

Opening new ways: Model of care for severe mental disorders in the Brief Hospitalization Unit at Complejo Asistencial Benito Menni

Raúl Huerta-Ramírez, Almudena Molina-Serrano, Adrián Capllonch-Carrión, Isabel Sarrado-García, Brigitte Mozota-García, Patricia Nieva-Tejado, Lorena Blázquez-Gragera, Paula Danciu, Zoila Almeyda

Brief Hospitalization Unit. Complejo Asistencial Benito Menni. Hermanas Hospitalarias. Ciempozuelos, Madrid, Spain

Correspondence author: rhuerta@hospitalariasmadrid.org

Introduction:

Assistance for severe mental disorders in Brief Hospitalization Units usually tends to focus on its symptomatic stabilization by essentially pharmacological strategies. However, there are a lot of patients in whom the severity of the disorder is manifested at a functional rather than a symptomatic level, and history of traumatic life events precipitating the disorder that led to the hospitalization is commonly presented.

Therefore, there is a growing literature about the importance of functional rehabilitation in acute psychiatric patients, being one of the World Health Organization objectives for mental health improvement along last years.

Objective:

To present the model of comprehensive care for severe mental disorders applied in Brief Hospitalization Unit (BHU) at Complejo Asistencial Benito Menni (Ciempozuelos, Madrid, Spain).

Methodology:

The assistance protocol for the service, as well as future lines of work in it, is presented. Two cases dealing with such care model are discussed.

Results:

The BHU care strategy is based on an integrated approach to patient problems beyond the merely symptomatic, examining also the functional and psychosocial elements affecting patient's mental health. Specific evaluation strategies of both the patient's functional status (according to the paradigm of the World Health Organization), and the presence of traumatic events in the past to allow an implementation of the treatments currently applied, are designed.

Along the first stage of the income, patients are evaluated by psychiatrists, nurses and an occupational therapist. This evaluation consists not merely in the usual clinical interview, but also in evaluation of functional areas. In the next future, 12-items World Health Organization Disability Assessment Scale (WHO-DAS 12), an standardized tool for functional evaluation, will be added in the first evaluation of patients. Specific questioning about traumatic life events is also included in the global evaluation.

With this information, the clinical team elaborates a therapeutic individual plan, that is implemented in the second stage of the income. In this stage, pharmacological, psychotherapeutic and occupational strategies are employed. Specific psychotherapeutic strategies as group therapy are employed to establish a healthy interpersonal link, as with other patients as with the staff. Weekly reviews of the therapeutic plan are made in order to reevaluate and improve the therapeutic strategies used with every patient, in coordination with community mental health and rehabilitation services, until the discharge of patients.

Case reports:

X. was a 24-year-old man who suffered Schizophrenia, being income at BHU because of a psychotic episode with bizarre delusional and hallucinatory experiences, which had a defensive role from his deficiency previous attachment. Psychotic symptoms were associated with a growing functional impairment, being isolated and anxious by his fear of being damaged or persecuted. With use of Clozapine and cognitive psychotherapy, X. improved about intensity of the psychotic experiences. This improvement was implemented with exploration of his healthy interests (music) and training in their development, using the town resources, and not only the mental health services for that. This strategy let a better normalization of the patient's ordinary life, improving the therapeutic effects of the pharmacological and psychotherapeutic approaches. Finally, his clinical and functional improvement was enough for his discharge and for returning to ambulatory treatment.

Y. was a 43-year-old schizophrenic woman with poor response to neuroleptic treatment. She was income because of a psychotic episode, showing a growing functional deterioration along the last years that diffculted her social relations, being these almost non-existent. Different psychopharmacological strategies just let a moderate improvement of symptomatology, being the social rehabilitation implemented at BHU what let her "train" her social abilities in community resources. Finally, her functional improvement let her discharge, although positive symptoms were yet active.

Discussion:

The model of care applied in the service and its proposals for future actions are related to the global trends of psychiatric assistance from public health protocols, also in parallel with current trends in other European countries, thus facilitating mental health recovery and greater satisfaction for patient.

In the next future, specific tools for evaluation of traumatic life events (as Dissociative Experience Scale; DES) will be included in the routine evaluation, as also family psychoeducative interventions.

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