMS). A structured interview was also conducted according to the Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R). Results show that 41.4% of the Ss met the criteria for some form of psychiatric disorders: 34 Ss with major depression, 10 for adjustment disorder with anxious mood and 2 for posttraumatic stress disorder (PTSD). The remaining 65 patients showed normal reactions to their diseases. Average length of hospital stay for patients with major depression was significantly longer than those with no or the other types of psychiatric disorders. The 3 psychological tests used were useful
in detecting depression and adjustment disorder among rehabilitation patients; however, these tests are not always specific to the type of psychiatric disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO

10. How likely is it that a district health authority can close its large mental hospitals?

Citation: The British Journal of Psychiatry, August 1985, vol./is. 147/(150-155), 0007-1250;1472-1465 (Aug 1985)

Author(s): Levene, L. S; Donaldson, L. J; Brandon, S

Abstract: Assessed all 1,087 patients (aged 15+ yrs) who were in psychiatric beds provided by a large district health authority with a cross-sectional survey. The elderly (aged 65+ yrs) predominated in all length of stay categories, and a high proportion of them had levels of social and physical incapacity that made it unlikely that they could be cared for under conditions other than residential care. A substantial minority (18%) of younger Ss with a length of stay between 1 and 2 yrs had levels of incapacity that suggested the need for major treatment, rehabilitation, or training efforts. The findings have major implications for government policy to replace large mental hospitals. (19 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO

Full Text: Available from Grantham Hospital Staff Library (lib330745) in British Journal of Psychiatry; Note: ; Notes: Username: ulhtlibraries/Password: library

11. Rehabilitation of chronic psychiatric patients in housing communes and its influence on length of hospital stay: A controlled retrospective study.

Citation: Der Nervenarzt, July 1985, vol./is. 56/7(359-364), 0028-2804;1433-0407 (Jul 1985)

Author(s): Vetter, P

Language: German

Abstract: Studied 131 deinstitutionalized chronic psychiatric patients living in communal housing to determine the correlation between this type of care and the duration of Ss' hospitalization periods. Results were compared with those of a control group of 131 matched Ss with different housing arrangements. Ss living in communal homes required shorter and more widely spaced hospitalizations than the controls (11 vs 26 mo). It is concluded that for some long-term patients with favorable rehabilitation and mainstreaming prognoses, communal housing can replace some or all of their hospitalization time. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO


Citation: Journal of Mental Health, April 2005, vol./is. 14/2(157-165), 0963-8237;1360-0567 (Apr 2005)

Author(s): Killaspy, Helen; Harden, Cressida; Holloway, Frank; King, Michael

Abstract: Background: The specialty of rehabilitation is under represented in current national policy, current service provision is unclear and there are no guidelines on what constitutes a standard rehabilitation service. Aim: To carry out a national survey of rehabilitation services in order to describe current service provision and to formulate a consensus definition of the term "rehabilitation". Method: A structured telephone survey was carried out with consultants in rehabilitation psychiatry or senior service managers in all Trusts in England. As well as information about their services, interviewees were asked to give a definition of the term "rehabilitation". Results: A response rate of 89% (65/73 Trusts) was achieved constituting interviews with representatives from 93 local authority regions (75% consultants, 25% service managers). The majority (77%) had short term (length of stay up to 12 months) rehabilitation units with a mean 13 beds. There were no differences between urban and rural services in bed numbers. Most services had input from all members of a multidisciplinary team and where services had short and longer term units, staff tended to cover both. The majority (79%) had specific referral criteria, 42% had exclusion criteria and 85% carried out a preadmission assessment. Over half (56%) had a community rehabilitation team and in 29%, assertive outreach teams were considered part of the rehabilitation service. Two models of community rehabilitation service provision emerged and a consensus definition of "rehabilitation" was formulated. Conclusions: This
is the first national survey of rehabilitation services which has allowed the description of current service provision in some detail as well as two models of community rehabilitation services. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO  
**Full Text:** Available from **EBSCOhost** in **Journal of Mental Health**

13. **Length of hospital stay and the timing of ECT.**  
**Citation:** International Journal of Geriatric Psychiatry, September 1995, vol./is. 10/9(783-786), 0885-6230;1099-1166 (Sep 1995)  
**Author(s):** Ball, C. J; Fashola, Y; Herzberg, J. L  
**Abstract:** Investigated the effect of timing of electroconvulsive therapy (ECT) on the length of hospital stay of elderly affective disorder patients, over a 6 yr period. 26 ECT-treated Ss admitted to an acute old age psychiatry ward with a clinical diagnosis of depression, or dementia and depression were identified. Information was gathered regarding their length of stay. Ss were subdivided into those given ECT within or after 28 days of admission. Results show that length of stay for those who received ECT was significantly longer than for those not receiving ECT. If ECT was given within 28 days of admission, length of stay was reduced and was similar to those receiving medication alone. It was concluded that early treatment with ECT may reduce length of hospital stay, reduce costs and risks of chronicity and improve rehabilitation of elderly patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  
**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO  
**Full Text:** Available from **EBSCOhost** in **International Journal of Geriatric Psychiatry**

(I have printed this off to have a look at the reference list – I’ll put it in the post for you)

