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A Qualitative Study of Psychiatric Day Hospital for Geriatric Depression

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Abstract

The objective of this qualitative research study was to report on factors leading to the effectiveness of a psychiatric day hospital program for geriatric depression. A further goal was to enhance the understanding of the client experience in this type of treatment program. Focus groups were conducted involving 32 clients and 6 family members. The client group included 10 patients from the acute Psychiatric Day Hospital program and 22 from an ongoing aftercare support group. The research assistant provided information to the clients and family members enrolled in the program at the time of the study, and subjects were selected based on their voluntary interest in participating in the focus groups. Factors reported to be important to the success of the program and recovery included reconnecting with meaningful activities, reducing isolation, and finding commonality with others. The therapeutic relationships between the staff and the clients were viewed as a very important factor in recovery. Themes of safety, trust, and belonging emerged. Suggested improvements are reported.

Keywords: Geriatric; Depression; Day hospital; Partial hospitalization

A Qualitative Study of Psychiatric Day Hospital for Geriatric Depression

Depression in older adults is a major public health concern due to its prevalence, morbidity, chronicity, and health care cost. Prevalence rates of Major Depressive Disorder have been found to be 4.4% and 2.7% in females and males respectively [1]. Subthreshold depression has been found to be at least 2-3 times more than major depression and has serious consequences including increased disability, greater healthcare utilization, and increased suicidal ideation [2]. Treatment resistance to pharmacological intervention in the elderly depression population is common, with 30% of elderly clients not responding to an adequate trial of medication [3]. The development of effective treatment models for depressed older adults assumes great importance and novel approaches to treat geriatric depression are needed.

Previous research has demonstrated the effectiveness of day programs in psychiatry. Research evaluating the effectiveness of day hospitals for treating geriatric mental disorders has revealed improvement in depression scores [4,5] and improvements in satisfaction with life, state of health, physical and mental performance, and scope for personal development [6]. Previously, the effectiveness of our Psychiatric Day Hospital Program has been demonstrated by its longevity, the high rate of use, and the results of several outcome studies [7-9]. As well, a previous qualitative paper describes the utility of concurrent group and individual psychotherapy in this setting [10].

The goal of this qualitative study was to uncover the factors of the program that are associated with its success from the perspectives of the clients and their family members. A further goal was to enhance the understanding of the client experience in this type of treatment program.

Method

Psychiatric day hospital description

The Psychiatric Day Hospital for Depression program (PDH) at Baycrest was created in 1986. Baycrest is an academic health sciences centre that is fully affiliated with the University of Toronto. The concept of the program is to provide enhanced psychiatric care to seniors with depression. The intake criteria are age 65 or over, with clients meeting the DSM-IV-TR criteria for the diagnosis of a depressive disorder which could include, Major Depressive Disorder, Bipolar Depression or Dysthymic Disorder [11]. The clinical team includes representation from psychiatry, nursing, occupational therapy, social work, dietetics and dance-movement therapy. The program spans four months and admissions are staggered such that there are always clients being admitted and discharged.

Clients are paired with a psychiatrist and "contact person". The contact person is one of the non-physician staff members who act as a psychotherapist and case manager for the client during the four-month period. Clients are involved in concurrent individual and group psychotherapy, and medication management. Importantly, they adhere to a daily schedule and participate in numerous non-psychotherapy groups during the 3½ days they attend during the week as shown in Table 1.

The families of the clients are provided with support and education at various times throughout the program. During the discharge phase of the program, clients are connected with social or recreational programs based on their interests and needs. Many of the clients will continue weekly psychotherapy in the Aftercare Program.

Participants

Three groups of participants were involved in this study. The first group was comprised of the clients that were attending the acute four-

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Table 1: List of activities in the psychiatric day hospital.

