

Towards the Study of the Outpatient Psychiatric Module Based on the Survey of Doctors and Patients

Belostotsky A.V.

Directorate on Coordination of Medical Organizations of the
Moscow Healthcare Department,
Moscow, Russia
info@uao.mosgorzdrav.ru

Ter-Israelyan A.Yu.

Mental Hospital No. 13 of the Moscow Healthcare
Department,
Moscow, Russia
pb13@zdrav.mos.ru

Grishina N.K.

N.A. Semashko National Research Institute of Public Health,
Moscow, Russia
otdel-77@mail.ru

Zagoruychenko A.A.

N.A. Semashko National Research Institute of Public Health,
Moscow, Russia
otdel-77@mail.ru

Evdokimova T.E.

Peoples' Friendship University of Russia,
Moscow, Russia
ms.ete2011@mail.ru

Abstract – The paper presents the results of sociological survey among doctors and patients concerning the introduction of a new outpatient psychiatric module at one of the medical mental health facilities of Moscow – Mental Hospital No. 13 of the Moscow Healthcare Department. The study utilized the following methods: analysis of the best practices, analytical, sociological, comparative analysis. The study reveals the advantages of this organizational form prior to hospital treatment (faster social adaptation of patients, reduction of treatment period, territorial accessibility, treatment similar to the one provided by a medical institution). Besides, the study defines some current problems (need to improve the interaction within divisions of a new organizational form, enhance the continuity of the outpatient module with other medical organizations, etc.).

Keywords – *inpatient replacing medical care, quality of medical care, psychiatric outpatient module*

I. INTRODUCTION

At present a socially focused model of mental healthcare is being implemented in Moscow [1, 2, 4]. One of the up-to-date sectors of mental healthcare is the development of inpatient replacing technologies into the activity of corresponding medical institutions [1, 3, 5–8].

The purpose of the study is to analyze and define some aspects of improving medical care of mental patients with the introduction a new outpatient psychiatric module (further – OPM).

The outpatient psychiatric module is a new organizational form functioning on the basis of a day-patient treatment that includes the outpatient department; intensive mental healthcare department in the conditions of a day psychiatric hospital; medical-rehabilitation department.

II. METHODS AND MATERIALS

The study utilized the following methods: analysis of the best practices, analytical, sociological, comparative analysis. The paper presents the results of sociological survey among doctors and patients concerning the introduction of a new outpatient psychiatric module within the studied period (2015–2017) taking into account nosological units and standards of care at one of the medical mental health facilities of Moscow – Mental Hospital No. 13 of the Moscow Healthcare Department.

III. RESULTS

The survey showed that the majority of respondents among doctors (83.7 %) were persons at the age of 31–59 years. The average age of inpatient doctors made 42.9, outpatient module – 41.5 years. The average total years of service of all respondents was 17.9 years and the average length of service in the profession – 15.1 years.

The medical institutions under study were inpatient facilities that act as extra stationary divisions of mental health service, which are critical for monitoring and treatment of psychiatric patients [2, 3].

The opinion of inpatient doctors and doctors of the outpatient psychiatric facility on where psychiatric patients shall be treated was studied within the conducted sociological survey.

According to inpatient doctors and doctors of the outpatient psychiatric facility, the patients with organic mental disorder, including symptomatic (MKB-10 F0X) shall mainly be treated at hospital: 85.4±3.19 % (according to inpatient), 73.8±5.63 % (according to doctors of the outpatient psychiatric facility), regarding outpatient treatment of patients

they made 14.6±3.19 % (inpatient doctors) and 26.2±5.63 % (doctors of the outpatient psychiatric facility). These numbers are caused by the fact that doctors distributed patients by divisions based on their personal experience, clinical findings, morbidity, though the given numbers do not correspond to reforming trends of mental healthcare, which focus on extra hospital forms of treatment – day hospital, intensive mental healthcare of patients with psychiatric disorders.