14. **Long stay patients in a psychiatric hospital in Lagos, Nigeria.**  
**Citation:** African Journal of Psychiatry, May 2008, vol./is. 11/2(128-32), 1994-8220 (2008 May)  
**Author(s):** Taiwo H; Ladapo O; Aina OF; Lawal RA; Adebiyi OP; Olomu SO; Aina RB  
**Abstract:** Objective: In the face of recently introduced government health reform and the dwindling number of available beds for acutely ill patients, a cross sectional study was carried out on long-stay patients at the 100 years old psychiatric hospital Yaba, Lagos, Nigeria with a view to discharging most of them. Method: Necessary consent was obtained from the Hospital Research and Ethical Committee. All the long-stay patients were evaluated with a specially designed proforma to elicit socio-demographic, clinical and long-stay variables. Further more, each of them had clinical assessment to make diagnosis in accordance with ICD - 10 and finally, the subjects were also assessed with the Brief Psychiatric Rating Scale (BPRS). Results: Fifty-one (51) subjects; that is, occupying 10.7% of the hospital functional beds fulfilled the criteria of long-stay. They included 36 (70.6%) males and 15(24.4%) females. The mean age was 47.3 ±16.5 years with age range of 18-92 years. The average length of stay was 11.4 ±15.0 years and range of 0.5 to 57 years; with significant gender difference (males higher than females) (t =3.51, p<0.02). The vast majority of the subjects were diagnosed with schizophrenia (84.3%), followed by mental retardation with seizure disorder (5.9%). One-third (33.3%) of the subjects had co-morbid physical pathologies most especially epilepsies, hypertension, Koch inverted exclamation markA16.5 years with age range of 18-92 years. The average length of stay was 11.4 inverted exclamation markA15.0 years and range of 0.5 to 57 years; with significant gender difference (males higher than females) (t =3.51, p<0.02). The vast majority of the subjects were diagnosed with schizophrenia (84.3%), followed by mental retardation with seizure disorder (5.9%). One-third (33.3%) of the subjects had co-morbid physical pathologies most especially epilepsies, hypertension, Koch inverted exclamation mark s disease, HIV/AIDS. Despite being on high doses of antipsychotics (conventional and/or atypical) the majority of the subjects (86.3%) exhibited poor mental state with BPRS scores of inverted exclamation markY10. The mean BPRS score was 23.6 ±22.0 and range of 4-56 with a significant gender difference (t = 3.66, p< 0.02). Conclusion: These patients would continue to require long-stay hospitalization despite been a burden to the study center; or, in the alternative provision of mid Cway facilities for their rehabilitation.  
**Publication Type:** Journal Article  
**Source:** MEDLINE

15. **[Integration of psychiatric treatment and rehabilitation].**  
**Citation:** Seishin Shinkeigaku Zasshi - Psychiatria et Neurologia Japonica, 2003, vol./is. 105/7(876-80), 0033-2658;0033-2658 (2003)  
**Author(s):** Sawa Y  
**Language:** Japanese
**Abstract:** Residual symptoms exist in psychiatric disorders, especially in schizophrenia. These become more serious according to the length of stay in hospital. Therefore, rehabilitation programs are necessary throughout the hospitalization. In the acute state also, psycho-social therapy and education are important. The most important is to give them the motivation toward their post-hospital life. Short stay in their residence before discharge gives us the information about the problems of patients’ community lives. And to the patients and their families, it gives the confidence of community-living. ‘Home-visit’ by nursing staffs during this short stay further shows us how to support them and their families. These rehabilitation and support programs being prepared since 1986, the hospital-beds decreased from 603 to 505, admitted patients increased from 444 to 1586, and average length of stay shortened from 473 to 108 days. Whereas being treated outpatients increased from 2010 to 3439 for 10 years after 1990.

**Publication Type:** English Abstract; Journal Article

**Source:** MEDLINE

**16. Glasgow’s community care programme: 10 year follow up of discharged patients with schizophrenia.**

**Citation:** Scottish Medical Journal, May 2003, vol./is. 48/2(38-40), 0036-9330;0036-9330 (2003 May)

**Author(s):** Ward RJ; McLaughlin ME; Livingston MG

**Abstract:** In 1986, the rehabilitation of every long stay psychiatric patient in Glasgow was assessed with a view to reducing bed numbers and developing comprehensive community services. Ten years on, we have attempted to trace 91 patients with a diagnosis of schizophrenia assessed at Gartnavel Hospital, in order to repeat assessments of their psychopathology and levels of functioning. We believe this population represents a unique group in terms of their age, length of hospital stay and chronicity of symptoms. Only two patients were untraced but 36% of the original 91 patients were decreased. Discharge to the community and variations in standards of care appeared to have little impact on the symptomatic presentation of the survivors over ten years. The results provide useful information on the success or otherwise of a large scale discharge and community care programme which is continuing in Scotland.

