

## **Psychiatric wards in general hospitals – the opinions of psychiatrists employed there**

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### **Summary**

**Introduction.** The world literature is reporting economic destabilisation of psychiatric wards in general hospitals related to the new rules of financing (managed care).

**Aim.** The aim of this paper is to analyse the literature on psychiatric wards in general hospitals, and to know the opinions of psychiatrists employed in these wards in Poland regarding organisational model and the stability of these wards.

**Method.** The 18-items Likert-type questionnaire was sent to 83 psychiatric wards in Poland and published on the website [psychiatria.pl](http://psychiatria.pl).

**Results.** 50 psychiatrists from psychiatric wards in general hospitals in 11 provinces had responded. The prevailing number of respondents positively assessed: the organisational model of the ward, implications for therapy arising from its location in the general hospital and the relationships with colleges of other specialties. However, they assessed negatively: the working conditions, stability of employment, the mode of treating the psychiatrists by the management of the hospital, and the interest of the authorities in these wards. The majority of respondents (72%) prefer to work in integrated stationary/ambulatory services, and postulates (86% of respondents) that the psychiatric wards in general hospitals should be guaranteed permanent status in the mental health system.

**Conclusions.** The psychiatrists employed in the psychiatric wards in general hospitals in Poland evaluate this organisational model positively. However, the destabilisation of economic foundations of these wards reported in the world literature was also reflected in the results of a survey conducted in Poland. There is a need to develop standards for the organisation and financing departments of psychiatry in general hospitals providing them stable status in the healthcare system in Poland.

**Key words:** general hospital, psychiatry, opinions of the psychiatrists

## Introduction

The first mention of designating beds in a general hospital for patients with mental disorders emerged in England and the United States in the first half of the 18<sup>th</sup> century. However, throughout the 19<sup>th</sup> century psychiatry developed primarily in large psychiatric hospitals constituting place of dwelling in isolation for mentally ill people [1]. The first organisationally distinguished psychiatric division in a general hospital in the United States was a 12-bed unit established by James Mosher at Albany General Hospital in New York. Up to 1930, 153 such units had been established, inter alia through targeted subsidies of Rockefeller's foundation [2]. Simultaneously, regardless of psychiatric in-patient units in general hospitals, Consultation Teams were established. They contributed to emerging of consultation-liaison psychiatry (psychiatry of relationships with mainstream medicine – liaison psychiatry), as a separate clinical discipline dealing with people who in the course of somatic disorders or following surgery develop mental disorders – hallucinations, psychoses, depression, stress-related disorders as well as those with comorbid somatic disorders and addictions or mental illnesses [3]. Psychiatry departments in general hospitals initially served mainly this type of patients [1].

However, since the middle of the 20<sup>th</sup> century due to the reform of psychiatry and the implementation of a model of community psychiatry, psychiatric units in general hospitals increasingly accepted patients discharged from large psychiatric hospitals. To ensure the post-hospital treatment, daily psychiatric units and outpatient home treatment programmes launched to be established in the setting of a general hospital. District general hospitals with psychiatric departments began to be treated as an essential part of the local system of psychiatric community care, pivotal to the reform of psychiatry [1]. Mentally ill patients treated in general hospitals have the same status as somatic patients and are less stigmatised than patients isolated in large psychiatric hospitals. District general hospitals with psychiatric department appear to have optimal conditions for the integrated treatment of mental and somatic disorders with a balanced participation of stationary and community services.

Psychiatry practiced in general hospitals (consultation and liaison psychiatry) made a specific contribution to psychosomatic medicine, drawing inspirations from the Adolf Meyer's psychobiological concepts, Selye and Cannon's theory of stress and homeostasis, as so from psychoanalytical theories, behaviourism and cognitive concepts. In recent years, advances of neuropsychology, neuroimmunology, neurogenetics, neuroendocrinology and psychopharmacology have revealed new areas of relationships between psychiatry and other medical disciplines pointing to the need for locating psychiatry in the setting of general hospitals [1]. Besides general psychiatric departments, consultation teams, outpatient care units, specialised units are established in hospitals: med-psych units, child and adolescent, geriatric psychiatric, psychotherapeutic, addiction treatment, eating disorders, affective disorders and stress-related disorders units.