According to inpatient doctors and doctors of the day hospital, due to the use of psychoactive drugs (MKB-10 F1X) the patients with mental and behavioral disorders in their acute state shall be treated in a hospital: 95.9±1.78 % (opinion of inpatient doctors), 98.4±1.63 % (opinion of doctors of the outpatient psychiatric facility), in the outpatient module: 4.1±1.78 % (opinion of inpatient doctors) and 1.6±1.63 % (opinion of doctors of the outpatient psychiatric facility). The obtained data show that the condition of patients of this category is critical, which requires exclusively inpatient treatment when a patient is dangerous to himself and the people. The doctors distributed patients according to their experience, clinical findings and missed the fact that according to the Decree No. 130 of the Moscow Health Department “On the improvement of healthcare in case of mental and behavioral disorders caused by the use of psychoactive drugs” of 21.02.2018, drug-addicted patients shall be treated in narcological hospitals.

The inpatient doctors and doctors of the outpatient psychiatric facility considered it preferable to treat patients with schizophrenia, schizotypal and delusional disorders (MKB-10 F2x) in a hospital – 100.0 (opinion of inpatient doctors), 100.0 – (opinion of doctors of the outpatient psychiatric facility). The data of doctors concerning patients with schizophrenic disorders demonstrate that a new paradigm is not fully developed in psychiatry both among psychiatrists and the population.

According to data of 2017 and 2018 the patients of a hospital with the given pathology made 30.5 %, other patients were treated in the divisions of the outpatient module – outpatient department, intensive mental healthcare department, medical-rehabilitation department.

According to inpatient doctors and doctors of the outpatient psychiatric facility, the patients with acute mood disorders (affective disorders) (F3X) shall be treated in a hospital: 87.0±3.03 % (opinion of inpatient doctors), 70.5±5.84 % (opinion of doctors of the outpatient psychiatric facility) and respectively in the outpatient module: 13.0±3.03 % (opinion of inpatient doctors), 29.5±5.84 % (opinion of doctors of the outpatient psychiatric facility). In this situation the inpatient doctors and doctors of the outpatient psychiatric facility gave exact data on the distribution of patients with mood disorders, i.e. their treatment in a hospital and in the outpatient module. The probability of statistical significance makes > 95 %.

Regarding the treatment and stay of patients with neurotic disorders caused by stress and somatoform disorders (MKB-10, F4X), the doctors of the above interviewed categories gave a relatively reliable answer. Thus, they recommend treatment in a hospital: 26.0±3.96 % (opinion of inpatient doctors),

16.4±4.74 (opinion of doctors of the outpatient psychiatric facility), in the outpatient module: 74.0±3.96 % (opinion of inpatient doctors), 83.6±4.74 % (opinion of doctors of the outpatient psychiatric facility).

Neurotic patients are mainly treated in clinical outpatient department, in day hospital of the outpatient module and only 1–1.5 % in a hospital, when the case concerns the acute disease of this category of patients.

Patients with behavioral syndromes caused by physiologic impairment and physical disorders (MKB-10, F5X) are distributed by inpatient doctors and doctors of the outpatient psychiatric facility according to their clinical findings and morbidity for hospital treatment: 54.5±4.49 % (opinion of inpatient doctors), 31.1±5.93 % (opinion of doctors of the outpatient psychiatric facility) and for treatment in the outpatient module: 45.5±4.49 % (opinion of inpatient doctors) and 68.9±5.93 % (opinion of doctors of the outpatient psychiatric facility). According to this nosology, the difference of indicators between inpatient doctors and doctors of the outpatient psychiatric facility is reliable, the probability of statistical significance makes > 95 %.

When distributing patients with personality and behavioral disorders (MKB-10, F6X) the inpatient doctors and doctors of the outpatient psychiatric facility considered clinical findings of psychopathological disorders of patients, their age, their previous treatment in a hospital. The patients for treatment in a hospital were distributed as follows: 65.0±4.30 % (opinion of inpatient doctors), 54.1±6.38 % (opinion of doctors of the outpatient psychiatric facility) and for treatment in the outpatient module: 35.0±4.30 % (opinion of inpatient doctors), 45.9±6.38 % (opinion of doctors of the outpatient psychiatric facility).

