Outpatient Psychiatric Care (Historical and Modern Aspects)

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ABSTRACT

Here a review of modern approaches to outpatient psychiatry care is represented and dynamics of problems and achievements in remodeling the "psychiatric hospital - branch of psychiatric hospital (psychoneurologic dispensary)" are analyzed. In particular, the dynamics of shifting psychiatry care from hospitals to their branches (psychoneurologic dispensaries), combined with the decrease in bedspace during the last 7-8 years is shown.

The positive sides and perspectives of therapy and rehabilitation of mental patients in day patient facilities and by using patronage in modern conditions are described. The arguments supporting feasibility and advisability of giving priority to the outpatient psychiatry services during the last decades (pathomorphism of psychic disorders, implementing new generations of medicines, developing the methods of social-activating rehabilitation) are analyzed. Also the concept, according to which in case of spending as little time in psychiatric hospital as possible the self-conscience of mental patient changes less, which provides higher chances for one to see oneself as a full-fledged member of society, is reflected. Consequently, therapy and rehabilitation in case of outpatient care get a social motivation, which increases their efficiency.

Several modern approaches to psychiatry care are represented in historical aspect of succession of Old Russian territorial (local) psychiatry.

Keywords: outpatient psychiatry care, rehabilitation, psychiatric care organization.

Worldwide trends in the development of psychiatric services in recent decades have largely changed. Many psychiatrists stress that the increase in the number of patients with non-acute conditions must be taken into account [9, 15, 27, 29, 37].

Frequency of dissimulation of psychotic disorders also increases being one of the reflections of the complexity of finding one's micro-social "niche" in modern society. In general, the multiple-factor pathomorphosis of psychiatric disorders, including therapeutic one, socially caused [4, 28, 33], in turn, emphasizes the significance of the available multidimensional psychiatric care, which does not exclude a feasible employment. Fears of economic instability, complicated interethnic relations are factors causing both abovementioned psychopathologies at neurotic level, acute and chronic responses to stress and sudden exacerbation of chronic mental disorders, changes of latent form of disease into clinically apparent form, including forms with auto- and heteroaggression. According to Russian Statistics Bureau data, an increase in proportion of elder age groups from 22.9% in 2013 to 29% in 2031 is expected in Russia [20], which naturally involves the increase in proportion of psychiatric patients older than 50 years old. Given the age dynamics of mental disorders (fading severity of symptoms, the actualization

of vascular disorders), outpatient psychiatric care may become more and more important for this group of patients as well [10, 11, 15, 18]. Patients living alone make 1/3 of all elderly patients with mental disorders. They are in a group of high risk of social exclusion/disadaptation; in particular, committing socially dangerous acts, suicide attempts [11, 15, 18].

For over 10 years the prospects of Russian psychiatry provoke debate among physicians of all specialties and, of course, in society. For example, at the meetings of the Public Council on Mental Health it was repeatedly pointed out [10, 27] that the development of psychiatry should go in the direction of "moving it to outpatient care departments and ambulatories". Specific aspects of outpatient psychiatric care are considered in the order of the Ministry of Health Care of Russian Federation № 566, dated May 17, 2012. Many specialists see the reserves, which can be used to improve the structural efficiency of psychiatric service, in a more dynamic development of outpatient forms of assistance. It is obvious that not only quantitative but also qualitative indicators of the activities of psychiatric institutions are important. The entrenched vision of a psychiatric diagnosis as a discrediting fact also makes outpatient forms of therapy of the mental patients in Russia (in accordance with international practice) particularly significant [17, 31, 33]. However, it is evident that many aspects of outpatient psychiatric divisions' activities remain insufficiently thorough, non-integrated into a united medical-social network. As of 2006 [7], the restructuring of the network of psychiatric institutions in Russian Federation was going forward extremely slow and even by 2006 the intended parameters were not met. In the total volume of financing for mental care in 2003, hospital care accounted for 90.2%, and outpatient - for 9.7%. After three years, the number of places in day care facilities increased by 14.5% and the number of days patients spend in such facilities - by 22.6%. Visits to psychiatrists and psychotherapists decreased by 6.6%. According to G. Gurovich et al. [9] by 2012 - 2014 a significant reduction in hospital accommodation took place, mainly by reducing the duration of treatment of patients with psychotic disorders (and thanks to the reduction of percentage of such patients in hospitals), reducing hospital admissions [9]. It should be emphasized that, historically, already in the times of Zemsky (territorial) medicine is Russia, long stay of a patient in a psychiatric hospital was considered wrong, because lack of proper activities and incentives contribute to progressive personality decline due to the detachment from familiar life. Though here we should highlight that "long stay" at those times usually meant years! According to data of early 2014 [19], for 15 years the number of patients, staying in a psychiatric hospital for over a year, does not decrease, remaining quite high - about 23% per 100 000 people, and in some regions – up to 50% . Thus, there is an obvious need to further improve the efficiency and quality of psychiatric care, in accordance with the concepts of modern medicine and society, as well as the development of alternative models of psychiatric services [17, 28, 30]. Many authors