In Germany between 1970 and 2003, the number of psychiatry wards in general hospitals increased from 21 to 160. They serve function as general psychiatric or

psychotherapeutic wards for patients with psychosomatic neurotic and personality disorders. Except for specialisation in psychiatry, a distinct specialisation in psychosomatic medicine exists in this country [4, 5].

In the Netherlands, following the development period (years 1970–1990), a drastic reduction in psychiatry wards in general hospitals (from 87 in 1998 to 38 in 2006) occurred. This was a result of the Act (1993) which has assigned these wards to Regional Mental Health Centres. Only the efforts of the Dutch Federation of General Hospital Psychiatry led in 2004 to the desired legislative changes. The method of financing psychiatric departments was also reformed then creating so-called “diagnostic and therapeutic units of account” [6].

In Italy, the reform in 1978 resulted in liquidation of psychiatric hospitals. Inpatient treatment occurs only in small (up to 16 beds) wards of general hospitals. Approximately 320 such units provide an average of 1 bed per 10 thousand inhabitants [7].

Planned development of psychiatric departments in general hospitals is observed in the countries of Asia and South America where they are perceived as a substantial component of the development of mental healthcare system in the country [8–10].

In Poland, the first psychiatric units in general hospitals were established during the partitions (late 19<sup>th</sup> and early 20<sup>th</sup> century), among others at Ujazdow Hospital, “Na Czystem” Hospital (Orthodox Hospital) in Warsaw and in Vilnius at the “Sawicz” Hospital. After the collapse of the whole health system in Poland due to double occupation and World War II, intensive development of psychiatric departments in general hospitals followed. Between 1970 and 1990, their number increased from 21 to 60 and in 2009 to 82 [11]. In 2011 in the setting of 96 hospitals other than psychiatric in Poland there were 5.9 thousand beds for people with mental disorders [12].

In the 70s it was emphasised that these wards are not only convenient for the patient and family, but also cheaper due to reductions in the cost of transport [13]

Nevertheless, the turn of the 80s and the 90s brings in the world and in Poland a growing threat to the economic foundations of the functioning of psychiatric departments in general hospitals. It is connected with changes in the system of financing medical services including psychiatry [1, 14]. The dominant trend is the desire to reduce costs and increase the efficiency of services by the appropriate selection and rationing in the system of contracts between the payer and the healthcare provider (managed care) in which the beneficiary is subject to strict qualifying criteria for eligibility for medical service. In this situation, financing of certain psychiatric departments in general hospitals does not cover their real costs [15, 16]. In addition, the requirements of the accounting system do not comply with the specificity of integrated psycho-medical services which can lead to a reduction in the quality for financial reasons, and even the liquidation of psychiatric departments which prove to be not cost-effective for hospitals. This situation makes the future of psychiatric departments in general hospitals uncertain both in the world and in Poland.

In Poland established departments in general hospitals include: general psychiatric wards, child and adolescent, psycho-medical, detoxification and addiction treatment. They are very diverse in size: from 100–150 beds (in several subunits) to small single units comprising approximately 20–30 beds. The underestimation of the costs of these

departments is related to, among others, a large treatment cost encumbrance for comorbid somatic diseases, which are not considered in the price of the sole account unit that is person-day [16]. These wards also face organisational difficulties arising from not considering the specific nature of their work in some adopted legal and organisational solutions (e.g. regarding admissions, documenting direct coercion). The issues were raised at the first national conference of heads/coordinators of psychiatric departments in general hospitals in Warsaw in 2013. Within the preparations for the conference, a survey was conducted among doctors employed in psychiatric wards in general hospitals in Poland.

### **Aim**

The aim of the study was to investigate the opinion of doctors employed in psychiatric wards in general hospitals in Poland regarding the organisational model of psychiatric services in which they work, and the stability and prospects for further functioning of the psychiatric department and the mental health services in their hospital.

### **Method**

The study used a survey created for this purpose. The survey was posted onto the *psychiatria.pl* web portal, in its section dedicated to the medical staff. In addition, the heads of 83 psychiatric wards located in general hospitals in Poland were informed by letter about the survey. The questionnaire consisted of a detailed part comprising 18 closed questions, to which the participants responded selecting 1 out of 5 answers on a Likert-type scale – from strongly positive to strongly negative. The recommended duration of filling the survey was 20–25 minutes, it was not controlled.