Patients with mental retardation (MKB-10, F7X) were distributed by inpatient doctors and doctors of the outpatient psychiatric facility according to past experience, without considering a current situation, treatment of patients in hospital-replacing divisions, specifics of psychopathological history of a disease, reasons for hospitalization. Thus, such patients shall be treated in a hospital: 42.7±4.50 % (opinion of inpatient doctors) and 55.7±6.30 % (opinion of doctors of the outpatient psychiatric facility), in the outpatient module: 52.8±4.50 % (opinion of inpatient doctors), 44.3±6.36 % (opinion of doctors of the outpatient psychiatric facility).

This group of patients gets to hospital for assessment of disability, reissue of lost documents, and rarely for military inspection. Other mentally retarded patients are treated on the outpatient basis, in a day hospital, in medical-rehabilitation department.

Patients with acute disorders of psychological (mental) development (MKB-10, F8X) are mainly children and teenagers. According to the results of the survey of inpatient doctors and doctors of the outpatient psychiatric facility – Mental Hospital No. 13 of the Moscow Healthcare Department, the acute patients shall be treated in a hospital: 35.8±4.32 % (opinion of inpatient doctors), 31.1±5.93 % (opinion of doctors of the outpatient psychiatric facility). The figures show that the doctors of both groups treated patients of

this nosology with acute and lingering course of disease. The outpatient treatment was recommended to 64.2±4.32 % (inpatient doctors), 68.9±5.93 % (doctors of the out-patient module).

Patients with acute emotional and behavioral disorders (MKB-10, F9X) were distributed by inpatient doctors and doctors of the outpatient psychiatric facility for treatment in a hospital: 49.6±4.51 % (opinion of inpatient doctors), 52.5±6.39 % (opinion of doctors of the outpatient psychiatric facility), for treatment in the outpatient module: 50.4±4.51 % (opinion of inpatient doctors), 47.5±6.39 % (opinion of doctors of the outpatient psychiatric facility). In this case, the opinion of inpatient doctors and doctors of the outpatient psychiatric facility makes it possible to conclude that in the distribution of patients the doctors only relied on their experience, previous mental health service, not always considering statistical data, mental healthcare reforms and a new paradigm in psychiatry.

Patients with organic mental disorders, including symptomatic (MKB-10, F0X), are particularly important. According to inpatient doctors and doctors of the outpatient psychiatric facility, the patients with this pathology shall be treated in a psychiatric hospital: 42.3±4.45 % (opinion of inpatient doctors), 18.0±4.92 % (opinion of doctors of the outpatient psychiatric facility), in the outpatient module: 57.7±4.45 % (opinion of inpatient doctors), 82.0±4.92 % (opinion of doctors of the outpatient psychiatric facility). The given distribution of patients is relatively close to a real situation, the probability of statistical significance makes > 95 % between inpatient doctors and doctors of the outpatient psychiatric facility.

According to inpatient doctors and doctors of the outpatient psychiatric facility, the figures for patients with mental and behavioral disorders caused by the use of psychoactive drugs (MKB-10, F1X) are quite high regarding their stay in a hospital: 72.4±4.03 % (opinion of inpatient doctors), 60.7±6.25 % (opinion of doctors of the outpatient psychiatric facility). Such high indicators are given by doctors of both interviewed groups. This is caused by the fact that the above patients were earlier treated in a psychiatric hospital and made over 30 % of all patients though such patients were kept in a non-profile psychiatric hospital. Since 21.02.2018 in compliance with the Decree No. 130 of the Moscow Health Department "On the improvement of healthcare in case of mental and behavioral disorders caused by the use of psychoactive drugs" such patients shall be treated in narcological medical institutions. Despite this fact, doctors of both interviewed groups distributed patients with narcological pathology in a psychiatric hospital and extra hospital psychiatric divisions, outpatient module.