– I. Gurovich [7, 9, 15], V. Yastrebov, V. Mitikhin [31], A. Churkin [28] - highlight the socio-economic importance of expanding different types of outpatient psychiatric care.

In our view enlarged outpatient psychiatric institution is important, but not everywhere (especially not in the areas with low population density where hospitals and outpatient departments are territorially far away from the patients – in Central Asia, regions of Russian Far North, and etc.), but in great towns (Moscow, St.–Peterburg, Novosibirsk, Ekaterinburg and etc.). A significant portion of patients, according to domestic and foreign experience, never gets into psychiatric hospitals. Freedom of movement without departing from the usual environment, and a deep familiarity and cooperation of doctors with the representatives of patient's environment - all of it plays in favor of the success of treatment [2, 3, 5, 24].

As practice shows, the most optimal option is the availability of an outpatient department as **a** part of enlarged **psychiatric institution** (**complex) created** through the functional association with the ordinary hospital, day care unit and night hospital, rehabilitation center, self-help groups and groups for mutual support. In the guidelines of "The Order of the Provision of Psychiatric Care» (a document approved by the Ministry of Health of Russian Federation), night hospital is not mentioned as something which is not widespread in Russia. However, in some places of Moscow region, such institutions seem to be necessary and even function already. Due to a totally different pace of life in this region in general, relatives often do not have enough time and patience to care for patients after intensive work and spending many hours in transport, surrounded by many stresses of metropolis. Therefore, at nights patient may feel more comfortable not in a family, but with medical stuff of hospital. Often such discomfort at nights at home concerns lonely elderly patients as well. Thus, outpatient complex has multiple functions.

O. Nesiforova, I. Bekker [22] describe the experience of functioning of the newly established round-the-clock "first psychotic episode" unit, affiliated to outpatient branch of psychiatric hospital in the city of Naberezhnye Chelny. After hospitalization this form of follow-up patient care (with a flexible schedule during the day) is used, so that it does not interfere with patients' studies and work. The rest of "night places" in hospital are used for the differential diagnosis of recruits. In some cases relatives of patients may also stay there.

Day care units first emerged in the USSR in 1930s [30] and were the first kind of institutions, which combined all the advantages of outpatient and inpatient care. Since 1999 till 2006 number of places in such units, affiliated with psychoneurological dispensaries has increased in Russia by 18% [9, 30].

Further development of the best possible conditions of admitting patients into day care units seems to be important. Despite numerous studies, including methodological ones, many physicians, according to out data, have different approaches regarding the appropriateness and

expected effectiveness of sending their patients into this unit. Therefore we find it necessary to emphasize that only patients with normalized behaviour and positive attitude to treatment; potentially in need of correction of their maintenance therapy when daily medical supervision is required; patients with acute exacerbation of old psychopathological disorders or decompensation within the borderline states; patients in the early stages of mental illness or its aggravation - for diagnosis, treatment, as well as prevention of relapse; patients with an unclear diagnosis, if it can be clarified in the conditions of a day care unit, are to be admitted into such units. It seems appropriate to use "test" admittance into day care units for those patients whose mental state and behavior makes it potentially difficult for them to follow the regime of such units; persons with a tendency to substance abuse, with significant psychosomatic disorders.