**Publication Type:** Journal Article

**Source:** MEDLINE

**17. Re-admissions to the State Hospital at Carstairs, 1992-1997.**

**Citation:** Health Bulletin, January 2002, vol./is. 60/1(70-82), 0374-8014;0374-8014 (2002 Jan)

**Author(s):** Duncan JM; Short A; Lewis JS; Barrett PT

**Abstract:** OBJECTIVE: To examine the incidence and characteristics of re-admissions to the State Hospital over the six year inclusive period of January 1992 to December 1997. REASONS FOR THE STUDY: RISK ASSESSMENT: A re-admission to a high-security setting may be the result of a failed risk assessment at the time of discharge. An analysis of re-admissions might reveal facts that will improve risk prediction. In this context every re-admission to maximum security should qualify for critical incident appraisal. A re-admission could also indicate prudent risk management where the patient is readmitted prior to the occurrence of any new incident. Our analysis may give an indication how risk prediction and risk management is functioning in the Forensic Psychiatry setting. HEALTH ECONOMICS: Patient numbers at the State Hospital have exceeded planning predictions. In the early 1990s the prediction was that numbers would level off at around 200 patients. Instead admission rates continued to rise and the State Hospital in-patient population has on occasion reached its maximum. This trend has continued throughout the decade with the daily patient numbers averaging 236, 248, 252 and 249 in the last four years (1997-2000). In this context the role played by re-admissions is an important health economics issue. DESIGN: Data gathered from the medical records department and examination of medical case files, entered into a database, and subsequently analysed using a variety of tools. Descriptive statistics for the total State Hospital patient population between 1992-1994 were taken from a published survey. Other comparative analyses were undertaken using data from previously published studies. SETTING: The data originate from the State Hospital, Carstairs, Lanarkshire, which is the only psychiatric hospital in Scotland to offer maximum-security care. Patients are admitted from ordinary psychiatric hospitals as well as from a penal setting. The maximum number of staffed beds is currently 257. These comprise an admission unit, two rehabilitation units including one with flatlet accommodation, a specialist learning difficulties unit, an all female unit and six male wards. The Hospital is staffed by
psychiatrists, GPs, psychologists, social workers, psychiatric nurses including nurse specialists, occupational therapists, and other specialist staff employed in the education, occupations and recreation departments.

RESULTS AND CONCLUSIONS: Annual re-admission rate, averaged over 1992-1997 is 22.3% of all patient discharges in the hospital. This is broadly in line with other studies quoted in the literature. There-admission rate co-varied with first admission rate at an almost constant ratio of 0.38 over the six-year period of study. There is no apparent systematic reason for this phenomenon. The most apparent risk factor was a previous admission to the State Hospital of less than a years duration. Compared with the current average length of stay of five years, this must be considered a short admission. Patients with an above average length of stay were rarely readmitted. Most re-admissions returned during the first year after discharge and nearly all had returned within a three-year period. State patients on a Restriction Order who will be subject to conditional discharge with ongoing supervision fared best and were least likely to be re-admitted. However such patients are also likely to have an above average length of stay. Convicted prisoners and remanded offenders were most likely to be readmitted. There was almost no crossover between the civil and criminal populations when their status was reviewed on re-admission. This raises the question, whether these two patient groups should be perceived and managed differently.

The recent move to build medium secure units in Scotland, such as the Orchard Clinic in Edinburgh, now makes this a practical option. This finding also suggests that, in Scotland, bed closures in Mental Hospitals are not leading to a decant of mentally disordered patients into the penal system, at least at the level of more serious offending. Violence was overall the most common reason for return to the State Hospital. Violence was the predominant reason for re-admission from a local hospital whereas relapse of symptoms, where such symptoms were associated with dangerous behaviour in the past, was rarely given as a reason. In contrast, relapse was the predominant reason for return from prison. This may be related to inadequate prison hospital facilities rather than good risk prediction.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Source: MEDLINE

18. Does psychiatric comorbidity increase the length of stay in general hospitals?.
Citation: General Hospital Psychiatry, January 2001, vol./is. 23/1(8-14), 0163-8343;0163-8343 (2001 Jan-Feb)
Author(s): Wancata J; Benda N; Windhaber J; Nowotny M
Abstract: Several studies reported that in non-psychiatric hospital departments mentally ill patients have a longer length of hospital stay than mentally well. But their methods are often limited because other predictors of length of stay were excluded from statistical analyses. Using the Clinical Interview Schedule, research psychiatrists interviewed 993 patients of medical, surgical, gynaecological, and rehabilitation departments in Austria. Using several multiple regression analyses, the influence of psychiatric comorbidity and other variables on length of stay was analyzed. 32.2% of all patients suffered from psychiatric morbidity. Of all psychiatric cases, 6.2% received more than one psychiatric diagnosis. Presence of psychiatric disorders, age, a diagnosis of neoplasms, number of all somatic diagnoses, and the number of previous non-psychiatric hospital admissions predicted length of stay. Patients with dementia, with substance abuse disorders, and with alcohol- and drug-related psychiatric disorders showed a significantly increased length of stay, while other psychiatric diagnoses did not differ from the mentally well. Even after controlling for confounding variables, dementia and substance related diagnoses increase the length of hospital stay. It is important to investigate interventions for early recognition and treatment of these disorders.
Publication Type: Journal Article
Source: MEDLINE

19. Downsizing psychiatric hospitals: needs for care and services of current and discharged long-stay inpatients.
Citation: Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie, August 2000, vol./is. 45/6(526-32), 0706-7437;0706-7437 (2000 Aug)
Author(s): Lesage AD; Morissette R; Fortier L; Reinharz D; Contandriopoulos AP
Abstract: BACKGROUND: With the psychiatric deinstitutionalization movement in its fourth decade, questions are being raised concerning its relevance for long-stay inpatients with severe disabilities and the risk that those discharged into the community may be abandoned.METHODS: A random sample taken in 1989 of long-stay inpatients at
Louis-H Lafontaine Hospital made it possible to examine 96 pairs of patients. Each pair included 1 patient discharged between 1989 and 1998 and 1 patient hospitalized. Pairs were matched for sex, age, length of stay, and level of psychiatric care in 1989. Patients and staff were interviewed using standardized questionnaires, and case notes were reviewed to assess symptoms, daily living skills, residential status, quality of residential setting, and clinical and social problems and needs.**RESULTS:** The investigation revealed that discharged patients moved to highly supervised settings, which included professionally supervised group homes, supervised hostels, and foster families. About 20% went to nursing homes owing to loss of autonomy from physical disorders. Only 4 discharged patients were lost to follow-up, of whom 2 were probable vagrants. Both those discharged and those remaining as inpatients presented with major clinical problems and daily living skill deficits. The care needs of discharged patients were generally met, and placement in the community was considered appropriate. Of those who had remained hospitalized, over one-half could be moved to supervised settings immediately, or after 1 to 2 years' preparation in a discharge unit, while 13% could be moved to nursing homes. Over 25% required intensive, individualized rehabilitation treatment targeting engagement, psychotic symptoms, withdrawal, and dangerous and socially embarrassing behaviours.**CONCLUSION:** Deinstitutionalization in the largest Canadian psychiatric hospital did not lead to patient abandonment in the community.