### **Results**

The survey was replied by 50 doctors, of whom 49 are currently working in the department of psychiatry in a general hospital, and one has had a period of work in the ward. They represented 11 out of the 16 voivodeships in Poland: Mazovian (15 people), Silesian (10 people), Lesser Poland (6 people), Podlaskie (5 people), West Pomeranian (4 people), Subcarpathian (3 people), Greater Poland and Lodz (2 people), Warmian-Masurian, Kuyavian-Pomeranian and Lublin – one person each. From five voivodeships – Lower Silesia, Opole, Pomeranian, Świętokrzyskie and Lubusz – there were no respondents. Responses to 18 questions were analysed in five thematic groups discussed below.

#### **1. The evaluation of the organisational model of psychiatric department in a general hospital**

This issue is discussed in 3 questions (Figure 1):

- How do you assess the organisational model in which you work? (question 1);
- Do you think the implications arising from the department location in a general hospital are beneficial for the selection of psychiatric therapy? (question 16);

- Do you think that in our country departments such as the one in which you work should have permanent place guaranteed in the system? (question 7).

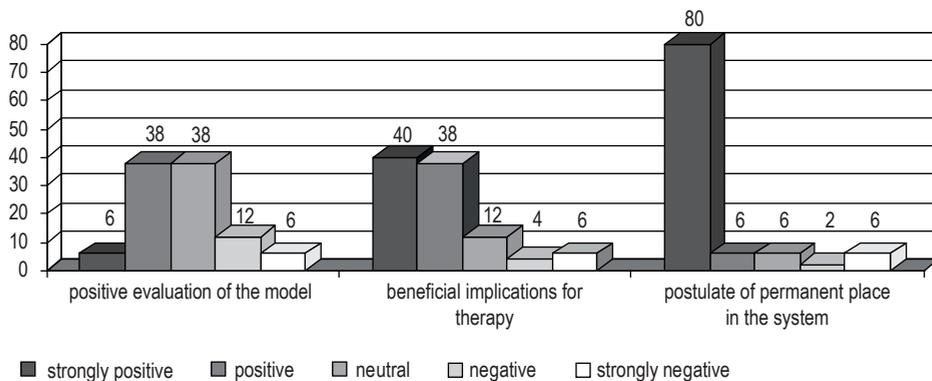


Figure 1. Evaluation of the organisational model of psychiatric department in a general hospital

The majority of doctors employed in psychiatric wards in general hospitals positively assessed the organisational model of work – 44% of positive assessments, compared with 38% of neutral and 18% of negative evaluation. Even more respondents expressed opinions that the location of the ward in a general hospital gives beneficial implications for the choice of methods of treatment of mental disorders (78%), while 12% of the respondents were neutral on this issue, and only 10% felt that the location of the ward in a general hospital or other is irrelevant to the choice of the therapy method. The highest percentage, 86% of the respondents, expressed the opinion that the psychiatric wards in general hospitals such as those in which they work should be guaranteed permanent place in the mental healthcare system in Poland. 8% of the respondents expressed opposing opinion, and only 6% were neutral.

## 2. Evaluation of the working conditions of a psychiatrist in a general hospital

The working conditions of a psychiatrist in a general hospital were evaluated based on 4 questions (Figure 2 and 3) regarding: a subjective assessment of the relationships with physicians of other specialties and equal treatment by the management, as well as a sense of “personal high labour costs” and the desire to change the work setting. The questions were:

- How would you evaluate your contacts with physicians of other specialties working in the same hospital? (question 2);
- Do you feel as a doctor and a hospital employee treated equally by the management of the hospital? (question 3);
- Do you think that a psychiatrist working in the department such as the one in which you work is more vulnerable to “personal psychic costs” of work in psychiatry than a doctor from a large psychiatric hospital? (question 18);

- If it were possible, would you change your employment to work in a different organisational model that you feel is more sensible? (question 17).

The respondents assessed contacts with colleagues of other specialties as positive definitely more frequently (42%) than negative (16%). Nevertheless, the percentage of the neutral is equal of the satisfied (42%).

