Leaving hospital II: the cost-effectiveness of community care for former long-stay psychiatric hospital patients


Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Community care for former long-stay psychiatric hospital patients.

Type of intervention
Rehabilitation.

Economic study type
Cost-effectiveness analysis.

Study population
The study population was former long-stay psychiatric hospital patients in Northern Ireland.

Setting
The practice setting was community care. The economic analysis was carried out at university academic departments within the UK.

Dates to which data relate
Effectiveness and resource data were collected between 1990 and 1994. Costs were inflated to 1994/5 prices using the Hospital and Community Health Services Pay and Prices Index and the Personal Social Services Pay and Prices Index for relevant services.

Source of effectiveness data
Estimates around the effectiveness of hospital and community care were derived from a single study.

Link between effectiveness and cost data
Costing was undertaken on the effectiveness study sample.

Study sample
133 former residents of 6 psychiatric hospitals (discharged between 1990 and 1992) were included in the study. 108 people had schizophrenia, 9 had non-psychotic depression, and 5 others were spread between the categories of affective disorders, alcoholism, or anxiety. 57% of this sample were male. The mean age was 53.3 years. A third of these subjects had been in hospital for more than 15 years and 41% for under 5 years. The average length of stay was 12.6 years. There was no statistical significance found around either outcomes or length of stay for this sample compared with the original survey sample of discharged patients (n=149).
Study design
Prospective cohort study.

Analysis of effectiveness
It was not clear whether the analysis was based on intention to treat or on treatment completers only. The primary health outcomes assessed were daily living skills (self care, domestic, community and social skills as well as taking responsibility), behaviour problems (antisocial or odd behaviour, management problems, dangerousness, psychological impairments, attitudes and relationships), morale and life satisfaction both pre- and post-discharge into the community, using the Social Functioning Questionnaire, the Problems Questionnaire (both completed by the staff member closest to the study participant), and Cantril's Ladder.

Effectiveness results
No significant results around mean scale scores were found between hospital and community-based interviews, although staff rated attitudes and relationships as significantly improving in their overall impression assessments. A third of the sample reported nine behavioural items which were found to be causing them problems 12 months after leaving hospital (odd appearance/mannerisms, careless smoking, poor concentration, restlessness, under-activity, absorption in psychotic symptoms, mood swings, poor self-esteem, and indecisiveness). No significant differences were found between the mean hospital and community-based scores around morale, life satisfaction, and Psychosocial Functioning Inventory subscale scoring. A small significant improvement was discovered post-discharge around the Depression Inventory subscale score (p<0.05).

Clinical conclusions
Patients were discharged from hospital and did not significantly improve or deteriorate in daily living skills, behaviour or satisfaction with their lives during the following 12 months.

Measure of benefits used in the economic analysis
As the authors did not develop a summary benefit measure the benefits are assumed to be equal to the effectiveness results.

Direct costs
Direct costs provided from the perspective of a health authority and other agencies (Social Services and voluntary sectors) included in-patient costs, day care costs (source: Health and Social Services Boards), industrial therapy costs, out-patient costs, as well as other general hospital costs (i.e. day centre, psychologist, CPN, social worker, chiropody, dentist, care attendant, education services, etc.). These costs were calculated, on the whole, from local or national data using approaches developed previously. 1994/5 prices were used.

Statistical analysis of costs
Kruskal-Wallis one-way ANOVA (between groups) was performed on the mean costs of service groups by accommodation sector. Two series of multiple regression analyses (using OLS methods) were computed in order to understand the variations experienced in community costs due to causal factors.

Indirect Costs
No performed.

Currency
UK pounds Sterling (£).
Sensitivity analysis
No sensitivity analysis was performed.

Estimated benefits used in the economic analysis
The benefits are reported in the effectiveness results section of this abstract.

Cost results
The average weekly cost of providing hospital care for the subject group was found to be 562.82 (range: 443.30 - 674.91) between the 6 hospitals concerned. In comparison, the average weekly cost of providing community care was found to be 295 (range: 234.00 - 397.84) between patients discharged from the 6 hospitals concerned.

Synthesis of costs and benefits
No synthesis of costs and benefits was performed.

Authors’ conclusions
The community care provided to former long-stay psychiatric patients was found to be a cost-effective alternative and no real change in clients' welfare was found in the study, with community care being provided at a far lower cost than its comparator.

CRD COMMENTARY - Selection of comparators
The selection of community care and hospital care was justified.

Validity of estimate of measure of benefit
The estimates of economic benefits were given as primary health outcomes and as such no summary benefit measure was developed by the authors although this approach may be reasonable given the objectives of the study.

Validity of estimate of costs
Direct costings were well sourced, detailed and analysed with reference to (inflated) price years, although these estimates are reflective of services provided in Northern Ireland alone.

Other issues
No sensitivity analysis, cost conversion(s) or power calculations were provided. This was a well researched and detailed paper although the conclusions regarding the superiority of community-based over hospital-based care would have been strengthened by analysis around economic benefits, resulting cost-effectiveness synthesis of these benefits, and cost savings.

Source of funding
None stated.

Bibliographic details

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MeSH
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