**Publication Type:** Clinical Trial; Comparative Study; Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

**Source:** MEDLINE

**Full Text:** Available from EBSCOhost in Canadian Journal of Psychiatry

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**Citation:** International Journal of Social Psychiatry, 2000, vol./is. 46/2(89-100), 0020-7640:0020-7640 (2000)

**Author(s):** Madianos MG; Zacharakis C; Tsitsa C

**Abstract:** This report examines the trends in the utilization of psychiatric inpatient care for the period 1984-1996, when the implementation of the psychiatric reform programme was initiated in Greece. Admissions in public mental hospitals declined by 7.2%. However discharges have been increased by 30.6% with a parallel decrease of the length of stay by 53.7% followed by an increase in discharges of patients diagnosed as suffering from schizophrenia and affective psychoses by 61.1% and 123.8% respectively. In the private sector a remarkable reduction in both admissions and discharges was noticed. Admissions in psychiatric departments of general hospitals for the same years have been increased by 1054.1%. It seems that the recent deinstitutionalization process resulted in increasing trends in the discharges of patients suffering from psychoses. Additionally, a substantial increase in the number of extramural psychiatric services and rehabilitation places between 1994-1996 was observed. The demand for the mental health care services expressed as the urbanization index was found to be related with mental health professionals and the extramural units ratios. The higher degree of urbanism is, the greater the number of extramural services exist. The models explained variance reached 50.6%.

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Source:** MEDLINE

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21. **Anxiety, depressive, or cognitive disorders in rehabilitation patients: effect on length of stay.**

**Citation:** American Journal of Physical Medicine & Rehabilitation, May 2000, vol./is. 79/3(266-73), 0894-9115;0894-9115 (2000 May-Jun)

**Author(s):** Berod AC; Klay M; Santos-Eggimann B; Paccaud F

**Abstract:** **OBJECTIVE:** To test the hypothesis that anxiety, depressive, or cognitive disorders are associated with an increase in length of stay of physical rehabilitation inpatients.**DESIGN:** Secondary analysis of a 1-yr prospective data recording. Three treatment and rehabilitation centers in the Canton of Vaud (Switzerland). Ninety-five percent of inpatients admitted from November 15, 1990, to November 14, 1991, agreed to participate. Apart from length of stay, data consisted of demographic and medical data results from the Hospital Anxiety and Depression Scale, Mini-Mental State Score, and Functional Autonomy Measurement System. Multivariate linear regression was used in the analysis.**RESULTS:** The presence of anxiety or depression altered length of stay in a bivariate analysis, although all effects disappeared in a multivariate approach. Factors that had an independent association with length of stay were gender, length of stay in an acute
care hospital before hospitalization, treatment and rehabilitative centers, Functional Autonomy Measurement System mobility score, and Functional Autonomy Measurement System Activities of Daily Living score. Results concerning the association between cognition abilities and length were similar.

**CONCLUSIONS:** Our results recognize that an influence of psychiatric disorders acted on length of stay through a relationship between the psychiatric status and the control variables. If mental state influences physical state, then early intervention studies are desirable. If somatic state induces mental alterations, then interventions directed toward the psychiatric sphere will bring mostly qualitative benefits (amelioration of well-being without remarkable effects on length of stay).

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't

**Source:** MEDLINE

22. **The different uses of day hospitals.**

**Citation:** Acta Psychiatrica Scandinavica, October 1998, vol./is. 98/4(283-7), 0001-690X;0001-690X (1998 Oct)

**Author(s):** Mbaya P; Creed F; Tomenson B

**Abstract:** A 1-day census was performed on 341 patients at 10 day hospitals in a UK Region to compare day hospitals and to predict length of stay. Only 13% of day hospital places were used as an alternative to in-patient admission. The majority of places were used for 'rehabilitation', but nearly half of the patients with psychotic disorders were only receiving general support--such patients could have their needs served in a day centre. In total, 40.2% of the variation in length of stay could be explained on multiple regression. Even when age, diagnosis and source of referral were accounted for, there remained significant variation in length of stay reflecting the stated policy of each hospital. These findings are in contrast to similar analyses of in-patient data. If psychiatric day hospitals are to be used as a cost-effective alternative to in-patient admission, many of them would need to change their policy.

**Publication Type:** Journal Article

**Source:** MEDLINE

23. **An audit of in-patients aged 18-65 in acute psychiatric wards who are inappropriately placed three months after admission.**

