Co-production in mental health – Giving patients back their power

Patient-controlled hospital admission for patients with psychosis

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Photo: Alexander Rozental

Declaration of interest

No declaration of interest

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Take-home message

Patient-controlled hospital admissions are regarded positively by patients themselves as well as healthcare professionals

Preliminary data suggest a decrease in days of both voluntary and involuntary inpatient care

Centre for Psychiatry Research

Stockholm County Council Services and Karolinska Institutet

Improving health care via
education, implementation and research in the areas of

inpatient care, psychotherapy, substance abuse and pathological gambling

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Photo: Anna Collsiöö

Background

Patients with psychosis are among the most frequent users of inpatient care

Often regard inpatient care as something forced upon them, which they associate with negative experiences

Background

Historically, decisions about admissions to inpatient care has been made by psychiatric staff

Few studies with patients that are given the opportunity to decide for themselves when they need inpatient care

Patient-controlled hospital admission

"Brukerstyrt inleggelse" in Norway

In 2014, Stockholm County Council Services started a project called "patient-controlled hospital admission"

Run by Centre for Psychiatry Research since 2016

Research study linked to the project

Ethics approval by the Regional Ethical Board in Stockholm

Aim

Patient experience

Fewer admissions and days in inpatient care

Change in staff attitudes

Intervention

Patients with psychosis are invited to sign a contract that allows them to decide if, and when, they want to be admitted