Exercise	Integrative Group Psychotherapy
CBT Group	Treatment of Depression Group
Family Tree Group	Dance Movement Therapy
Life Skills Group	Activity/Project Group
Group Relaxation	Weekend Planning Group
Nutrition Group	Community Meeting
Individual appointments	Lunch and breaks (social)

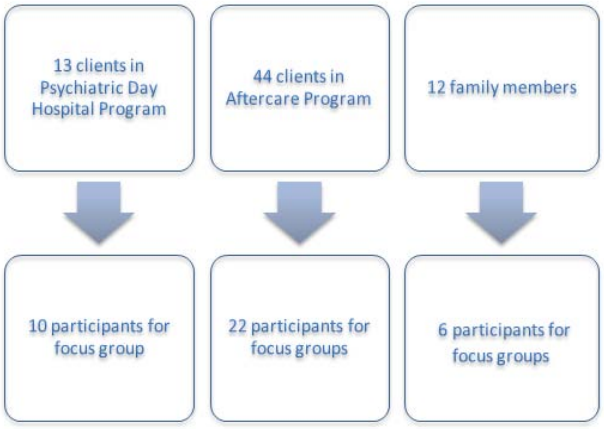

Figure 1: Flow diagram.

month PDH program. The second group was comprised of clients that have already completed the program and currently attend a weekly Aftercare (AC) psychotherapy group. The third group involved family members of the clients in the PDH and AC groups. Participants in the PDH and AC programs were invited to participate in the focus groups and were asked if their families could be contacted. A list of potential participants was created by the research assistant who then contacted 44 clients in the AC group, 13 clients in the PDH group, and 12 family members (Figure 1).

Procedure

A research assistant who had no affiliation to the PDH program or the hospital conducted the focus groups. At the outset of the focusgroups, the research assistant (moderator) reviewed each point in the consent form and the participants provided written consent. Each focus group lasted approximately two hours, was digitally recorded, and then transcribed by an independent transcriptionist. The transcriptions were coded and analyzed by hand and using NVivo9 Qualitative Research software. The transcriptions and digital recordings were destroyed after the analysis was completed. The study was funded by the AHSC Alternate Funding Plan Innovation Grant from the Ministry of Health and Long Term Care of Ontario, Canada. The Research Ethics Board of the hospital granted ethics approval.

Results

Thirty-two clients and six of their family members participated in one of five focus groups at Baycrest as shown in Table 2. One focus group included clients from the PDH program, three focus groups included clients in the AC program, and one focus group included

Table 2: Subject demographic information.

Participant Group	Number of Participants	Average Age	% Female
Psychiatric Day Hospital	10	78	70
3 Aftercare Groups	22	80	64
Family Member Group	6 (4 spouses, 2 children)	-	-

Table 3: Client and family member perceived valued elements and suggestions for improvement for the program.

Valued Elements of the Interventions	Suggestions for Improvement
Sense of commonality, community, belonging Reduction in isolation Validation, trust, and safe place to express feelings Socialization Structure and routine * Access to a psychiatrist for medication * Therapeutic relationship with staff * Psychoeducation *	Lack of dedicated transportation Large group sizes Quality of hearing amplification devices Poor access to a psychiatrist after discharge Materials and instruction for arts need improvement

*Results for PDH acute program specifically.

the family members. The average age of clients in the PDH group was 78 and the average age in the AC group was 80. In both the PDH and AC groups, females outnumbered males by approximately 3:1. All of the participants of the clinical programs had a depressive disorder.

Psychiatric Day Hospital Acute Program

Factors associated with recovery

The factors reported to be associated with recovery are found in Table 3. Participants stated that they felt relieved, hopeful and reassured when they realized that they were "not alone" in their depression. Isolation was reduced by a sense of commonality with other clients who had similar situations, illnesses, and life stage. The opportunity to listen to others, share common experiences and be understood was pivotal. The program facilitated the expression of feelings in a validating, safe, and trusting therapeutic environment.

When I was depressed, I felt isolated. I felt people don't understand. When I came to the group and I saw people have the same feeling of desperation when they're depressed…as long as I live I will appreciate this opportunity to come to a group and be a part of a group, listened to, and understood.

The program was the catalyst for developing a daily routine. Most participants eventually looked forward to attending the program, and felt a sense of purpose that was not felt in a long time.

Individual psychotherapy was considered vital to the progression to wellness. Some clients stated that they felt safer revealing difficult and very personal issues alone with the psychiatrist or contact person.