**Citation:** Health Bulletin, May 1997, vol./is. 55/3(156-61), 0374-8014;0374-8014 (1997 May)

**Author(s):** Connolly MA; Ritchie S

**Abstract:** OBJECTIVE: To identify acute psychiatric patients considered inappropriately placed three months after admission and expedite a more suitable placement by improving liaison with social work.DESIGN: A survey established the point prevalence of inappropriately placed patients. Changes in usual practice were implemented with the identification of a named social worker for each ward and the introduction of a 'contact sheet' which updated the progress of these patients monthly. A repeat survey one year later assessed the impact of these changes.SETTING: Gartnavel Royal Hospital, Greater Glasgow Community and Mental Health NHS Trust.SUBJECTS: Patients aged 18-65 in the acute psychiatric wards who were resident beyond three months.RESULTS: Use of the contact sheet and improved liaison with a named social worker did not shorten the length of stay of the inappropriately placed patients. Conversely, their mean value for in-patient weeks on the dates surveyed increased from 41.8 in 1994 to 64.7 in 1995. (p = 0.05, 95% confidence intervals from -1 to 42. The length of stay of patients who were still considered to be appropriately placed beyond three months after admission decreased from a mean of 47.7 to 31.9 weeks. (p > 0.5, 95% confidence intervals from -16 to 16). By 1995 the mean length of stay was significantly greater for inappropriately placed patients (p = 0.008, 95% confidence intervals from 10 to 47),CONCLUSIONS: Improved liaison with social work at an operational level was not sufficient to solve the problem of inappropriately placed patients on acute wards. Additional factors such as limited access to rehabilitation placements and patients having complex physical or behavioural problems made placement elsewhere difficult. Such patients with unmet needs place increasing strain on acute psychiatric beds. A reappraisal of current services is required.

**Publication Type:** Clinical Trial; Journal Article

**Source:** MEDLINE

24. **Linking quality assurance and quality of care.**

**Citation:** Journal of Mental Health Administration, 1990, vol./is. 17/2(145-60), 0092-8623;0092-8623 (1990)
Since the introduction of the problem-oriented record into hospital work nearly 30 years ago, psychiatry has struggled to adapt it to the complex bio-psycho-social determinants of illness and therapeutics. This struggle has been especially difficult with the seriously and persistently ill patient who requires more than a minimal hospital stay. Justification of the work with the longer-stay patient has now come under extreme pressure from utilization review, third-party payors and quality assurance, but hospital psychiatrists continue to have the same difficulties with documentation. Based on two years of chart review with clinical teams, principles of psychosocial rehabilitation and a dynamically oriented philosophy of inpatient treatment for the long-term patient, this presentation demonstrates one method for linking problems and goals with length of stay, quality assurance behaviors with quality of care, and integration of the multidisciplinary team into the entire process.

**Publication Type:** Journal Article

**Source:** MEDLINE

**25. Delayed discharge from mental health inpatient care in the UK**

**Citation:** Mental Health Practice, Jun 2013, vol. 16, no. 9, p. 31-35, 1465-8720 (June 2013)

**Author(s):** Impey, Matthew; Milner, Erik

**Abstract:** Background: Delayed discharge from hospital creates additional pressure on staff and finances. While legal sanctions are in place for acute trusts, the concept of a delayed transfer is generally poorly defined in mental health. Aims: To evaluate whether levels of, and reasons for, delayed discharge have changed over a ten-year period. Method: Using alternative clinical and social criteria for delayed discharge, a census survey of general adult psychiatry inpatients was taken in June 2011 and compared with a similar survey carried out in October 2001. Results: The 2011 sample showed 14 per cent of clients experienced delayed discharge, reduced from 25 per cent ten years earlier. In 2011 there were fewer people awaiting rehabilitation, forensic or respite care, but more waiting to be rehoused. The proportion of new long-stay inpatients was higher in 2011, although several were in hospital for clinical reasons and were not delayed discharges. Conclusion: Hospital admission appears to be used for focused treatment purposes. The inconsistent definition and application of 'delayed discharge' can lead to financial consequences for mental health services. [Publication] 5 references

**Source:** BNI

**Full Text:** Available from EBSCOhost in Mental Health Practice

**26. Mental health rehabilitation services in the UK in 2007**

**Citation:** Psychiatric Bulletin, 2009, vol./is. 33/6, 0955-6036 (Jun 2009)

**Author(s):** Mountain, Debbie.

**Abstract:** A survey of UK consultants in rehabilitation psychiatry was carried out to investigate current service provision and changes over the past three years. Most services had undergone multiple changes, with an overall reduction in over half and an overall expansion in a minority. The proportion with low secure provision had doubled. Around a third reported reinvestment of rehabilitation resources into other specialist in-patient and community services. The clinical implications were rehabilitation services are undergoing rapid change with diversion of resources into services that may lack rehabilitation expertise. This risks an increase in independent sector referrals for in-patient rehabilitation for those with complex needs. Expansion of community services should be balanced against the need for local in-patient rehabilitation services. Cites 15 references.

**Publication Type:** Article

**Source:** HMIC

**Full Text:** Available from Grantham Hospital Staff Library (lib330745) in Psychiatric Bulletin (now Psychiatrist); Note: ; Notes: Username: ulhtlibraries/Password: library

**27. Psychosocial rehabilitation and psychiatry in the care of long-term patients**

**Citation:** The American Journal of Psychiatry, 1992, vol./is. 149/11(1455-1463), 0002-953X (1992 Nov)

**Language:** Undetermined!!!!! Not sure what this means!!!!

**Abstract:** The relationship between psychosocial rehabilitation and psychiatry in the care of long-term mental patients is one that may often be characterized, at best, as an uneasy alliance. The author summarizes the basic concepts that define the discipline of psychosocial rehabilitation and discusses how those concepts have at times been distorted
in actual practice. The article concludes with an analysis of the two disciplines' common
ground in caring for long-term patients and a commentary on the benefits that each may
offer the other. Together psychiatry and psychosocial rehabilitation hold the key to
improved circumstances for realizing the promise of deinstitutionalization which seems
largely to have eluded us for the past several decades. [Journal abstract].