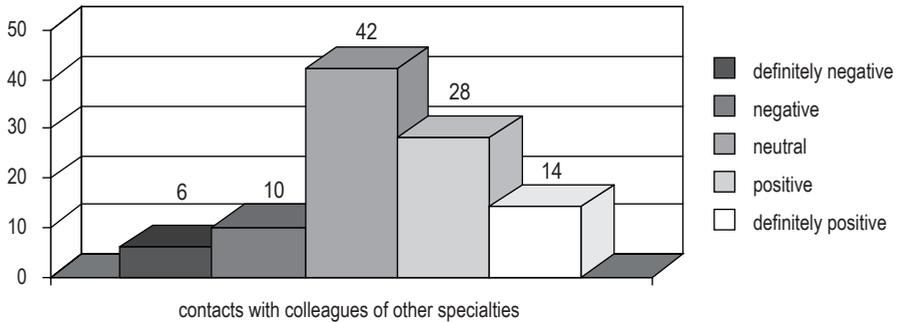


Figure 2. Evaluation of the working conditions of a psychiatrist in a general hospital – evaluation of contacts with physicians of other specialties

The highest percentage, 38% of the respondents, believe that work in a ward in a general hospital exposes a psychiatrist to “higher personal psychic costs” compared to working in a psychiatric hospital. Only 28% of the respondents represented the opposite view and 34% were neutral. More than half of the respondents – 52% believe that the doctors and staff are treated by the management of the hospital worse in comparison with the others, 30% do not report worse treatment, and 18% express no

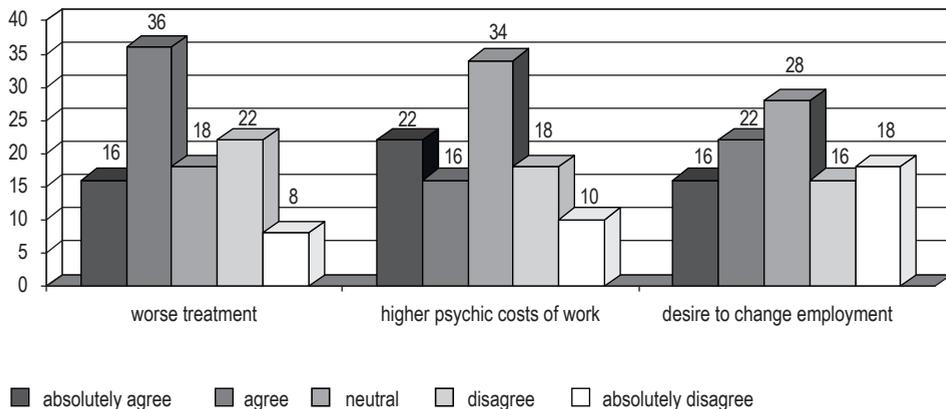


Figure 3. Evaluation of the working conditions of a psychiatrist in a general hospital – equal treatment, mental costs of work and a desire to change it

opinion. People who are considering changing employment to another organisational model constituted 38%, compared with 34% of the respondents not considering the change and 28% of not declared.

### 3. The economic and organisational stability of the psychiatric department in a general hospital

Five questions were devoted to this issue. Three of them (Figure 5) involved crisis situations and a threat of losing a job. Two (Figure 6) concerned the attention of the authorities and ensuring stable conditions for the functioning of the departments. Questions were as follows:

- Has your department had to prove outside rationale for its existence, fight for survival? (question 5);
- Has your department had to undergo drastic reorganisation forms to survive? (question 6);
- Have you been afraid of losing your job due to reorganisation in the recent 5 years? (question 4);
- Do you think the wards, such as the one in which you work are the subject of proper attention from the authorities (the Ministry of Health, National Consultant, Polish Psychiatric Association, the National Programme for Mental Health)? (question 9);
- Do you think the wards, such as the one in which you work have the conditions for the stable functioning provided? (question 8).

More than half of the respondents (52%) state that their department had to prove outside the reasons for their existence, to fight for survival. Fewer (34%) of the respondents deny such situations. 38% of the respondents confirm drastic reforms of the department necessary for its survival, and 36% denies them. Half of the respondents (57%) denied the fear of losing their jobs in the last 5 years, and fewer (34%) confirmed this concern. 8% of the respondents were neutral.

