



The mental health day hospital:
drawing on the literature to define
the service offer and enhance practice

EXECUTIVE SUMMARY

of the abridged ETMI report

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ISSUE

The most recent Quebec interministerial mental health action plan (PAISM 2022-2026) identifies areas of intervention that bring together actions deemed promising and whose practice is emerging in Quebec. However, the place of day hospitals (HDJ) is not specified in the continuum of care of the Quebec program for mental disorders (PQPTM). Thus, the problem at the root of this request for an ETMI lies, on one hand, in the contiguity of HDJ's clinical mandates with other forms of outpatient mental health services and their justification in the care system, and on the other hand, in the lack of knowledge of the practices used in HDJ models and their effectiveness.

CONTEXT

With a view to continuous improvement, and to ensure continuity with the orientations of the PAISM and the PQPTM, the Direction santé mentale, dépendance et itinérance (DSMDI) of the CIUSSS de la Capitale-Nationale mandated the establishment's UETMISSS to identify effective practices or interventions, in a day hospital-type care and service offer, for a clientele presenting an acute anxiety or a mood disorder (TATH).

OBJECTIVE

The aim of this ETMI is to answer the question "What care and services should be included in a day hospital-type outpatient service for adults with severe anxiety or mood disorders in the acute phase?"

For further information, see the report at:

https://www.ciusss-capitalenationale.gouv.qc.ca/sites/d8/files/docs/MissionUniversitaire/ETMISSS/Hopital-jour-sante-mentale_Rapport-ETMI-abregee.pdf

METHODOLOGY

A systematic literature review was carried out. A literature search strategy was defined in collaboration with a librarian to search the bibliographic databases Pubmed (Medline), CAIRNS.info, Cinahl (EBSCO) and PsycInfo (PsycNET). Search of the grey literature was also carried out. Relevant studies and documents published between January 2010 and September 2023 were selected using the criteria of the PICOTS typology. The quality of studies and the credibility of grey literature documents were assessed using the QualSyst tool and the AACODS grey literature evaluation and critical appraisal tool. Data relevant to answer the ETMISSS question were extracted using a structured grid, then synthesized and analyzed according to the evaluation questions.

RESULTS

The literature search identified 3,050 documents, including 2,873 from bibliographic databases and 177 from grey literature. Following the selection process, 16 documents were retained, including 13 primary studies, one thesis and two reports from learned organizations. The 16 papers were published between 2011 and 2023, and originate from the UK (5), Germany (4), Canada (3), USA (2), Slovenia (1) and Australia (1). The methodological quality of nine primary studies and the thesis is high; three studies are of good quality and one is of acceptable quality. Fifteen documents present day hospital-type mental health care and services for adult patients with acute anxiety and mood disorders, under five different names corresponding to Quebec HDJs. Seven papers present results relating to measures of effectiveness that demonstrated the expected effects of the HDJ program. Seven other studies report efficacy comparable to hospitalization and other alternatives. Finally, five qualitative studies report results in favor of HDJ care and services.

FINDINGS

Outpatient care and services, such as day hospitals:

- › have a variety of names;
- › serve a clientele with several mental health disorders, including TATH;
- › involve a multidisciplinary team;
- › combine intensive treatment with rehabilitation services;
- › vary in intensity and duration;
- › involve daily follow-up, with various forms of therapy.

According to a high level of evidence, HDJ:

- › lead to a reduction in symptoms comparable to other alternatives (hospitalization, crisis center);
- › reduce post-treatment readmission rates for users, comparable to other alternatives;
- › improve users' socio-professional reintegration, comparable to other alternatives.

According to a moderate level of evidence, HDJs:

- › improve users' overall functioning and quality of life in a way comparable to other alternatives;
- › show a better therapeutic contribution, through to the group formula, than other alternatives;
- › promote the acquisition and transfer of skills to users better than other alternatives.

No study showed that HDJs were less effective than other alternatives (hospitalization, crisis center).

None of the selected studies addressed the safety aspect of outpatient interventions, either for users, their families or caregivers.

CONCLUSION

The results of this ETMISSS project will enable applicants to position the HDJ service offering within the current service trajectory, with the identification of effective and safe practices.

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