Citation: General Hospital Psychiatry, May 1995, vol./is. 17/3(181-186), 0163-8343 (May 1995)
Author(s): Serota, Ronald D; Lundy, Allan; Gottheil, Edward; Weinstein, Stephen P; Sterling, Robert C
Abstract: Examined the ability of 2 psychiatrists heading separate treatment teams on an
inpatient, dual-diagnosis unit and a program coordinator who worked with both teams to
predict length of stay (LOS) for 94 patients. Predictions were highly consistent across the
raters and were significantly correlated with actual LOS. However, the psychiatrists were
accurate predictors only for patients for whom they were the attending psychiatrist. The
program coordinator, who was involved in the treatment of all patients, was an accurate
predictor for the patients of either psychiatrist. Thus, the relationships found between
predicted and actual LOS held true only when the rater also influenced treatment
management and discharge. Results do not support the proposition that specialized intake
workers independent of those providing care would be able to predict LOS accurately.
(PsycINFO Database Record (c) 2013 APA, all rights reserved)

29. The Health of the Nation Outcome Scales in psychiatric hospitalisation: A multicentre
study examining outcome and prediction of length of stay.

Citation: Australian and New Zealand Journal of Psychiatry, April 1998, vol./is. 32/2(199-205), 0004-8674;1440-1614 (Apr 1998)
Author(s): Goldney, Robert D; Fisher, Laura J; Walmsley, Sonja H
Abstract: The Health of the Nation Outcome Scales (HoNOS) is an
instrument used in
detecting change in symptoms and functioning during psychiatric hospitalisation. The
present study examines its utility in predicting length of stay of patients in 6 private
psychiatric hospitals in Australia over 3 mo. The HoNOS was administered upon admission
and discharge of 819 psychiatric patients (mean age 43 yrs). There were significant
differences in total score and in all sub-scales between admission and discharge. There
were no significant associations between total HoNOS scores and length of stay, either for
individual hospitals or for specific diagnosis-related groups. There were only very weak
associations, of doubtful practical clinical significance, between length of stay of all
patients and individual HoNOS sub-scales. It is concluded that while the HoNOS is of
some value in providing a readily administered and understood measure for clinicians, on
the basis of these findings it is unlikely to be of utility in predicting length of stay or in
offering a "gate-keeping" service in decision-making in regard to the allocation of
resources for individual patients. (PsycINFO Database Record (c) 2012 APA, all rights
reserved)

30. Prediction of length of hospitalization of adolescent psychiatric inpatients utilizing
the Pd Scale of the MMPI and demographic data.

Citation: Adolescence, 1990, vol./is. 25/98(305-310), 0001-8449 (Sum, 1990)
Author(s): Faurie, Wanda C
Abstract: Examined whether selected personality and demographic information can be
utilized to predict the length of stay of adolescents in an inpatient therapeutic program.
Predictor variables included scores on the 5 Harris-Lingoes Psychopathic-Deviate (Pd)
subscals of the Minnesota Multiphasic Personality Inventory (MMPI) and the Wechsler
Intelligence Scale for Children-Revised (WISC-R), as well as sex, age, parent, and sibling
information. Data were collected from case files of 52 male and 88 female adolescents
(aged 12-18 yrs) admitted to a state hospital between 1979 and 1985. Each of these Ss
obtained a score of 70 or above on the Pd Scale. Regression analysis revealed that sex
and presence of an older sister were significant in prediction of length of stay of inpatient adolescents with elevated Pd Scale scores. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO  
**Full Text:** Available from EBSCOhost in Adolescence

### 31. Predicting length of stay by patients hospitalized for alcoholism or drug dependence.

**Citation:** Journal of Studies on Alcohol, January 1978, vol./is. 39/1(197-201), 0096-882X (Jan 1978)  
**Author(s):** Altman, Harold; Evenson, Richard; Dong, Won Cho  
**Abstract:** Data on demographic background and medical diagnosis of 1,233 patients discharged from inpatient alcoholism and drug dependency treatment programs during 1966-1971 as well as results of the Missouri Automated Mental Status Examination and items on the Emergency Room Admission Checklist were subjected to stepwise multiple regression analysis to determine their prediction of length of stay of the patients. The correlation between 20 predictor variables and length of stay was .38. Involuntary admission, admission while intoxicated, hostility, and denial of problems were associated with early dropout, as were unemployment, younger age, and having a spouse or someone else to live with. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO

### 32. The determinants of successful in-hospital rehabilitation in people aged 90 years and older.

**Citation:** Gerontology, February 2007, vol./is. 53/2(116-120), 0304-324X;1423-0003 (Feb 2007)  
**Author(s):** Elphic, Heather L; Mankad, Kshitij; Madan, Suvira; Parker, Chris; Liddle, Barbara J  
**Abstract:** Background/Objectives: The very elderly constitute a subgroup of elderly who may respond differently than the younger elderly to medical intervention. This possibility has not previously been investigated. Our study investigates whether successful rehabilitation of the very elderly is possible within the current processes of care and also whether factors that help predict successful rehabilitation in all age elderly are applicable to the oldest old. Methods: A retrospective case note analysis of all very elderly people (>90 years old) treated within in-patient elderly person rehabilitation facilities at the Northern General Hospital, Sheffield. Potential predictive factors analysed: Barthel index, main presenting illness, number of co-morbid conditions, number of regular prescribed medications, abbreviated mental test score, prior formal social services input, previous hospital admission within 1 year and serum albumin (g/l). Outcome measures reflecting success of rehabilitation: duration of rehabilitation (days), discharge destination to the same ('good outcome') or increased ('poor outcome') level of social and/or nursing care, readmission to hospital within 30 days of discharge and death during rehabilitation or within 120 days of discharge. Results: Of 230 nonagenarians admitted to inpatient elderly rehabilitation 47% required no increase in social support following their admission and 76% of those admitted from their own home were able to return there. Barthel index and the number of co-morbid conditions were the most influential predictors of success, with Barthel index predicting length of stay (p<0.001), discharge destination (p<0.001) and in-hospital mortality (p<0.01) and co-morbidity predicting readmission to hospital (p=0.05), in-hospital mortality (p=0.04) and survival (p=0.05). On multivariate analysis all other predictive factors analysed, except for presenting illness, were associated with at least one outcome measure (p<0.05). Conclusion: Successful inpatient rehabilitation of the very elderly is possible. Factors that predict the success of rehabilitation of nonagenarians are similar to those associated with success in the younger elderly. The factors that most broadly predict success are Barthel index and the number of co-morbid conditions identified at admission to rehabilitation. Main presenting illness did not emerge as a predictor within this group. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO  
**Full Text:** Available from EBSCOhost in Gerontology