Patients with schizophrenia and schizotypal disorders (MKB-10, F2X) were presented for treatment in a hospital by inpatient doctors and doctors of the outpatient psychiatric facility as follows: 68.3±4.20 % (opinion of inpatient doctors), 63.9±6.15 % (opinion of doctors of the outpatient psychiatric facility), for treatment in the outpatient module: 31.7±4.20 % (opinion of inpatient doctors), 36.1±6.15 % (opinion of doctors of the outpatient psychiatric facility).

In subacute state the patients with schizophrenic disorders are mainly treated in extra stationary conditions of new structural divisions – by experts of the round-the-clock mental facilities with the assistance of non-medical experts – psychologists and social workers, in intensive mental healthcare department, in a day psychiatric hospital, in outpatient local service of the module. Patients resistant to performed therapy get to a hospital in 0.5–1.0 % of cases.

There are some differences in the distribution of patients with mood disorders (affective disorders) (MKB-10, F3X) by inpatient doctors and doctors of the outpatient psychiatric facility. Doctors recommend hospital treatment of patients with this nosology d: 39.0±4.40 % (opinion of inpatient doctors), 27.9±5.74 % (opinion of doctors of the outpatient psychiatric facility), treatment in the outpatient division (module): 61.0±4.40 % (opinion of inpatient doctors), 72.1±5.74 % (opinion of doctors of the outpatient psychiatric facility).

Patients with subacute neurotic disorders caused by stress and somatoform disorders (MKB-10, F4X) were distributed as follows: treatment in a hospital: 5.7±2.9 % (opinion of inpatient doctors), 8.2±3.51 % (opinion of doctors of the outpatient psychiatric facility), treatment in the outpatient module: 94.3±2.09 % (opinion of inpatient doctors), 91.8±3.51 % (opinion of doctors of the outpatient psychiatric facility). The given indicators confirm the treatment of patients with subacute neurologic pathology out of hospital – out-patient local service, in a day hospital, in medical-rehabilitation division of the out-patient module.

According to inpatient doctors and doctors of the outpatient psychiatric facility, the patients with behavioral disorders caused by physiologic impairment and physical dysfunctions (MKB-10F 5X) were distributed based on their clinical findings, course of a disease and the past experience. Patients may be treated in a hospital: 21.1±3.68 % (opinion of inpatient doctors), 9.8±3.81 % (opinion of doctors of the outpatient psychiatric facility), in the outpatient module: 90.2±3.81 % (opinion of doctors of the outpatient psychiatric facility) are treated 78.9±3.68 % (opinion of inpatient doctors). The probability of statistical significance makes > 95 %.

Patients with subacute personality disorders (MKB-10, F6X) were distributed by inpatient doctors and doctors of the outpatient psychiatric facility for treatment in a hospital: 26.8±4.00 (opinion of inpatient doctors), 14.8±4.54 % (opinion of doctors of the outpatient psychiatric facility), for treatment in the outpatient module: 73.2±4.00 % (opinion of inpatient doctors), 85.2±4.54 % (opinion of doctors of the outpatient psychiatric facility). The vector of mental health treatment of patients with personality disorders was shifted towards an outpatient division, which is partially caused by a new paradigm of mental healthcare, new forms of hospital-replacing treatment in the psychiatric module.

Patients are observed and treated based on pre-clinical setting. They receive medical treatment in a day hospital, intensive mental healthcare department, medical-rehabilitation department and other divisions of the outpatient module. Single patients are treated in a hospital at different levels, but

remain dangerous for themselves and the people. Their number makes 0.2–0.3 %.

According to inpatient doctors and doctors of the outpatient psychiatric facility, mentally retarded patients (MKB-10, F7X) in subacute state can receive help in a hospital: 17.1±3.39 % (opinion of inpatient doctors), 23.0±5.38 % (opinion of doctors of the outpatient psychiatric facility) and in the outpatient module: 82.9±3.39 % (opinion of inpatient doctors), 77.0±5.38 % (opinion of doctors of the outpatient psychiatric facility). The distribution of patients for hospital treatment was quite high and was made by doctors of both interviewed groups based on personal experience when the domestic psychiatry was more focused on the treatment of patients in a hospital.

