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Predicting requirements for community care

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Background

The provision of services for the long-term mentally ill following hospital closure must depend on making assessments of those patients which will then enable more accurate prediction about their future accommodation and care needs. The *Rehabilitation Evaluation Hall and Baker* (REHAB) (Baker & Hall, 1984) is a 23-item behaviour rating scale which has been shown to have good inter-rater and test-rater reliabilities, and good concurrent validity against other established scales (Baker & Hall, 1988). The score for 'General Behaviour' (derived from 16 REHAB items) provides information about the dependency levels of patients and is thought to predict the intensity of care (including types of accommodation) that would be needed by them in the community. It has been used extensively in hospital closure programmes and research projects for this purpose (Carson *et al*, 1989). The General Behaviour score can discriminate between patients attending day hospitals and those resident in a long-stay ward (Baker & Hall, 1988) and longitudinal studies to assess its predictive validity are under way.

The Community Placement Questionnaire (CPQ) (Clifford, 1986) has been designed specifically to aid planning for community resettlement. It consists of 48 items which, in addition to assessing a similar range of behaviours as those measured in REHAB, seeks staff opinion as to the specific requirements of patients with regard to a range of community facilities. The CPQ has been shown to have good inter-rater and test-retest reliabilities and it can discriminate between patients in long-stay, rehabilitation and admission wards and between day centre and long-stay patients (Clifford *et al*, 1990).

The identification of patients for whom community placement is likely to be problematic, and perhaps even impractical, is an important aspect in planning community care. Such patients are typically expensive to provide for and may require specific facilities in the absence of hospital placement. Both REHAB and the CPQ aim to identify such individuals. A score of greater than 65 on the REHAB General Behaviour score is taken to indicate high dependency with little prospect of successful community placement, while a score of greater than 80 indicates that a patient is definitely unsuitable for living outside hospital (Baker & Hall, 1984). In the CPQ, a 'hard-to-place' category has been derived empirically (Clifford *et al*, 1990) and the cut-off drawn so as to minimise the chance of misclassifying a difficult patient as *not* hard to place. Hall & Baker (1984) found that the level of 'deviant' (socially unacceptable) behaviour was not relevant in determining accommodation needs for the large majority of patients. By contrast, aggression and other anti-social behaviours are heavily weighted in the CPQ hard-to-place category.

The purpose of the present study was to assess the concurrent validity of the CPQ against the more established REHAB and to examine their different ways of identifying patients who may have difficulty in relation to community placement.

The study

One year prior to the study, all patients resident for a year or more at Horton Hospital had been surveyed using a measure of dependency developed by the Community Psychiatric Research Unit of Hackney Hospital (Readhead, 1985 [unpublished]). This instrument, which is designed to measure in crude terms the dependency level of patients, is heavily biased towards items measuring physical dependency and is of only limited use for service planning purposes. Patients who exhibited high levels of dependency using this instrument were excluded. The remaining patients were assessed using REHAB and the CPQ. The REHAB assessments were completed by experienced psychiatric nurses who had been instructed in how to complete the scale. Multidisciplinary teams completed the CPQ.

Findings

Of the 371 patients who met the inclusion criteria for the study, 365 (98.4%) were surveyed using both REHAB and the CPQ.

The following items from the CPQ were significantly correlated with the General Behaviour score

on REHAB: the mean community/self-care score (Pearson's $r = -0.85$, $P < 0.0001$); staff opinion of problems relevant to community living (Spearman's rho = 0.26, $P < 0.0001$); and the levels of support recommended by staff for community accommodation (Spearman's rho = 0.52, $P < 0.0001$).

A χ^2 analysis showed a significant association between the hard-to-place category on the CPQ and a score of greater than 80 on the REHAB General Behaviour score $\chi^2 = 41.2$, d.f. = 1, $P < 0.0001$, with Yates' correction.

Comment

The validity of the CPQ is supported by the high levels of agreement between some of its measures and those of the REHAB. REHAB is shorter, with less than half the number of items of the CPQ, but the CPQ asks for more information regarding the specific requirements of patients, and may therefore be more useful in service planning. Further research is required to assess directly the predictive validity of both scales.

However, although there was a significant overall agreement between the CPQ's hard-to-place category and a score of greater than 80 on the REHAB General Behaviour, this was largely due to the substantial numbers of patients identified as *not* presenting marked difficulties. The measures of potentially hard to place patients did not identify the same individuals. While this may not affect the usefulness of these scales as planning instruments for the hospital population as a whole, it does suggest that one should not rely exclusively on a single measure to identify those individual patients who may prove difficult to place in the community.

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Can psychiatrists predict which new referrals will fail to attend?

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It is not uncommon to hear a psychiatrist claim to be able to judge from general practitioners' letters which new referrals will attend and which will fail to turn up. However operational research has failed to define clear characteristics of patients who do not keep first appointments (Hillis and Alexander, 1990; Skuse, 1975; Zegleman, 1988). Also the standard of referral letters has been criticised in the past and shown more recently to omit key items of information (Pullen & Yellowlees, 1985). The aim of this study is to test the ability of psychiatrists of varying experience to predict non-attenders.

The study

Photocopies of ten non-urgent new referral letters were sent to 48 psychiatrists. Three of the ten patients had in fact failed to attend. The letters were selected at random from 100 referrals to the Victoria Infirmary in Glasgow. A new referral was defined as a patient never previously referred to the services or not seen in the preceding year. The patient's name and address and the identity of the general practitioner were omitted.