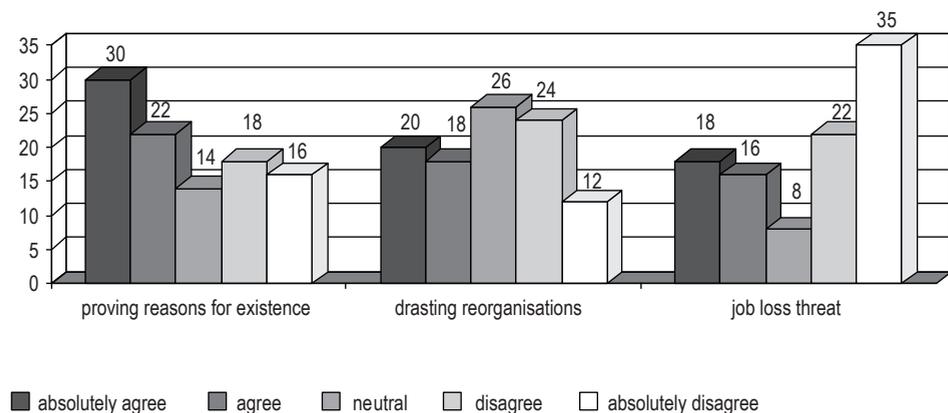


Figure 4. Evaluation of the department stability – crisis situations, reorganisations, fear of job loss

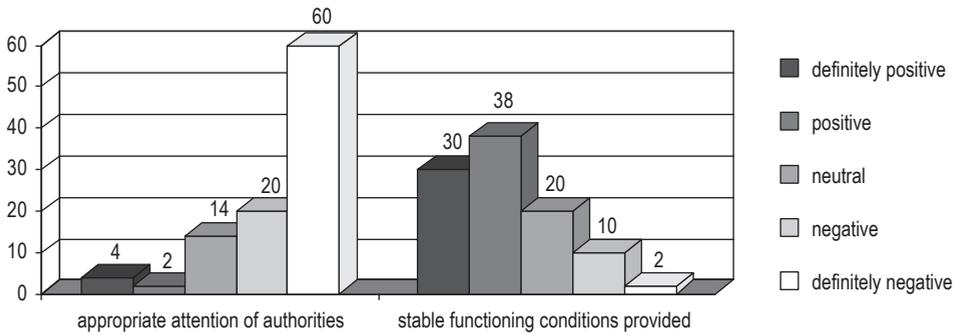


Figure 5. Evaluation of the department stability – attention of the authorities, the conditions for the stable functioning

The vast majority of the respondents (80%) believe that psychiatric wards in general hospitals in Poland do not meet the due attention of the authorities (the Ministry of Health, National Consultant, Polish Psychiatric Association, the National Programme for Mental Health). Only 6% of the respondents felt that the given bodies dedicate the due attention to this type of departments, and 14% express no opinion. In contrast, the majority (68%) believe that psychiatric wards in general hospitals in Poland have the conditions for the stable functioning provided.

#### 4. Integration of inpatient and outpatient treatment

The issue related to the organisational model of psychiatric ward work is the integration of stationary and outpatient services. In the integrated model, the patient after discharge from the department is provided with the possibility of contact with the doctor who treated him in the ward. This requires the involvement of all doctors working in the department and in the clinic, possibly in other centres of post-hospital treatment. Four questions were devoted to this issue. One of them concerned the factual status and two physician's preference. Questions read as follows (Figure 6 and 7):

- Have you got contact with the patient after discharge from the department within your regular work (at the clinic, day ward, another form)? (question 12);
- Would you prefer to work only at the department? (Question 13);
- Would you prefer to work at a department integrated with a clinic or another indirect form? (question 14);
- Do you agree with the statement that the place of treatment to some extent implies a way of therapy? (question 15);

More than half of the respondents (56%) are in contact with their patients after discharge from the hospital, and 28% state that there is no such contact. Even higher percentage (62%) of the respondents would not like to confine themselves to work in the department only, compared with 18% who prefer such a limitation. The highest percentage – 72% – would like to work in a model of the department integrated with a clinic or other indirect form of psychiatric treatment. Only 8% of the respondents would not like to work in an integrated model.

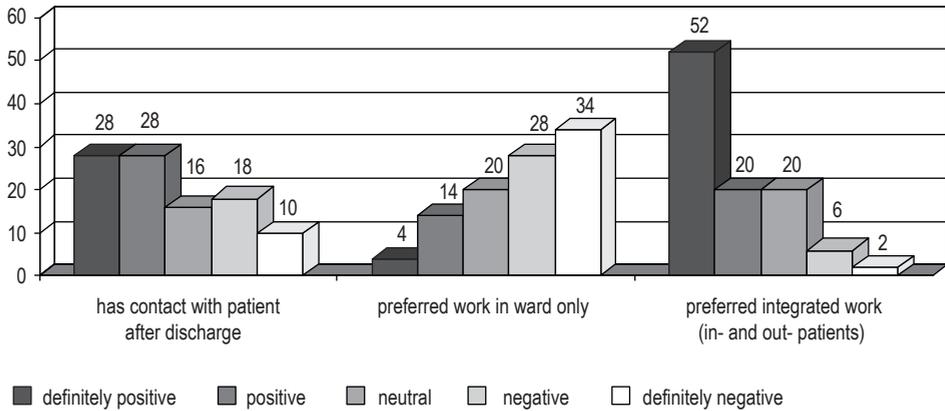


Figure 6. Evaluation of inpatient and outpatient treatment integration – contact with the patient after discharge from the ward, the preferred model of work