The group activities allowed new clients a non-threatening opportunity to meet, talk, and become comfortable in the PDH program. The Occupational Therapy Project Group (activity-based group) was noted to be particularly helpful in this regard: Slowly but surely I just started to get friendly and find that the people who were helping me, the other clients, got friendly with me too. And it just started making such a difference to my life. I wasn't afraid to come here anymore. I wasn't fighting it. And by the end of the four months I still wasn't ready to leave.

The therapeutic relationship between the client group and staff

was cited as an important factor in recovery from depression. The staff provided feelings of safety, understanding, and validation. Participants reported that the psycho education provided to the family members was important as they felt more understood and supported.

Medication management

Clients who had previously insufficient or no response to past trials of pharmacotherapy reported that the pharmacological management in the PDH was a strong factor in recovery. The presence and availability of the psychiatrists in the PDH was highlighted as having been especially important in monitoring and adjusting medications in a timely fashion.

Group psychotherapy

Self-expression was described as one of the most important skills learned. Many participants had felt challenged by the idea of speaking in the groups. They described needing "courage" and did not have the words, language, and trust in others to speak. For many, establishing a sense of safety to speak in the psychotherapy groups took time, observation, and encouragement from the leaders and other group members. A proportion of participants felt more comfortable speaking in individual therapy.

Well for me the key element in the group is when you hear other people sharing their inner experiences… It creates an aura of trust, and for me the trust is essential.

That's what's created when you have a group and people express their feelings and so then you learn to trust.

The process of learning from co-clients was crucial. The program provided a place to share and participate in others' growth and to be supported by peers who provide useful feedback. However, some participants stated that they often avoided providing feedback for fear of hurting someone's feelings and to preserve friendships. The group cognitive behavioural therapy component of the PDH program was identified as an important experience as it taught clients how to think and process events differently.

Aftercare program

Focus group participants considered participation in an Aftercare (AC) program as vitally important for remaining emotionally stable, sustaining gains made in PDH, and for managing their mood disorder. Several participants reported that the group was the only place where they felt a sense of belonging. Themes of safety and trust emerged. Confidentiality was a pivotal factor in facilitating expression of thoughts and feelings. Notably, the relationship between clients was occasionally extended into friendships outside of group time.

Participants indicated that they continue their involvement in the AC program to reduce the risk of a recurrence of depression to receive ongoing support and feedback, and to continue to work on self-development and exploration. They reported the sense of community and friendship within the group as reasons for attending the program: "… this is probably for me the most enriching time of my life".

Family member focus group

Participants reported that the communication and information from the team was valuable and effective whether in person, by telephone, or through emails. Family members saw themselves as caregivers and were thankful for some breaks during the week to focus on their own health and well-being.

Participants stated that the program has educated them about mental health and their family members' illnesses. This has led to changes in their interactions with the client such as listening more intently and, importantly, disengaging and monitoring their own negative reactions when confronted with difficult behaviours and challenging situations.

Limitations and Suggestions for Change

Participants of the AC groups suggested that a smaller group size might to facilitate participation from more members. Some of these groups exceed twenty participants. There was a desire for the group leaders to intervene more quickly when a group members appears to be monopolizing the time. There was recognition that group leaders are likely waiting for the group to intervene, but there was an expressed reluctance to do so due to concern about causing tension in the group. It was notable that some participants suggested more facilitated group discussion about sex given that this topic was not discussed at all, but appeared to be important to some. From a technology viewpoint, there was suggestion that the hearing amplification devices could be improved for those who have severe hearing impairment. Other areas to improve included access to a psychiatrist after discharge from the PDH program for medication management, and improved materials and instructions for arts. Finally, the logistics regarding scheduling transportation was an issue. The program does not have dedicated transportation, thus relying on outside services. The choice of pick up times often resulted in people leaving before the conclusion of the program, which was a source of frustration.

