

Fewer mental health patients facing delayed discharge from hospital

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Two studies a decade apart in England show fewer mental health inpatients are experiencing delayed discharge from hospital, although finding accommodation on discharge is a greater problem.

Using alternative clinical and social criteria for delayed discharge, researchers undertook a census survey and compared the results with [survey data](#) collected using the same method 10 years previously.

The first survey show a 25 per cent rate of delayed discharge while the new survey showed a rate of 14 per cent.

Most of the service users had depressive or psychotic illnesses and a similar proportion in each survey were in [hospital](#) for assessment.

However, while the earlier survey showed delays were due to finding places for rehabilitation, forensic care, respite care, or housing, the latest survey shows all delays were due to a need for onward accommodation, with frequent problems in getting patients re-housed.

Writing in the journal *Mental Health Practice*, the researchers also report that more people were staying in hospital for extended periods in the latest [survey](#).

'These results could mean that [hospital admission](#) in [mental health](#) is now seen as more directed and effective treatment, with longer duration of treatment possibly leading to fewer "revolving-door" situations,' they

say.

They add that the trouble finding appropriate housing, which is usually the responsibility of the local authority, 'may represent more pressure on housing availability or less priority being given to mental health clients and people in hospital generally'.

They also point to the potential cost this involves. Usually, if a patient is clinically ready to leave hospital but cannot do so for social service reasons, this is termed a 'delayed transfer of care' (DTOC), and the [financial responsibility](#) falls on the local authority.

"Not being able to legally use DTOC in these situations can penalise mental health wards unfairly, because they continue paying for beds in situations where acute hospital trusts would be reimbursed.'

More information: Impey, M. and Milner, E. (2013) Delayed discharge from mental health inpatient care in the UK, *Mental Health Practice*, 16, 9, 31-35.

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