

# Social Realities And Community Psychiatry

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## Treating suicidal patients in an acute psychiatric day hospital: A challenge to assumptions about risk and overnight care

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### Abstract

**Background:** It is widely assumed that suicidal patients need to be treated in an overnight facility.  
**Aim:** To test this assumption using quantitative and qualitative findings from a study of suicidal patients treated in a day hospital versus overnight care.  
**Method:** Patients admitted to psychiatric wards were randomly allocated to a day hospital (141 patient) or conventional inpatient treatment (65 patients). Analysis of co-variance was used to test the hypothesis that patients with high suicidal ideation, particularly when living alone, would have less reduction in symptoms at the end of treatment period and following discharge, and higher readmission rates when treated in a day hospital as compared to an inpatient ward. In addition, descriptive case-by-case data were explored.  
**Results:** Patients with high level of suicidal ideation, regardless of whether they lived alone, showed greater symptom reduction during a day hospital treatment. However this effect did not persist 3 or 12 months following discharge. However there was no significant difference in terms of days spent in readmissions after discharge. Two suicides occurred within the study period, one from each treatment group.  
**Conclusion:** Our findings challenge the assumptions that overnight care is necessarily the best treatment option for acutely suicidal patients.

**Keywords:** Mental health, risk, suicide, inpatient wards, day hospital

### Introduction

How should acutely mentally ill patients with suicidal ideation be treated? Despite recent critical reports on the safety and pleasantness of acute psychiatric inpatient wards (Kings Fund, 2003; Mind, 2004), there is an enduring assumption that the environment of an overnight ward is the best way to protect and monitor highly suicidal patients. This assumption is reflected in the recommendations of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (Department of Health, 2001). Their recommendations for reducing the number of inpatient suicides (which represent 16% of the suicides by people in contact with mental health services) included removing ligature points, ensuring there are no gaps in one-to-one observation and more careful consideration of whether to give high-risk patients time off the ward. These recommendations are focused on increasing "safety" of the physical environment but do not question the general concept of the inpatient ward itself as an appropriate treatment option.

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Social realities and community psychiatry. Front Cover. Henry Warren Dunham. Human Sciences Press, - Medical - pages. Available in the National Library of Australia collection. Author: Dunham, H. Warren (Henry Warren), ; Format: Book; p. 22 cm. This book presents the basic theoretical and historical concepts and it describes current perspectives and data, focusing on good practices in community. The current socioeconomic crisis in Europe brings with it new realities in mental health systems. New forms of social suffering are forcing the community mental health problems. will be greatly helped by increasing funding in that sector. However, the reality is that no meaningful, substantial social. Social psychiatry is the study of: (1) social factors associated with the onset, course psychiatry, social work, nursing, family therapy, and community counseling. After three years, a number of myths and realities about online clinical work. field of community psychiatry a focus on psychiatric patients as members of a Dunham, H. W. Social Realities and Community Psychiatry. New York. Social and Community Psychiatry: Towards a Critical, Patient-Oriented The current socioeconomic crisis in Europe brings with it new realities in mental health. UNC Center for Excellence in Community Mental Health including: the UNC Schools of Public Health, Social Work, and Pharmacy; the UNC Department of community mental health problems will be greatly helped by increasing funding in that sector. However, the reality is that no meaningful, substantial social. The seminal Stirling County study [1] took social psychiatry to a .. empowerment and the objective reality of empowered community structures. ["Mental Health in the General Population: images and realities (MHGP)": Rising awareness about Mental Health issues among various social groups: social the development of Community Psychiatry, following WHO main Guidelines. Current developments in the social, community, and public health aspects of in principle of certain community psychiatry functions as part of child psychiatry. In fact .. cility with group process, and in awareness of social realities. Reference here is focused on the effects of four new social values on psychiatric practice: first, the value of integrate mental hospitals with the community; second, the application of the value . objective situation in life and develop a sense of reality . The development of the ideology of community mental health (CMH) as the raison d'etre of a new mental Social Realities and Community. Psychiatry.

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