The distribution of patients with disorders of psychological (mental) development (MKB-10, F8X) is presented by doctors of both groups for hospital treatment: 35.8±4.32 % (opinion of inpatient doctors), 31.1±5.93 % (opinion of doctors of the outpatient psychiatric facility), for treatment in the outpatient module: 64.2±4.32 % (opinion of inpatient doctors), 68.9±5.93 % (opinion of doctors of the outpatient psychiatric facility). The distribution was made against a stereotyped pattern relying on past experience. Clinical findings of patients, reasons for hospitalization, time of treatment in a hospital were not taken into account.

Children and teenagers with subacute emotional and behavioral disorders (MKB-10 F9X) were distributed by the respondents for treatment in a hospital as follows: 21.1±3.68 % (opinion of inpatient doctors), 19.7±5.09 % (opinion of doctors of the outpatient psychiatric facility), for treatment in structural divisions of the outpatient module: 78.9±3.68 % (opinion of inpatient doctors), 80.3±5.09 % (opinion of doctors of the outpatient psychiatric facility). The figures confirm that at present the doctors of both categories of respondents did not completely reshape their focus towards a new paradigm in psychiatry and involvement of newly established extra hospital structures into mental healthcare services to the population.

Besides, the study also covered the opinion of respondents regarding the reforms in primary healthcare of patients with mental disorders, qualities of organization and delivery of healthcare services on the basis of the outpatient psychiatric module.

The majority of respondents (95 %) shared the same opinion on the improvement of primary healthcare of such patients in modern conditions.

According to them, this organizational form (outpatient psychiatric module) shall be created on the basis of an outpatient psychiatric facility. At the same time, one third of respondents (39.0 per 100 respondents among inpatient doctors and 27.9 – among doctors of the outpatient psychiatric facility) believes that the outpatient module shall function on the basis of a psychiatric hospital and 18.7 and 8.2 respectively – on the basis of municipal polyclinic.

The answers of doctors concerning the optimum place for the department of intensive mental healthcare were distributed as follows: irrespective of the place of work 44.6 % of

respondents consider that it shall function on the basis of a day hospital within the outpatient module; 21.7 % – consider it wrong, and a relatively big share of doctors were not sure with the answer (33.7 %).

Among the most critical factors of patients' treatment within the outpatient module the respondents of both groups identified the following: relatively high social adaptation of a patient in comparison with hospital treatment (80.4 per 100 respondents), territorial availability (73.9), decrease in the number of rehospitalization cases (42.4) and reduction of terms of treatment (35.9), which undoubtedly decreases a certain economic effect. Besides, according to doctors it is important to deliver the same services to a patient in the outpatient module as in a hospital (25.5), faster reduction of psychiatric symptomatology in comparison with hospital treatment (8.7).

It shall be noted that at the time of the survey the majority of respondents of both groups (46.3 % of inpatient doctors and 36.1 % of doctors of the outpatient psychiatric facility) found it difficult to express their attitude and to assess the degree of satisfaction with the continuity of the out-patient module with other medical organizations rendering mental health services, which is most likely caused by a small functioning period of this organizational form. At the same time among the interviewed doctors of the outpatient psychiatric facility 50.8 % were satisfied with this section of work.

The study was focused on the opinion of doctors of a psychiatric clinic on the performance of the outpatient module divisions. The received results show relatively high satisfaction of respondents with the quality of the local outpatient psychologist's office (4.7 points on a scale from one to five), front desk personnel (4.6). There is a need for the corresponding changes in medical-rehabilitated department, intensive mental healthcare department (4.1), physiotherapeutic office (3.7).

Besides, there is a need to adopt purposeful managerial solution to improve the interaction between divisions of a new organizational form (outpatient module) since at the time of the survey only a half of respondents (55.7 %) were satisfied with the matter, 21.3 % expressed dissatisfaction, and 23.0 % found it difficult to answer.