Almost all the respondents (98%) consider the thesis that the setting of treatment implies a way of treatment. This thesis has not found opponents and only 2% of the respondents were neutral.

5. The collaboration between the departments and the need to create a network of departments

The two following questions (Figure 8) related to collaboration between the departments.

- Do you find the current level of collaboration, information exchange between the departments like the one where you work sufficient? (question 10);

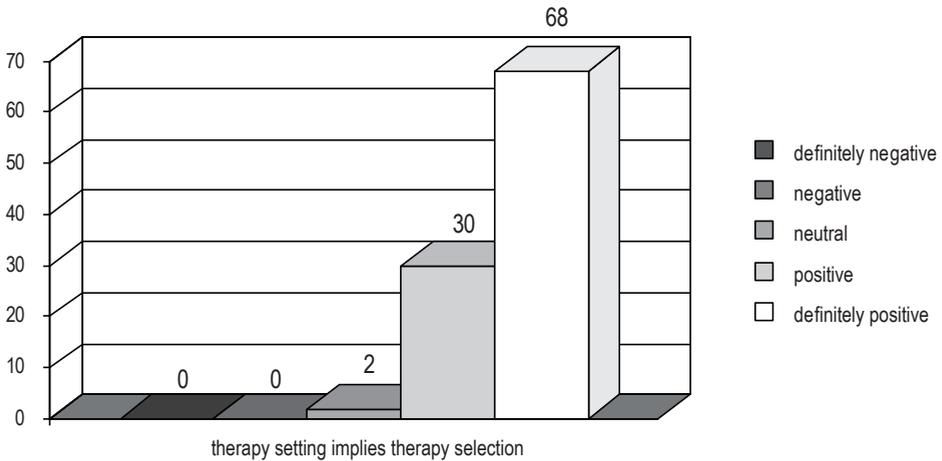


Figure 7. Evaluation of treatment integration – does the setting of treatment imply a way of therapy?

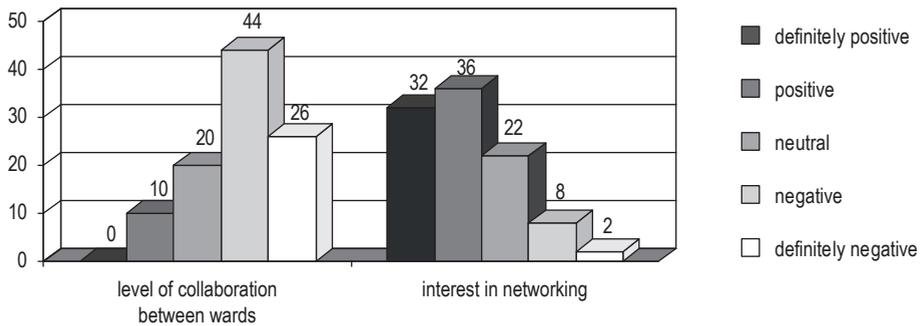


Figure 8. Collaboration between the departments and the need for networking

- Is the idea of the network of psychiatric wards close to you (you are interested in)? (question 11).

The vast majority (70%) of the respondents believe that the level of collaboration and exchange of information between the departments of psychiatry in general hospitals is insufficient. 10% were satisfied with the level of collaboration, while 20% were neutral.

The majority of respondents (68%) expressed interest in creating a network of collaborating departments, 10% were not interested and 22% were neutral.

## Discussion

Responses to questions from the thematic group 1 and 2 show that the organisational model of psychiatric department in a general hospital is the most frequently (44% vs. 38% and 18%) evaluated as positive, as well as providing beneficial implications for therapy (78% of respondents). Perhaps, this results in the support of a majority (86%) for the postulate – to ensure this type of departments a permanent position in the mental healthcare system in Poland. In contrast, the evaluation of subjective experiences related to working conditions in the ward is more negative (high personal cost of labour: 38% vs. 34% and 28%, worse treatment by the authorities (52%) and there are tendencies to think in a predominantly proportion of changing the place of employment (38% vs. 28% and 34%). This result would require comparison with assessments of psychiatrists working in a different organisational model such as in departments of large psychiatric hospitals.