Inpatient care allowed up to five days

One bed at each ward assigned to patients with contracts

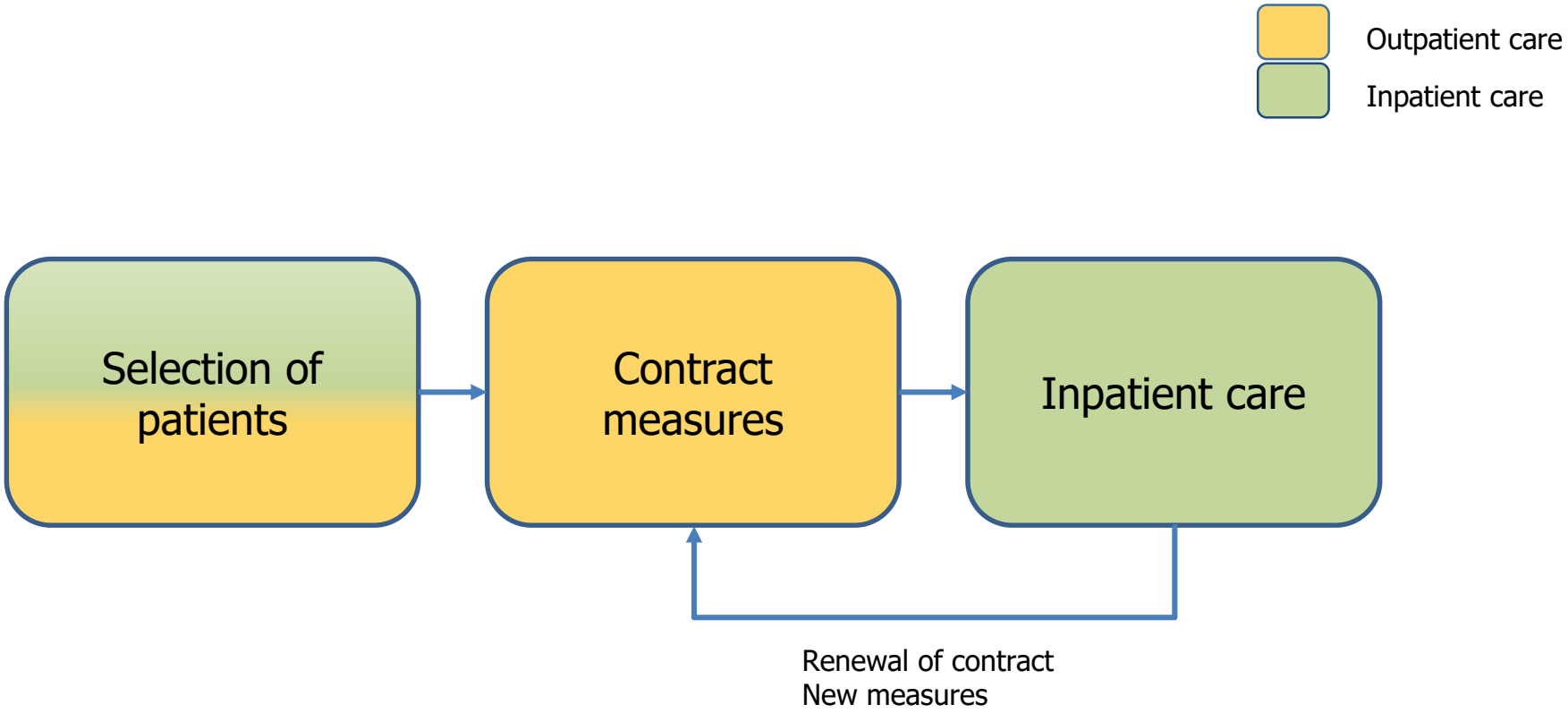
Our tasks

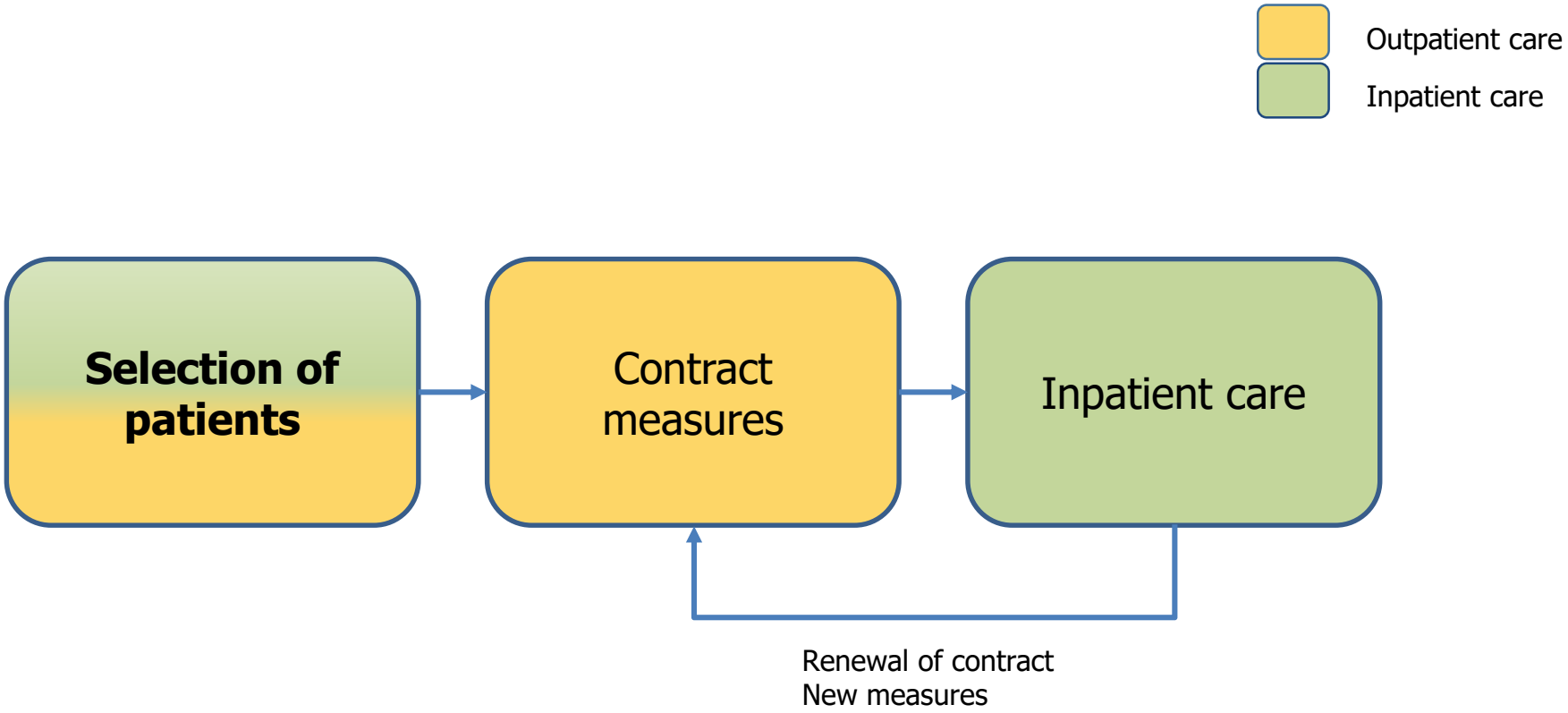
Support to a contact person from both inpatient and outpatient care

Risk analysis

Education

Project organization with project leadership to monitor the work


Outpatient care
Inpatient care
Selection of patients
Contract measures
Inpatient care
Renewal of contract
New measures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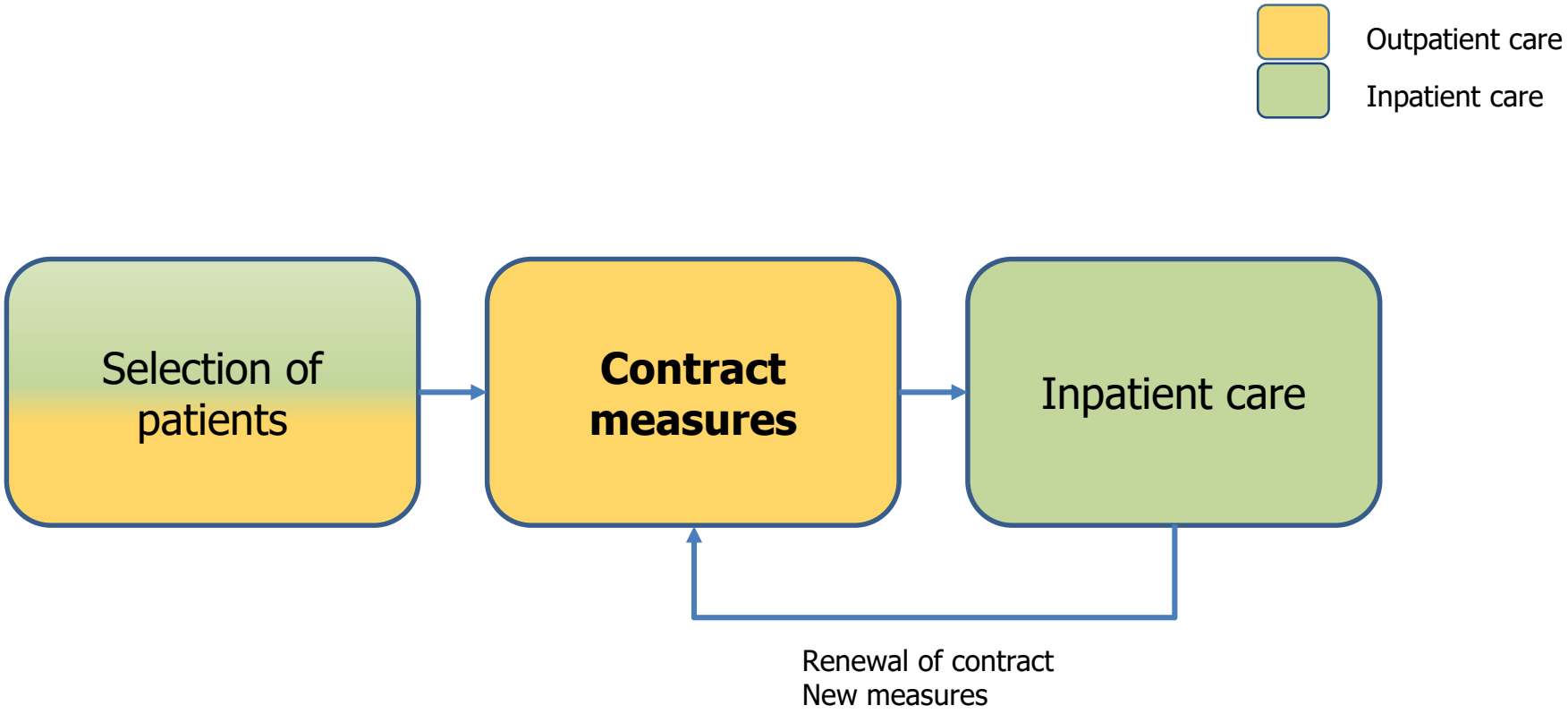
Inclusion criteria