Discussion

The objective of this qualitative research study was to report on factors leading to the effectiveness of a psychiatric day hospital program for geriatric depression. A further goal was to enhance the understanding of the client experience in this type of treatment program. To our knowledge, this is the first study of its type reporting on qualitative data obtained from focus groups involving clients and their families, from a geriatric psychiatric day hospital program. The PDH program is a multi-component intervention that includes medication management, psychotherapy, socialization, behavioural activation and structure, in both individual and group contexts. There were some elements to the program that appeared to be helpful overall. Reconnecting with meaningful and purposeful activities was of high value. Many of the clients have lost roles and undergone transitions that have left them without a sense of purpose. Further, depression impairs one's ability to function both socially and occupationally. The occupational therapy interventions in the program are viewed as critically important in the recovery process. Many older adults have more narrow social networks due to death and illness of peers and family, and reduced opportunities to meet new people. Depressive illness results in further social withdrawal and social isolation. The group nature of the program purposefully encourages socialization to reduce isolation. Participants reported this to be a great value. In addition, older adults have problems and

challenges specific to their age group. It was found that participants appreciated finding commonality with others in this life stage and were able to foster therapeutic relationships in a validating, safe, and trusting environment. Finally, the relationship between the staff and the clients was viewed as a very important factor in recovery. Themes of safety, trust, and belonging were evident, as was a restored belief in them and in life.

Group psychotherapy is an important component in the acute and aftercare programs. This was a first-time experience for many participants. It allowed clients to express their feelings, give and receive peer feedback, and help others. In addition, clients are encouraged to increase their understanding of themselves and others so as to improve their interpersonal relationships, whether this is as a result of group cognitive behavioral therapy or integrative group psychotherapy, or both. The process of expressing emotions was facilitated by having multiple contexts in which to do this. It is quite clear that a sub-group of clients were much less comfortable participating in group psychotherapy and benefitted more from individual psychotherapy, particularly when content was thought to be embarrassing. The opportunity for individual time with the clinicians was reported as vitally important.

The PDH Program uses interconnected group therapies, medication, and individual psychotherapy, which coordinate the various biopsychosocial treatment approaches [10]. This program is comprised of multiple components. It was found that the clients differed in terms of what was thought to be the most helpful. This is not surprising considering that the clients are not selected for specific suitability criteria, but based on diagnosis. As a result, individual clients experienced the program in different ways. The program's ability to accommodate individual clients' specific needs was viewed as strength.

The availability of the physicians is important in this program. It allows close monitoring and adjustment of medications. This is particularly important when treating an illness that requires medication adherence. The provision of education to the clients and family members was essential. As a result, participants felt more understood and better supported by family members. The communication style and flow of information was much appreciated by family members.

A number of improvements were suggested to enhance the experience. The lack of dedicated transportation to and from the program posed a barrier to full participation as clients will often have to leave early based on the timing of their transportation. The group experience would be improved with a more reliable hearing amplification system. Technical problems interfered with group functioning at times. In addition, the large size of some of the aftercare groups was considered a possible barrier for some clients who might already have trouble speaking about their personal problems. Importantly, the lack of access to a psychiatrist for ongoing follow-up was reported as a limitation of the program.

This study has a number of limitations. First, those who participated in the study may have been the same persons that have positive things to report and are comfortable with a group process, resulting in selection bias. Second, this program has treated hundreds of clients, many of whose views may not be represented by the current cohort. Finally, other methods could be employed to assess the value of components of the program, such as Likert rating scales done prospectively.

Overall, the Psychiatric Day Hospital and the Aftercare programs were seen as having great value to the clients and families, with some areas for improvement. These programs provide biopsychosocial interventions to depressed older adults effectively. It is noted that there is a cost to providing this service. However, there is also the potential of cost savings as compared to inpatient care thus making this form a treatment worth further study for different psycho geriatric mental health disorders [12]. Future studies should compare of the day hospital model to treatment as usual and measurements of effectiveness, relapse prevention, and cost savings are needed.

Conclusion

A psychiatric day hospital program for the treatment of geriatric depression can be effectively implemented. Aspects of the program such as feelings of safety, trust, and belonging contribute heavily to its success. Communication, education, flexibility, and strong therapeutic relationships were also important elements in achieving client goals. Future research may focus on a comparison of a day hospital setting to pharmacotherapy alone or treatment as usual, or investigate if the program and aftercare psychotherapy groups reduce the risk of recurrence.

Description of Authors' Roles

Dr. Madan and Dr. Schwartz formulated the question, designed the study, and analyzed the data together. Dr. Madan wrote the paper. Dr. Schwartz assisted in the writing of the paper.

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