### 33. The BPRS-E as Predictor of Length of Stay in a Residential Facility.
34. Predicting length of stay on an acute care medical psychiatric inpatient service.

Citation: Administration and Policy in Mental Health, September 2003, vol./is. 31/1(15-29), 0894-587X (Sep 2003)

Author(s): Blais, Mark A; Matthews, John; Lipkis-Orlando, Robin; Lechner, Erin; Jacobo, Michelle; Lincoln, Robert; Gulliver, Christina; Herman, John B; Goodman, Alyson F

Abstract: The goal of this study was to identify variables associated with length of stay (LOS) and to incorporate into the authors' routine preadmission assessment the measurement of these variables. A retrospective study of 80 discharged patients explored the association of 25 variables reflecting a mixture of patient/demographic variables, illness variables, and treatment variables with LOS. Multivariate analysis revealed that 10 variables independently accounted for 62% of the variance in LOS. The information used was obtained primarily in the preadmission screening. The predictive power of the variables shrank in the prospective study. However, fewer individual variables were significantly associated with LOS; the summed score of the variables predicted 17% of the LOS variance. Results indicated that factors important for estimating LOS are available at the time of admission, and these variables can be systematically assessed and incorporated into clinical decision making. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
Full Text: Available from ProQuest in Administration and Policy in Mental Health;

35. Predicting length of stay in psychiatry.

Citation: Psychological Medicine, July 1997, vol./is. 27/4(961-966), 0033-2917;1469-8978 (Jul 1997)

Author(s): Creed, Francis; Tomenson, B; Anthony, P; Tramner, M

Abstract: Assessed the relative contribution of severity of illness, in combination with other variables, in predicting length of hospital stay among 115 consecutive admissions to a district psychiatric inpatient unit. Variables investigated included demographic data, diagnosis, clinical, social and behavioral measures. For initial admission, diagnosis of neurosis predicted shortest stay, but diagnosis alone accounted for only 14.6% of the variation in length of stay. Addition of Social Behavior Scale score, living alone, and specific psychiatric symptoms significantly increased the predictive value. Addition of variables available at discharge (use of ECT, major tranquilizers, and antidepressants) significantly increased the adjusted predictive value to 49%. Prediction of total length of hospitalization over a 12-mo period, from the date of initial admission, indicated that mania predicted the longest stay and addition of other variables meant that only 18.9% of length of stay was predicted. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO

36. Measuring mental health outcomes in a private psychiatric clinic: Health of the Nation Outcome Scales and Medical Outcomes Short Form SF-36.

Citation: Australian and New Zealand Journal of Psychiatry, June 2001, vol./is. 35/3(377-381), 0004-8674;1440-1614 (Jun 2001)

Author(s): Page, Andrew C; Hooke, Geoffrey R; Rutherford, Elizabeth M

Abstract: This study reports on data collected from the routine use of the Health of the
Nation Outcome Scales (HoNOS) and the Medical Outcomes Short Form (SF-36). Three main aims were addressed in using these measures: (a) to establish patient disability levels; (b) to determine the level of treatment effectiveness; and (c) to explore the ability of these instruments to predict length of stay and mood change. The clinician-rated HoNOS and the patient-rated SF-36 were included in the assessment battery, at admission and discharge, of 754 consecutive inpatients at one private psychiatric facility over a 2-year period. The sample, on admission, was comparable in illness severity to levels reported at other Australian private psychiatric facilities. Treatment was shown to be effective, and the degree of changes in HoNOS ratings compared favorably with other private psychiatric facilities. Certain factors underlying the structure of the HoNOS and the SF-36 only weakly predicted length of stay and changes in depression and anxiety levels. The HoNOS and the SF-36 provided valid and reliable data on patient function, with the HoNOS being most sensitive to treatment change. However, neither instrument proved useful in predicting length of stay or levels of depression and anxiety at discharge. 

(PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
Full Text: Available from EBSCOhost in Australian & New Zealand Journal of Psychiatry

Citation: Clinical Gerontologist: The Journal of Aging and Mental Health, 1999, vol./is. 20/3(3-11), 0731-7115;1545-2301 (1999)
Author(s): Kennedy, Courtney C; Madra, Paul; Reddon, John R
Abstract: The purpose of this study was to examine the ability of the Global Assessment of Functioning (GAF) scale to assess treatment outcome in an elderly psychiatric patient population. In addition, correlations between GAF scores and gender, age, and length of stay were examined. Ratings on the GAF scale were obtained pre- and post-treatment from 37 male and 67 female psychogeriatric inpatients (aged 54-91 yrs). Results indicated that a large treatment effect occurred, as GAF scores were significantly higher upon discharge than on admission. Pre-treatment GAF scores were also significantly correlated with length of stay. These findings suggest that the GAF scale is a useful tool for predicting length of stay and for measuring clinical change in elderly psychiatric patients. 

(PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO

38. Predicting length of stay in an acute psychiatric hospital.
Citation: Psychiatric Services, August 1998, vol./is. 49/8(1049-1053), 1075-2730 (Aug 1998)
Author(s): Huntley, Dale A; Cho, Dong Won; Christman, Jane; Csernansky, John G
Abstract: Data on all patients (mean age 35.8 yrs) discharged over 2 6-mo periods were collected at an acute psychiatric inpatient facility. Stepwise multiple regression analyses were conducted on the 2 datasets. Results from both analyses revealed that 5 variables significantly predicted length of stay and were stable over time. They were a primary diagnosis of schizophrenia, the number of previous admissions, a primary diagnosis of a mood disorder, age, and a secondary diagnosis of an alcohol- or other drug-related disorder. For some physicians, the mean length of stay of their patients differed significantly from the length predicted by the regression model—generally, it was shorter. Results demonstrate that patient-related predictors of length of stay in a single psychiatric hospital can be identified using relatively simple statistical procedures and can be consistent across a large dataset and over time. 

(PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO

39. Problems in using statistical models to predict psychiatric length of stay: An illustration.
Citation: Hospital & Community Psychiatry, February 1988, vol./is. 39/2(195-197), 0022-1597 (Feb 1988)
Author(s): Choca, James P; Peterson, Charles A; Shanley, Luke A; Richards, Henry; et al
Abstract: Investigated personality style as a variable in predicting length of stay (LOS) in the hospital, using a retrospective review of records of 556 psychiatric patients. It is concluded that much of the variance in psychiatric LOS cannot be accounted for and that
the predictive-prospective model should not be used to determine funding for psychiatric treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO

The following are taken off references from other articles – no abstracts available:

40. MacPherson R, Shepherd G, Edwards T  
Supported accommodation for people with severe mental illness: a review  
Adv in Psych Treatment, 2004, 10, 180 – 188

41. Sugarman P, Oakley C  
The evolution of severe and forensic care  
Jnl Forensic Psychiatry & Psychology, 2012, 23 (3) 279 – 284

42. Herr B E, Abraham H D, Anderson W  
Length of stay in a general hospital psychiatric unit  
Gen Hosp Psychiat, 1991, 13, 68 – 70

43. Stostkopf C, Horn S D  
Predicting length of stay for patients with psychoses  
Health Service Res, 1992, 26, 743 – 66

44. Markowitz J, Brown R, Sweeney J  
Reduced length and cost of hospital stay for major depression in-patients treated with ECT  
Am Jnl Psychiat, 1987, 144, 1025 – 1029

ECT in the treatment of depression – Impact on length of stay  

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**Published Research - Google Scholar**

From 1st fifty results:

46. The Vermont longitudinal study of persons with severe mental illness, 1: Methodology, study, sample, and overall status 32 years later  
Am Jnl Psychiatry, 1987, 144, 718 – 726

47. Moss F, Wilson B, Harrigan S, Ames D  
Psychiatric diagnoses, outcomes and lengths of stays of patients admitted to an acute psychogeriatric unit  

One hundred and ten consecutive patients admitted to an acute psychogeriatric unit were assessed with the Geriatric Mental State Schedule, Assigned a DSM-III-R diagnosis and their length of stay in hospital and discharge destination noted. Forty-two per cent of patients had organic disorders (mainly dementia), 32% had affective disorders (mainly depression) 23% had schizophrenia or a related disorder. The median length of stay was 29 days and bore little relation to diagnosis, age, sex or cognitive function. Patients with an organic mental disorder were more likely to enter long-term institutional care, but 78% of patients were able to return to the same level of accommodation (own home, hostel or nursing home) that they had occupied prior to admission. On a four-point non-blind outcome scale, 86% of patients were rated as improved at discharge.

48. Lyons JS, Stutesman J, Neme J. Vessey JT  
Predicting psychiatric emergency admissions and hospital outcome
49. Rothbard Aileen B, Schinnar Arie P

**Community determinants of psychiatric hospitalization and length of stay**


50. Spaulding William D, Fleming Shelley K, Reed Dorie et al

**Cognitive functioning in schizophrenia: Implications for psychiatric rehabilitation**


In this article, three key issues for application of cognitive technology in psychiatric rehabilitation of schizophrenia and related disorders are formulated as straightforward, clinically relevant questions: (1) What is the prognostic significance of cognitive impairment in acute psychosis? (2) Can cognitive functioning improve in the chronic, residual course? (3) How does cognitive improvement benefit other aspects of recovery and rehabilitation? These questions are addressed through review of previous findings and new multivariate analyses of cognitive functioning in the acute, post-acute, and chronic residual phases of schizophrenia. The authors also propose theoretical models to account for the finding that cognitive impairments respond to psychosocial intervention in the chronic course of schizophrenia. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

51. Priebe S, McCabe Rosemarie

**Hospital and rehabilitation services**

Current Opinion in Psychiatry, 2000, 13, 215 – 219 (Will put this in the post for you)

52. **Predictors for hospitalization rates of psychiatric patients (no author)**

Psychiatric Serv, 1995, 46 (12) 1247 – 1253

53. Huntly DA, Cho DW, Christian J, Csernansky JG

**Predicting length of stay in an acute psychiatric hospital**

Psychiatric Serv, 1998, 49(8) 1049 – 1053


No other details found at this stage!