According to Y. Fedorov [26], a modern outpatient care unit team is more than just a sufficient number of well-prepared specialists. For example, in day care unit created on an outpatient basis (psychoneurological dispenser) one should use highly professional team of psychiatrists, psychologists and psychotherapists. Historically, psychotherapeutic treatment appeared in day care units in the early 1990s; the interest to it was actively supported by physicians and psychologists. A club of former patients "Steps"(Stupeni) is described, where patients were engaged in psychotherapeutic artwork in a group and individually, which, according to the author, had a positive effect on their condition.

In our view, a large and not entirely solved issue is the rehabilitation of mental patients. I. Gurovich [9] emphasizes the importance of organization and development of departments of outpatient rehabilitation - without losing already existing and operating methodical approaches. The author draws attention to the "signs of our times" - the disappearance of the economically disadvantageous “labor treatment” workshops that constituted a significant aspect of life for many mental patients only 15-20 years ago. At the same time, he notes the importance of a new understanding of rehabilitation - as the optimization of social adaptation by restoring mental abilities and capabilities lost due to illness. The so-called cognitive rehabilitation is considered to be a promising solution [9, 35]. Certainly, the restoration of social functioning in modern conditions requires a systematic approach involving a variety of new methods of activating of intact psychic functions while maintaining the role of the family and feasible employment.

Naturally, the stay at the day care unit of a branch of a psychiatric hospital, just like a stay in a conventional hospital, should gradually bring patient into the rehabilitation department. But it is not always possible to ascertain really "smooth" transition – it takes time to clarify the appropriateness of such move to patient and patient’s relatives. E. Chukanova [27], comparing two groups of patients with schizophrenia and schizophrenia spectrum disorders in the outpatient branch – those who received and those who did not receive comprehensive psychosocial support

- concluded that the quality of life, social, family and labor performance were significantly improved in the first group. In our view, both in day care units and in rehabilitation departments of outpatient institutions pharmacotherapy should be combined with psychotherapy and recurrent work with a psychologist. Exercise machines and gymnastics are highly recommended in such institutions because physical condition is inseparable from mental health. In addition to traditional pharmacotherapy, already in day care unit patients may receive psychosocial treatment (art therapy, music therapy, dramatherapy and etc.), i.e. rehabilitation acts as a prevention of mental condition deterioration. One can attract sponsors for the employment of the patients in workshops (this helps reduce sponsor's taxes): so that some products, created by patients, would go on sale or sponsor would supply them with materials and orders. In an ideal case it is possible to consider one's interests or develop new ones during the work in the occupational workshop - that will help patient in the future. Art therapy may also have economic aspect – art objects can be sold. It is possible to involve relatives into music therapy. Many aspects of the work of outpatient branch of psychiatric hospital have their prototype described in the works of the 19th century psychiatrists [2, 3, 5, 16, 21]. For instance, it was emphasized that a psychiatric facility should be cozy, the food should be nutritious, patients need to go for a walk, they should have feasible employment, which "**protects them from** dullness and gives them a feeling of satisfaction when seeing the results of their work"[24].

According to V. Serbsky [24], perfectly in tune with the modern approach, patients should have the opportunity to perform their religious rituals, which is already put in practice everywhere. Outside the psychiatric institution, in case of an accidental meeting, the best way to communicate with patients is in the same way one communicates with healthy people. What's needed for this if not a sufficient level of clinical experience, which has no connection with time or epoch? However, the treatment of patients still varies very much: for instance, feeding patients in a day care unit may become a very complex issue and not seen as something self-evident; conditions for going for a walk may be absent. According to V. Serbsky, it is important for physicians to know what the relationships between patients, so as to separate them, are sending in different places in time, or to make them change their minds. The abovementioned particular issues, of course, can be resolved through the optimal selection of medical staff.