Patients with a diagnosis of psychosis and with the greatest need of inpatient care who:

- Have had at least one inpatient care period at the ward in question
- Have recurring care needs
- Have a current care plan that includes strategies for managing possible substance abuse
- Are motivated to take responsibility for their care and understand the content of the contract
- Have an on-going contact with outpatient care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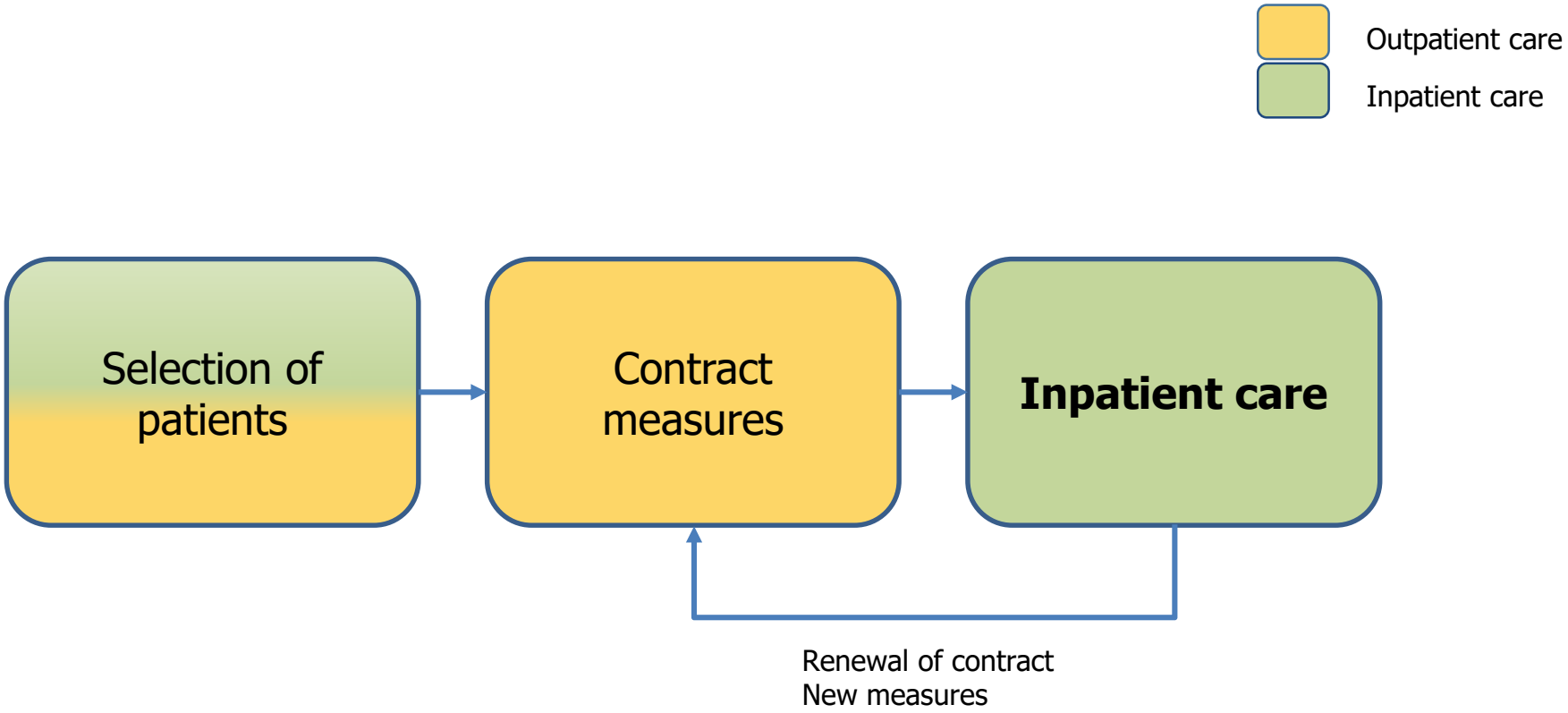
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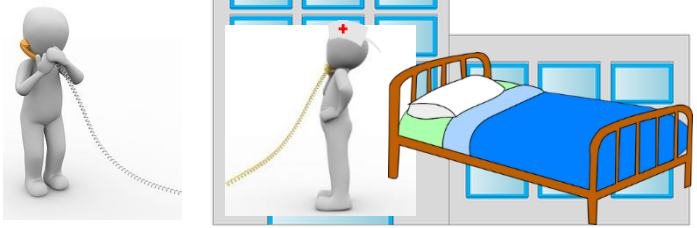
CONTACT



- Contact directly with the ward

- If bed taken:
  - Queue system
  - Usual procedure

ADMISSION

- Admitted by a registered nurse
- Risk assessment

LENGTH OF STAY

- Focus on the needs of the patient
- Up to five days
- Contact with physician if patient wants to or if necessary

DISCHARGE

- Discharged by a registered nurse

Photo: Yanan Li

"When there is a chance of choosing, it feels like you are here for something positive."
- Patient

"As a relative it is also easier for me to influence things, for example, now I can say to my son, 'Aren't you going to call the ward so that you can rest a little" - Relative

" I can dare to discharge myself when I can come back"
- Patient

Lessons learned

Entails a shift of power from psychiatric staff to patients

The implementation of the model meant introducing a new way of working in an existing organization

Legislation, documentation, and routines need to be taken into account

The Norwegian studies

Table 2. Quantitative data.

