Developing guidelines for psychiatric outpatient care in Japan

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Background:

- The average length of stay for a patient in a Japanese psychiatric hospital was 267.7 days in 2017
- Measures to shorten the hospitalization period are being promoted
- However, there is a need for a better support for psychiatric patients who live in the community, as well as for their families
- This guideline was created to develop a better support system for psychiatric outpatient visits, improve the quality of life (QOL) of the patients and the families in the community, and to promote recovery

Objectives:

- To formulate guidelines for psychiatric outpatients who live in their community with their families
- Present primary results from the evaluation

Methods:

- The guideline was drafted by examining the content of guidelines and evaluation methods
 - We selected eight areas, 18 categories and 96 items to evaluate out of the care content
 - Delphi method was used to evaluate the guidelines
- Assessment was conducted as anonymous survey on the web, measuring importance, difficulty, and frequency of the care.
- Simple tabulation of care items, interquartile range (IQR), and IQR percentage (percentage of respondents who fall within IQR range) were calculated, and their trends were examined

Results:

- 91 items out of 96 of importance section scored 8.1 points or over, with interquartile range (IQR%) of 78.3 – 95.7%

Table 1: Basic characteristics of the study participants (n=23)

Men, n (%)	10 (43.5)
Age (y ± SD)	39.5±8.2
Years of clinical experience (y ± SD)	
General ward	7.4±9.1
Psychiatric ward	12.5±6.8
Out patient	0.5±1.1
Occupation, n (%)	
Head nurse	2 (8.7)
Nurse	10 (43.5)
Associate professor	1 (4.3)
Lecturer	1 (4.3)
Assistant professor	7 (30.4)
Other	2 (8.7)

n: number of subjects; y: years; SD: standard deviation

Table 2: Selected results from the questionnaires for patient care

Care items	Average	SD	IQR	IQR%
0. Establishing relationships with patients and understanding their current living conditions and problems				
0-1-1. Speak to the patient on their first visit or at the first visit after discharge	9.3	1.3	2	87
0-1-2. Speak to the patient if they do not come to the appointment	8.8	1.7	3	91.3
0-1-3. Understand the the current living conditions as well as health status (facial expressions, voice tone, cleanness)	8.9	1.6	2	91.3
0-1-4. Understand what the patient can do and how satisfied they are in life	8.7	1.9	3	87
0-1-5. Understand what the patient cannot do and are unsatisfied they are in life	9.2	1.6	1	82.6
1-1. Understanding life events, assessing the development, and examining care				
1-1-1. Observing and information gathering of life history and events	8.9	1.6	2	82.6
1-1-2. Assessing developmental level and patient social skills and life events	8.1	2.1	4	82.6
1-1-3. Examining the care options to promote, compensate, recovery and development of social skills	7.9	2.2	4	82.6
1-2. Assessment of self function / patient strength and examination of needed care				
1-2-1. Collect necessary information of patient behavior, personalities and self function	8.3	2.0	3	82.6
1-2-2. Assessment	7.9	2.1	3	78.3
1-2-3. Assessment of patient strength and health	9.1	1.3	2	87.0
1-2-4. Implementation of care to compensate and protect the self function	8.1	1.9	4	91.3
1-2-5. Examination of specific care to promote patient's strengths and health	8.7	1.4	2	78.3
1-3.Assessment of financial management and economic conditions and examination of necessary care				
1-3-1. Assessment of financial management and economic conditions and examination of necessary care	7.6	2.4	4	78.3
1-4. Assessment of family self-care ability and social support and examination of necessary care				
1-4-1. Observation and data collection on family self-care ability and social support	8.9	1.5	2	82.6
1-4-2. Assessment of family self-care ability and social support	8.7	1.7	2	78.3
1-4-3. Actively have a discussions with the family	8.7	1.5	2	82.6
1-4-4. Receive and support family's emotions and situations	8.9	1.4	2	82.6
1-4-5. Encourage family's understanding of patient's disease and treatment status	9.2	1.1	1	78.3
1-4-6. Examine the care to compensate and recover from lack of family care and social support	8.2	2	3	78.3

Discussion:

- The major difficult cares were family care, specific care to promote strengths, specific cares such as suicide and self-harm prevention, coordination with other sectors
- We aim to further revise the guidelines to be used in the psychiatric outpatient setting

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