More than 100 years ago, S.Korsakov, V. Serbsky wrote about the feasibility of establishing charities affiliated to psychiatric institutions. They should, if necessary, provide clothes for the patients, find them suitable occupation, and even provide monetary assistance. Today such ideas sound very true and their implementation is quite real - with the assistance of sponsors. So the sponsors are needed not only for occupational therapy and rehabilitation. In our view, diverse help is needed to mental patients both during the outpatient treatment, and at discharge from hospital. Of

course, the participation of the population in co-financing of health care can take many different forms [1, 2, 23].

N.Bazhenov [2] emphasized the importance of systematic observation of patients by physicians so that it would be possible to rapidly hospitalize patient into a clinic, call his/her relatives. However, today the level of readmissions to hospitals is no different from the level of 25 years ago. At present level of development of medicine this can not be considered a norm [15].

Due to the aging of the population as a whole today psychiatric care predominantly at home (home nursing with or without participation of relatives) becomes more and more important [23].

Historical background. Home nursing, patronage (from French "Patronage"- protection) – a special form of organization of prophylactic work at home, conducted by medical and prophylactic institutions. Provides follow-up care of patients in the family, in the workplace, including control of their adherence to regime. Patronage of mental patients first appeared in Geel (Belgium), and in the second half of the 19th century it spread throughout Western Europe in the form of "colonies of family care". In Russia, the patronage of mental patients was organized by N. Bazhenov in 1886, in Ryazan psychiatric hospital. The patronage was mainly concerned with single and elderly patients. The restless patients, patients dangerous to themselves and others, patients prone to vagrancy, weak patients, patients with severe physical or infectious diseases were not to be put into patronage (home nursing) (GSE, 1982.- V. 18.- pp. 1253-1254).

Also significant are various forms of "housing under the protection" (from hostels/dormitories to apartments for independent living) [8, 23]. The necessity to create "hospitals at home" was always motivated by clinical and social factors. Today it is believed, that it is mostly adequate for 3 nosologic groups (with schizophrenia spectrum disorders, organic mental disorders and mental disorders caused by epilepsy [8]). The social aspect of such a hospital is seen primarily in the normalizing patient's relationship with his/her neighbors and family, while local physician, psychologist and social worker can mutually provide care for the patient. The old stereotypical views regarding mental patients may lead to social isolation of these patients in case of patronage, intensive supervision, and that's why it is too early to stop ethical and deontological developments [23] find it important to create rehabilitation teams based on hospital outpatient departments, which would include psychiatrist, clinical psychologist, psychotherapist, social worker and medical nurse. They can provide comprehensive, complex care to actively monitored patients, those who violate the regime or therapeutic scheme, are often

hospitalized and are characterized by low social adaptation; as well as for their relatives, and to contact social services of the city.

However, the possibility of patronage (home nursing), living in a separate house with a permanent medical personnel and etc., for now mostly applies to the future of domestic psychiatry, due to the necessity to revise the economic costs, training of specialists and etc. At the same time, we should use the experience of other countries, especially Western Europe, given its "pros" and "cons", presented in detail in an analytical article by I. Gurovich et al (8). The literature discusses the possibility of "postponing" the need of a patient to be admitted in a psychiatric hospital. For such a purpose the so-called conserving-preventive rehabilitation is suggested – up to more frequent placements in a hospital, which naturally involves close contact in a system "patient – doctor – patient's close friends and relatives" [32]. Attention is paid to the effectiveness of such rehabilitation right after the first episode of endogenous disorder [12, 33]. Reduction of the frequency of hospitalization of the mental patients can be achieved by the interaction of relatives with district psychiatrist. After psychosocial training they would be able to earlier recognize the signs of the beginning of disorder exacerbation and take action to prevent its development, which would prevent the admittance of the patient into hospital. Psychosocial training also improves relations of the patient with his/her relatives, reducing the likelihood of conflicts, which relatives often solve by hospitalizing the patient [19,34].

Changes and achievements in the field of pharmacotherapy, occupational therapy and psychotherapy led to many fundamentally new conclusions, which created the possibility of more effective treatment of mental patients. Effectiveness is not limited to the release of patients out of the locked ward. The "key" problem is psychological: outside the hospital with optimal medical care, rehabilitation and good treatment many mental patients can speak and express themselves. The system of outpatient care should be developed not only as a requirement of humanism, but also as the means of recovery of consciousness in case of mental disorder. The aim of modern rehabilitation should be maximizing the return of the patient into society.