	Akershus	Tromsø	Jæren
Number of admissions (total)			
During control period	46	n/a	69
During intervention period	70	n/a	178
Change	+ 52%	n/a	+ 158%
Number of involuntary admissions			
During control period	8	n/a	37
During intervention period	4	n/a	23
Change	− 50%	n/a	− 38%
Number of psychiatric emergency admissions			
During control period	16	n/a	n/a
During intervention period	9	n/a	n/a
Change	− 43%	n/a	n/a
Days/weeks in inpatient care			
During control period	1560 days	1099 days	265 weeks
During intervention period	684 days	854 days	178 weeks
Change	− 56%	− 22%	− 33%
Days/weeks in involuntary inpatient care			
During control period	122 days	n/a	181 weeks
During intervention period	47 days	n/a	88 weeks
Change	− 61%	n/a	− 51%
Days/weeks in psychiatric emergency care			
During control period	198 days	76 days	n/a
During intervention period	52 days	20 days	n/a
Change	− 74%	− 74%	n/a
Bed occupancy rate during intervention period	n/a	30.7%	28%

All numbers given are total numbers for all study participants.

(Strand & Hausswolf-Juhlin, 2015)

The Danish study

Table 3. Mean differences of service use and redeemed prescriptions at 1-year follow-up

	PCA Group (n = 422)	TAU group (n = 2110)	Mean differences	95% CI	P value
Number of psychiatric admissions, (mean)	2005 (4.8)	3019 (1.4)	3.3	2.7; 4.0	<0.0001
Number of PCA admissions	1037				
Mean no. bed days	58.2	29.8	28.4	21.3; 35.5	<0.0001
Redeemed prescriptions, n	10231	31462			
Antipsychotics, n	6064	18948			
Mean DDD	14.4	9.0	5.4	3.7; 7.1	<0.0001
Antidepressants, n	2271	7045			
Mean DDD	5.4	3.3	2.0	1.2; 2.9	<0.0001
Benzodiazepines, n	1896	5469			
Mean DDD	4.5	2.6	1.9	1.0; 2.8	<0.0001

PCA, patient-controlled admission; TAU, treatment as usual; DDD, Defined-Daily-Doses. Quantitative variables were compared with t-test. 289 (68.5%) patients used their contract during the study period.

(Thomsen et al., 2018)

The Swedish study

Patient-controlled hospital admissions for patients with psychosis

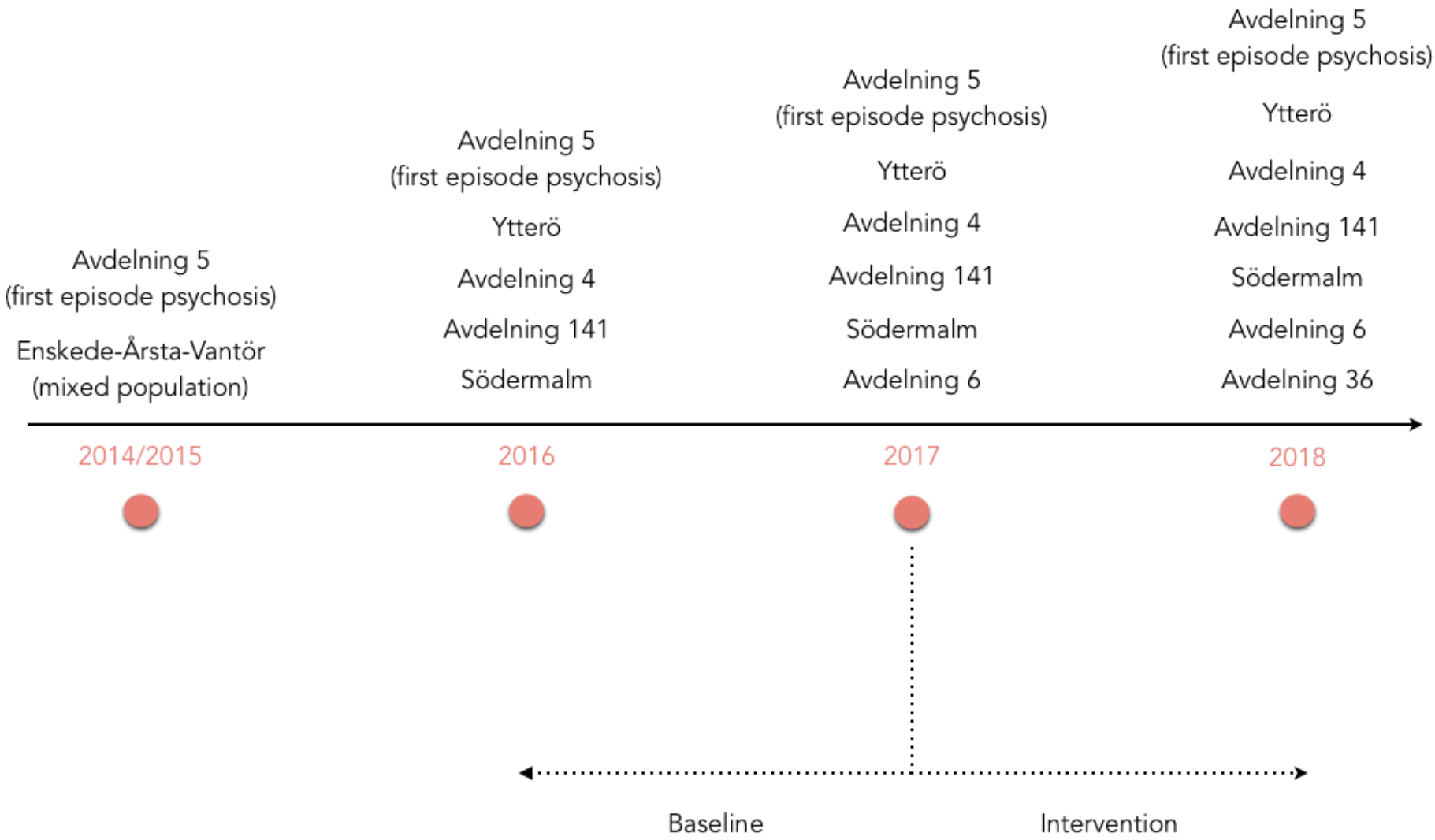
The Norwegian model, i.e., five days and no quarantine