Against this background, the low percentage (16%) of responding psychiatrists negatively assessing contacts with their colleagues, physicians of other specialties (42% of positive opinions) draws attention. As known from the literature, the problem of stigma also applies to the mentally ill and psychiatry within the health service [17]. Probably relatively positive reception of relationships with colleagues of other specialties by the respondents reflects the positive change in the image of psychiatry and psychiatrists occurring in the minds of other health professionals, in hospital, wherein a ward of psychiatry exists [18]. This is an issue worth a closer look. Data

quoted above in total suggest that the surveyed psychiatrists are willing to accept an organisational model in which they work, despite the high psychic personal cost of work and experiences of worse treatment by hospital management. Perhaps these negative experiences are compensated by good relationships with physicians of other specialties, or other factors not included in the survey.

Responses to questions from the third group indicate that psychiatric wards in general hospitals in Poland in majority (52%) were to prove the rationale for their existence, which in 38% of the units from which the respondents came, necessitated drastic forms of reorganisation. The sense of threat of losing a job reported by 34% of respondents is related to this. The comparison of these percentages indicates that activities promoting their positive image might be sufficient for proving the *raison d'être* for its existence, and only in a smaller percentage (38%) of departments drastic reorganisations were required, hence the high percentage (57%) of the respondents not reporting a threat of losing employment due to the reorganisation of their ward. Nonetheless, these data reveal that the described in the world literature [1, 6, 14, 15] problem of threat posed to the economic, legal and organisational foundations of psychiatric departments in general hospitals is also present in Poland and requires dedication of particular attention. This is a substantial conclusion especially that the vast majority of the respondents (80% out of whom 60% were strongly positive) estimates the level of attention paid to psychiatry departments by authorities in general hospitals as insufficient). This is even more worthy reflection, when we consider that the currently implemented National Programme for Mental Health in its assumptions includes promotion of community model of psychiatric treatment and increase in availability of medical services for people with mental disorders, which are the objectives of departments of psychiatry in general hospitals. On this basis, a surprisingly high percentage of positive responses (68%) is noted to the question whether psychiatric units in general hospitals are provided with the conditions for stable functioning in the country. This result may indicate that in the opinion of the respondents units of this type are a permanent component of the Polish system of mental healthcare, regardless of the difficulties they experience.

The responses to the questions from the group 4 show that a model of integrated inpatient and outpatient treatment is definitely preferred by psychiatrists working in a general hospital. The majority (52%) is in contact with their patients after their discharge from the department, an even higher percentage (62%) would not want to limit themselves to a regular job only in the department, and even more (72%) declared that they prefer to work in an integrated model. Almost all the respondents (98%) consider that the setting of treatment implies method of therapy. Of all the questions in the survey to respond this last query showed the highest consensus among the respondents. Simultaneously, this question most general and ambiguous of all in nature was not responded strongly negatively or negatively at all. In the context of all the responses to the questions of group 4, one can hypothesise (which is likely worth a separate verification) that a psychiatric ward in a general hospital is a natural setting of creating the community orientation in the psychiatrists employed in a department. In contrast, as is apparent from the responses to the questions analysed in the group 5, psychiatrists working in psychiatric wards in

general hospitals in the majority (70%) are not satisfied with the level of collaboration and the exchange of information between similar departments of different hospitals and are in the majority (68%) interested in networking of such departments.

In fact, in Poland, in contrast to the other countries such as the Netherlands, Germany [5, 6] there is no organisation uniting such departments, and Polish Psychiatrists Association (PTP) committee on psychiatric departments in general hospitals was established only in 2013. It seems that it should draw attention to the need of initiating and coordinating such collaboration in Poland.

### Conclusions

1. The psychiatrists employed in the psychiatric wards in general hospitals in Poland evaluate positively that organisational model. However, the destabilisation of economic foundations of that wards reported in the world literature was also reflected in the results of a survey conducted in Poland.
2. There is a need to develop standards for the organisation and financing departments of psychiatry in general hospitals providing them stable place in the healthcare system in Poland.

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