The answers of respondents concerning the satisfaction with the continuity of the outpatient module with other medical organizations rendering mental health services were distributed in a similar manner: 50.8 % – satisfied, 16.4 % – not satisfied and a relatively big share of doctors (32.8 %) found it difficult to answer.

As a result, concerning the improvement of the quality of organization and delivery of healthcare on the basis of the outpatient module the doctors suggested the following: further improvement of the continuity in work with local psychiatric hospitals, improvement of pharmacological support and organization of rehabilitation work, in particular, involvement of relatives.

The study also included the sociological survey of patients that underwent treatment in a day hospital on the basis of a

psychiatric clinic (outpatient module). In total, 311 respondents took part in the survey.

The respondents were distributed as follows: patients under 30 years old – 15.0 %, at the age of 31–59 – 58.5 %, 60 years and above – 26.5 %; most of them (73.5 %) were unemployed (33.9 %), persons limited in working capacity – 20.3 % and temporarily unemployed – 19.3 %. Employees of institutions of various forms of ownership (on 5.5 %) and students (3.2 %) also participated in the study.

The results of the survey demonstrate that almost for a half of patients (44.6 per 100 respondents) consider the following the most important factors of receiving medical care in a day hospital (outpatient module): promptness of healthcare or lack of long waiting period (35.3), advertence of medical staff (33.7), territorial availability of a medical institution (29.8) and highly qualified doctors (29.2). Then, in order of importance are such factors as: smaller mental traumatization in comparison with a hospital (22.4), proximity to social and public life (17.9).

It was revealed that the level of services is not a priority in a day hospital. Only 4.2 per 100 respondents highlighted the importance of this factor.

At the same time, nearly 30.0 % of respondents were not fully satisfied with the comfort of stay in a day hospital and 7.1 % were not satisfied at all.

Among all respondents 59.8 % underwent rehabilitation in medical-rehabilitation department of the outpatient module upon appointment of a psychiatrist. Most of them (73.9 %) were satisfied with the quality of this department.

It is revealed that 78.3 % of respondents were satisfied with medical care provided to them in a day hospital (outpatient module), 18.3 % were not fully satisfied and 3.4 % remained unsatisfied ($p < 0.05$).

The survey showed that for the majority of patients of the outpatient module (60.1 %) it is important to obtain information on medical services rendered in this division, 13.3 % of respondents are interesting medical opportunities only concerning their disease.

The following was suggested to improve the quality of medical care on the basis of the outpatient module: extension of space for the outpatient module and the corresponding repair works, improvement of drug and equipment provision, increase of availability of medical care and availability of rehabilitation measures, adequate personnel policy (involvement of highly qualified specialists, training of doctors, etc.).

IV. CONCLUSION

Thus, the survey demonstrates the following results:

- doctors of a hospital and doctors of a psychiatric clinic of the module do not fully accept a new paradigm of

mental health services, partially implement the routing of patients, do not fully use the opportunities and services of new hospital-replacing forms of mental healthcare, in the same way, due to earlier gained experience continuing to send patients directly to a hospital, the mechanism of continuity of structural divisions of stationary and hospital-replacing mental health service of the Mental Hospital No. 13 of the Moscow Healthcare Department is not fully fulfilled;

- doctors of a hospital and doctors of a psychiatric clinic are still insufficiently informed on a new organizational form (outpatient module) thus requiring the corresponding explanatory work;
- despite relatively short period of this organizational form both doctors and patients (their relatives) note its advantages compared to hospital treatment (faster social adaptation of patients, reduction of terms of treatment, territorial availability, treatment similar to that provided in a medical institution, etc.);
- at the same time there is a need to improve the interaction between divisions of a new organizational form, improve the continuity of the outpatient module with other medical organizations;
- it is advisable to monitor the study of opinion of suppliers and consumers of medical services rendered on the basis of the outpatient module to improve the information support regarding its activity.

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