Analysis of literature, published in different years, can help to identify the main problems of the modern development of outpatient mental health care based on practical problems 1) Using one or more outpatient offices (psychiatric hospital branches) as a model, to examine the socio-demographic characteristics of the patients observed there (and define the share of different nosological categories, the proportion of elder age groups). 2) To develop criteria for selection of patients, treated by department, for therapy and rehabilitation in a day care unit, as well as methods for evaluating of the effectiveness of treatment (pharmacotherapy, psychotherapy, occupational therapy); 3) To reconcile day care unit as much as possible with

medical-rehabilitation department - if necessary, with the development of skills for independent life in patients, in case of loss of social connections by the patient; 4) To clarify the role of family in treatment and rehabilitation of mental patients in the outpatient unit setting (including organization of comprehensive medical and social events, clubs for patients); 5) To provide advice, psychiatric, psychotherapeutic, medical and psychological assistance, including for victims of emergencies, in order to prevent suicide and other dangerous actions, to organize "crisis hotline". Psychiatrist and psychologist (with knowledge regarding suicidology) should work in such an office of emergency help; 6) to organize outpatient forensic psychiatric examinations for long observed patients, when it comes to civil cases, in particular, the issues of legal capability, ability to conduct transactions and etc. 7) outpatient psychiatric department should have the necessary equipment for a quick medical examination and systematic treatment of its patients; should have standard medical information card for the evaluation of the effectiveness of therapy and rehabilitation; good nutrition unit (it is desirable to attract patients to work there). For this "Questionnaire for the Assessment of Social Functioning and Quality of Life of Mental Patients," "The Scales for Assessment of Emotional and Instrumental Support of Mental Patients," "The Scales for Assessment of Social Network of Mental Patients", "Estimates of the Level of Knowledge Regarding Mental Disorder and the Effectiveness of Group Psycho-Educational Program" [19, 37] and other forms of standardization of data obtained should be applied.

In the heyday of Zemsky (territorial) medicine, during the active work of the outstanding Russian psychiatrist V. Serbsky in some cases the abilities of psychiatry were significantly narrower, and in some cases - wider. The attitude to any patient was based on "being careful and loving human being", i.e. Humanism. In the most feeble-minded, degraded patient human qualities were seen and appreciated. Grieve was understood, both where the disease was and where there was no disease - in particular, in the relatives of the patient. This understanding is timeless and very important in the 21st century with its eternal rush of the big cities, the disunity of people and generations. It should be emphasized that these were Zemsky (territorial) physicians, who widely discussed the question of the organization of primary psychiatric care. Thus, V. Serbsky did not consider it right to deliver the patient into a psychiatric institution by means of fraud, stunning with sleeping pills or alcohol (the last three methods are sometimes discussed by relatives nowadays as well, which clearly contradicts human rights, freedom of human expression). He also noted that it is necessary to obtain the written statement from relatives or close friends of patient, requesting his medical examination, so that later this patient would not present any claims against doctors. V. Serbsky saw the desirability of the existence of public (state) and private psychiatric hospitals, which should differ only in the level of comfort,

but not **the quality of** treatment. Such approach seems to be of interest, but more as a reflection of the history of Russian medicine. It is important for the minimally possible comfort standards to be high enough, which today is not considered to be of significant importance in some psychiatric institutions.

Thus, many of the views of psychiatrists of 19th century regarding the prevention and treatment of mental disorders, interconnection between psychiatry and society, the patient and his/her relatives today did not lose their significance absolutely. Obviously, even during the past century the issues of outpatient care, including rehabilitation in the modern understanding of the word, are still not resolved completely, but may have a new understanding and solution based on a different level of development of psychiatry and society. Priority of outpatient psychiatric care is in many aspects similar to a new understanding of the principle of "non-restriction" of mental patient (but this time by hospital walls rather than chains or other methods of fixation).

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