Patients are their own control group, i.e., no randomization

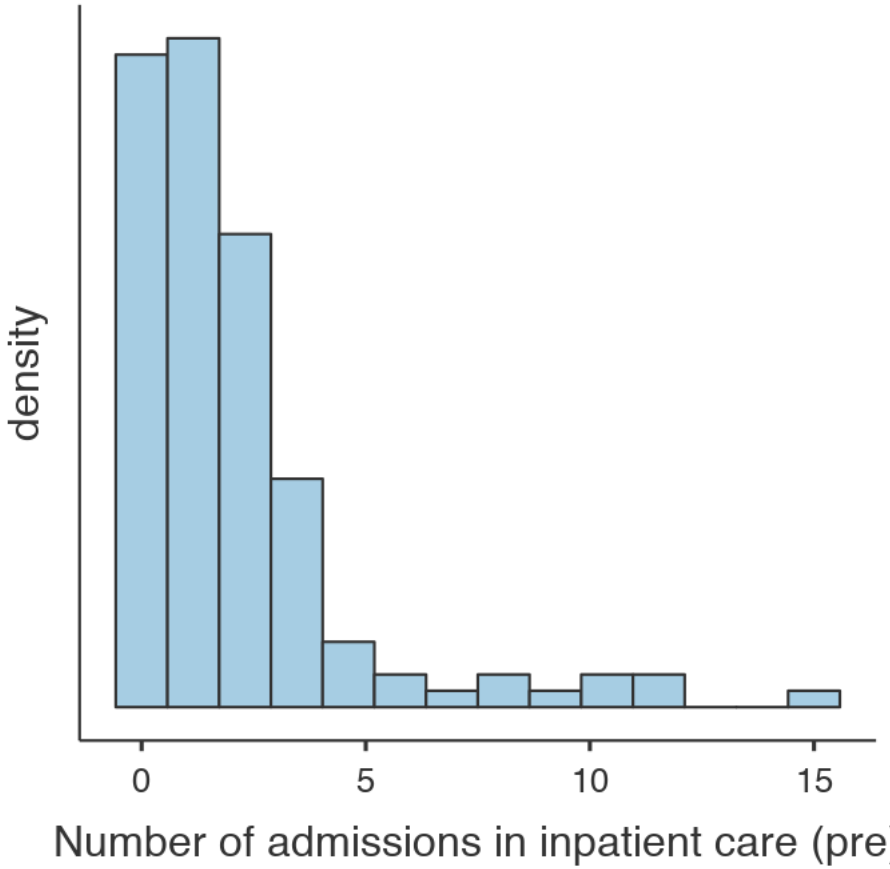
58.4% male

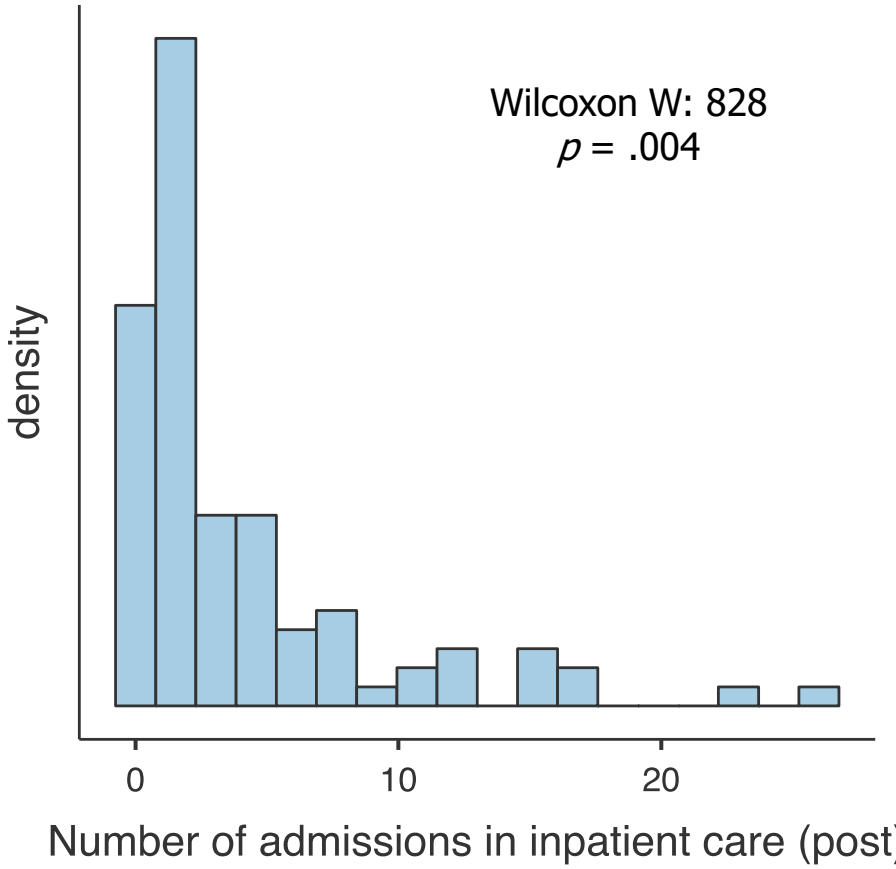
F29.9 (unspecified psychosis) 37.1%
F20.0 (paranoid schizophrenia) 19.4%

F25.9 (schizoaffective disorder) 12.1%
F20.9 (schizophrenia) 9.9%


Avdelning 5
(first episode psychosis)
Enskede-Årsta-Vantör
(mixed population)
Avdelning 5
(first episode psychosis)
Ytterö
Avdelning 4
Avdelning 141
Södermalm
Avdelning 5
(first episode psychosis)
Ytterö
Avdelning 4
Avdelning 141
Södermalm
Avdelning 6
Avdelning 5
(first episode psychosis)
Ytterö
Avdelning 4
Avdelning 141
Södermalm
Avdelning 6
Avdelning 36
2014/2015
2016
2017
2018
Baseline
Intervention

Number of admissions in inpatient care

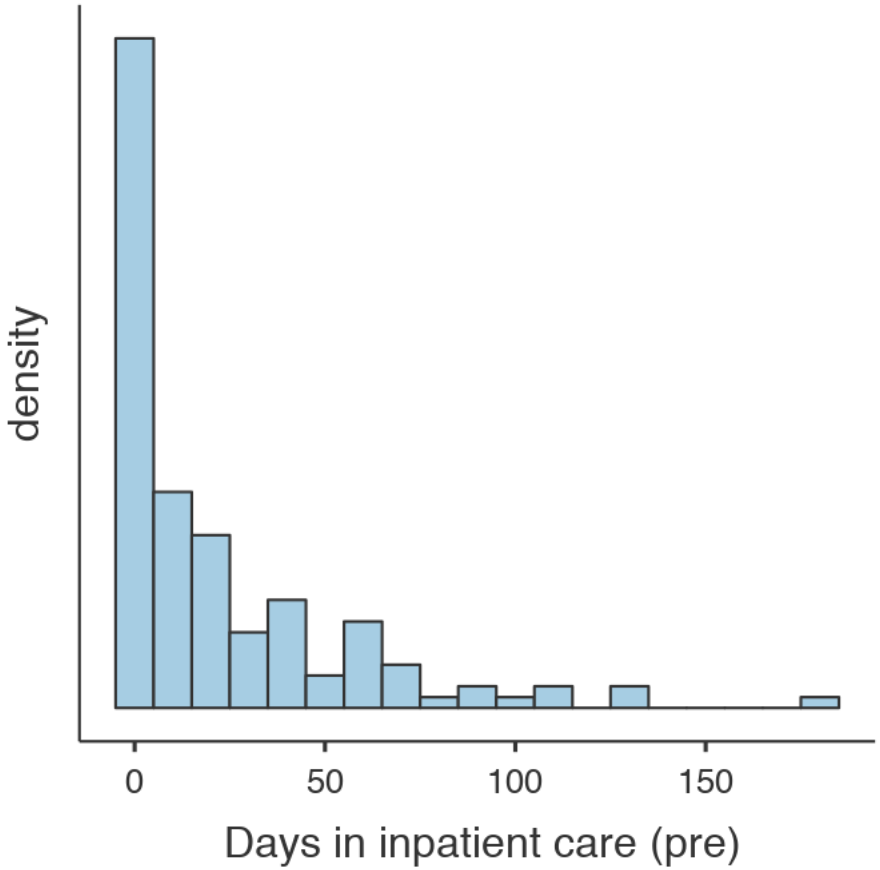


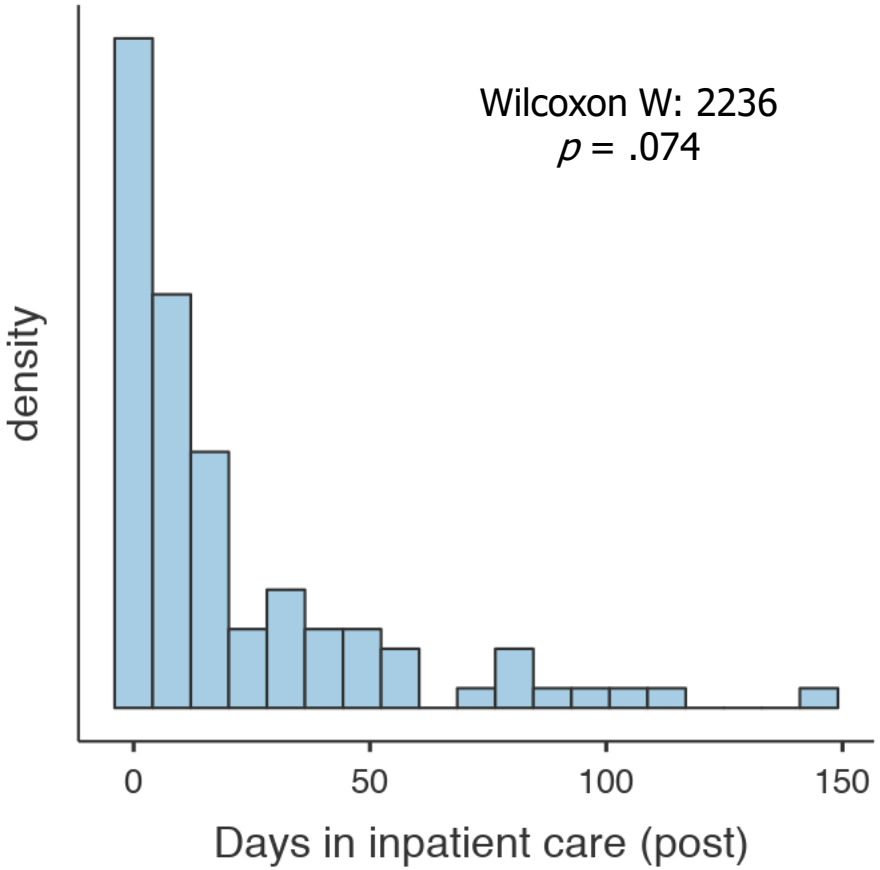


Mean: 2.43
SD: 2.86
Median: 2
N: 97

Mean: 3.95
SD: 5.17
Median: 2
N: 97

Days in inpatient care

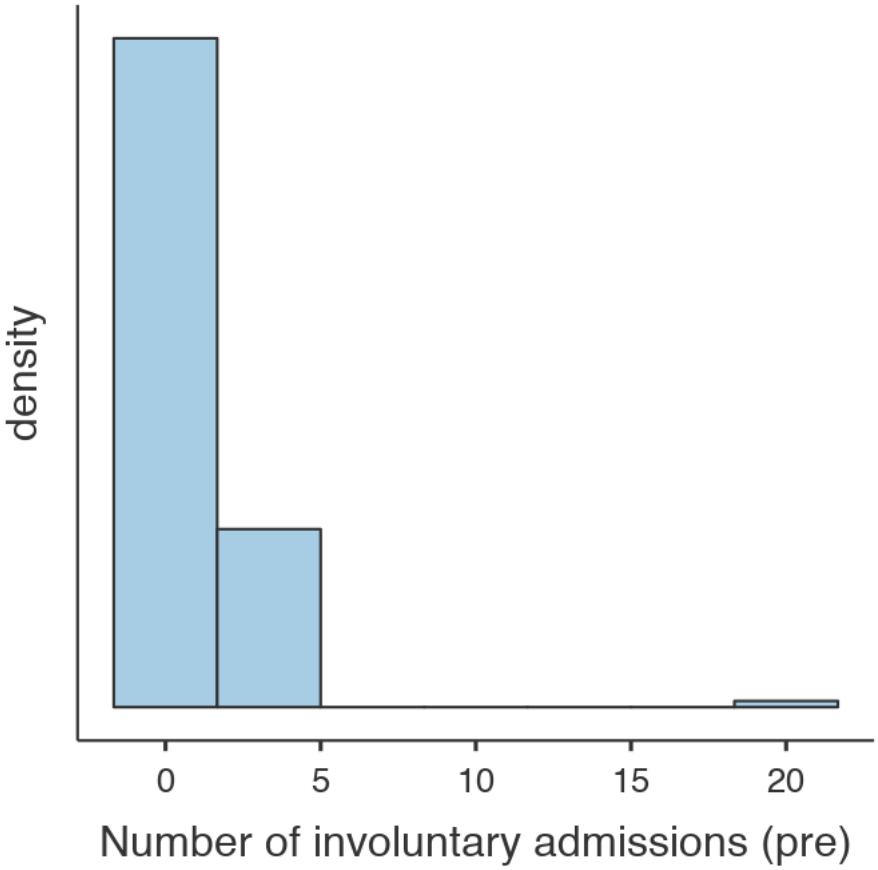


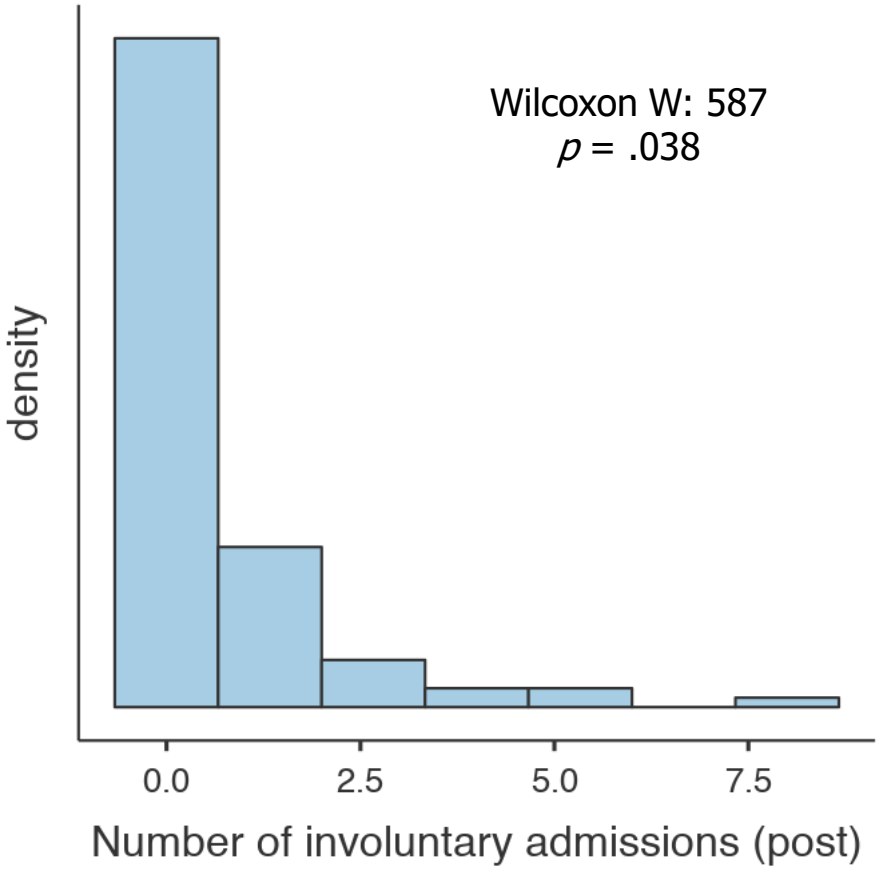


Mean: 28.46
SD: 35.05
Median: 17
N: 97

Mean: 21.27
SD: 29.14
Median: 9
N: 97

Number of involuntary admissions

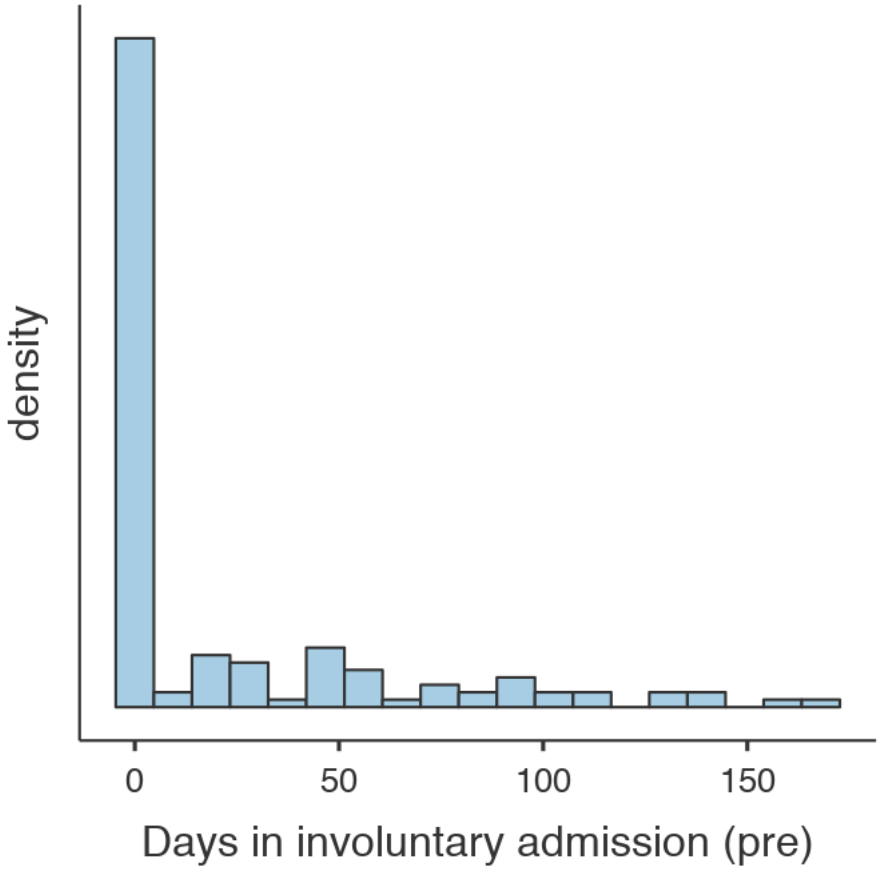


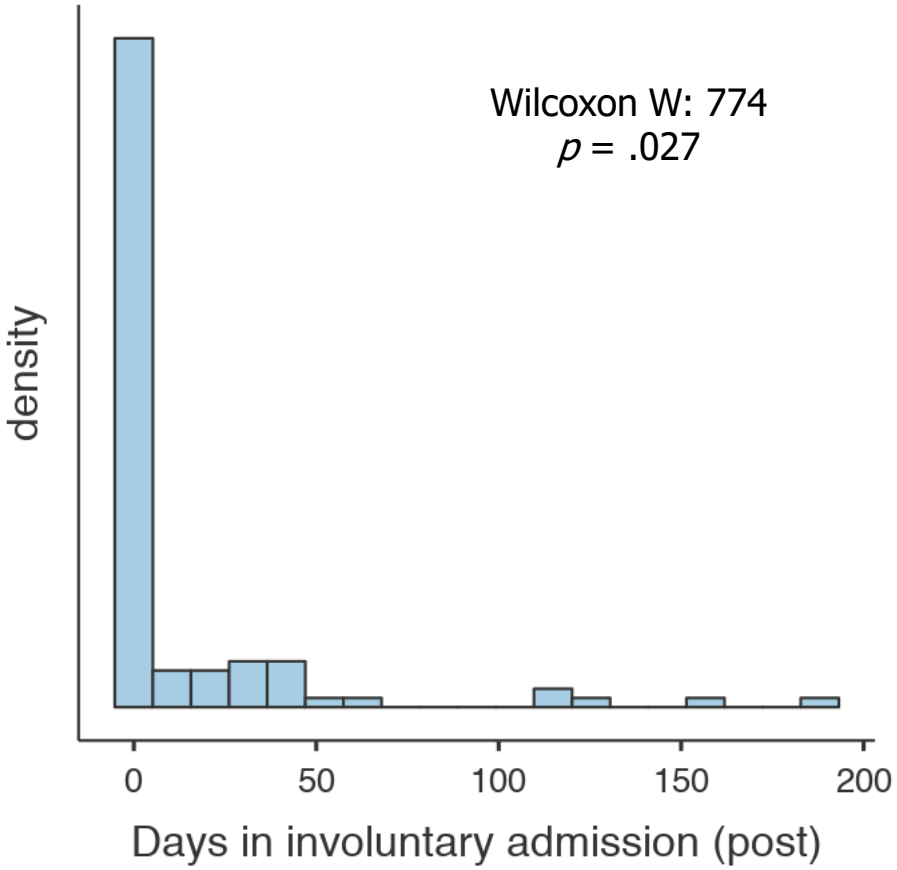


Mean: 0.96
SD: 2.29
Median: 0
N: 97

Mean: 0.66
SD: 1.38
Median: 0
N: 97

Days in involuntary admission





Mean: 23.34
SD: 39.88
Median: 0
N: 97

Mean: 13.31
SD: 32.99
Median: 0
N: 97

Limitations

Not necessarily the patients with the greatest need of inpatient care that receives the contracts

Few patients use the contract, which skews the distributions

No comparison group

Long-term follow-up is needed

Effects might be caused by another factor,
e.g., patient characteristics

Future

A similar approach is being developed for other psychiatric disorders, e.g., eating disorders

Self-report measures could be used to investigate effects on autonomy, quality of life, and well-being

A matched control group or randomization could be used to explore what drives the effects

Patient experience

Photo: Alexander Rozental

Take-home message

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Preliminary data suggest a decrease in days of both voluntary and involuntary inpatient care