The Problem

Transition from hospital to community settings can be stressful for anyone. However, for persons with illnesses or disabilities, relocation stress may exacerbate symptoms and impair functioning…relocation trauma [has] been reported for non-psychiatric elderly patients and patients with cognitive disability…including higher death rates, depression and disturbed behaviors” (Farhall, Trauer, Newton & Cheung, 2003, p. 1022). Trauma in psychiatric populations has rarely been studied for the impacts. However, successful reintegration has been achieved with adequate preparation and planning, allowing clients to visit communities prior to official discharges, collaboration with families and empowering patients by honouring choice, if possible. Continuity of care and transition preparation can therefore improve the transitional experience for clients (Farhall, et al, 2003).

Can-Voice is a non-profit charitable organization located in London, Ontario, that serves the needs of individuals living with mental health challenges and is an agency that was responsible for post discharge follow-up. This study generated new data regarding the transition experience of people between the ages of 18-65 who have transitioned into the community from an inpatient mental health unit. People who have had a hospitalization, but are now living in the community were recruited through Can-Voice, a consumer/survivor peer support agency. This study will reveal the transition experience and hopefully offer new knowledge surrounding the accessibility of inpatient services and outpatient care from the perspective of the client.

Review of Literature

The purpose of this study is to explore the transition experience of people between the ages of 18-65 who have transitioned into the community from an inpatient mental health unit. People who have had a hospitalization, but are now living in the community were recruited through Can-Voice, a consumer/survivor peer support agency. This study will reveal the transition experience and hopefully offer new knowledge surrounding the accessibility of inpatient services and outpatient care from the perspective of the client.

The question to be answered is “what helps/hinders the transition from inpatient mental health care to re-integration within communities?”

Review of Literature

Following a review of the literature, three themes were identified related to successful transition: (1) the therapeutic nurse-client relationship, (2) family relationships and (3) Peer support.

Nurse-Client Relationship:

It has been found that overlapping inpatient support during the re-integration experience until the working phase of the therapeutic relationship has been established with the community provider, facilitates a more successful transition (Forchuk, Jewell, Schofield, Sircelj, & Vallerod, 1998).

The “Bridge to Discharge Project” involved overlapping services from the hospital nurse and community nurse until the therapeutic relationship was established with the community nurse (Forchuk, Schofield, Martin, Sircelj), Woodcox, Vallerod, Overy & Chan, 1998). 14 months into the study, 13 clients had successfully transitioned into the community. Four of those clients who transitioned no longer required inpatient services (Forchuk, Schofield, Martin, Sircelj, Woodcox, Vallerod, Overy & Chan, 1998).

Another study further supported the importance of the therapeutic relationship when examining the cost and effectiveness of a transitional discharge model (Forchuk, Martin, Chan, & Jensen, 2005). The transitional discharge model was rooted in Popul’s theory and “assumes that the quality of interpersonal relationships has an influence and impact on quality of life and that a supportive social network will promote less need for expensive interventions such as hospitalization” (Forchuk, Martin, Chan, & Jensen, 2005, p. 557). In a randomized clinical trial involving four tertiary care hospitals, it was found that ongoing support from hospital to community staff, until the patient has engaged with the community nurse past the orientation phase of the nurse-client relationship lead to successful transition and reduced re-admission rates (Forchuk, Martin, Chan & Jensen, 2005).

Family Relationships:

The therapeutic relationship also supports the relationships with family members (Forchuk, Jewell, Schofield, Sircelj, & Vallerod, 1998). Each client’s involvement with family varies depending on their situation. However, they found that family relationships can foster an ongoing supportive connection and provides “emotional, social, spiritual, cultural, housing and financial support” (Forchuk, Jewell, Schofield, Sircelj, & Vallerod, 1998, p. 199) to clients. It was also found that the transitional experience could be improved if a healthy family network is encouraged during inpatient hospitalization (Forchuk, Jewell, Schofield, Sircelj & Vallerod, 1998).

Peer Relationships:

Peer support has been shown to be a complementary support in the transitional experience (Forchuk, Jewell, Schofield, Sircelj & Vallerod, 1998). “Mental health consumers support and learn from each other through the sharing of experiences and resources within the hospital and then the community” (Forchuk, Jewell, Schofield, Sircelj & Vallerod, 1998, p. 199). Individuals with mental illness often find the professionals are making the decisions regarding their care; it was found that peer support can empower individuals with mental illness to learn how to make decisions regarding their care as peer supporters act as role models to encourage participation in decision making (Forchuk, Jewell, Schofield, Sircelj & Vallerod, 1998). However, individuals transitioning may even just need peer support in the form of a friend to assist the individual to navigate into the community from a patient-perspective and provide the foundation for a social support network (Forchuk, Jewell, Schofield, Sircelj & Vallerod, 1998).

The Transitional Discharge Model also included the component of peer support to aid in the transitional process (Forchuk, Martin, Chan and Jensen, 2005). “The provision of peer support has been shown to improve several areas of quality of life, such as satisfaction with living situation, personal safety and financial management” (Forchuk, Martin, Chan and Jensen, 2005, p. 557). Consumer survivors volunteered to provide peer support to individuals transitioning from inpatient mental health services. Peer volunteers “provided friendship, provided understanding, taught community living skills and encouraged current clients in making the transition from psychiatric hospital to community” (Forchuk, Martin, Chan & Jensen, 2005, p. 560).

One study generated new data regarding the transition experience from an acute care psychiatric ward located at a community hospital in small town/rural Ontario, Canada (Jensen, Forchuk, Seymour, Chapman, Witcher, & Davis, 2009). Discharge planning was provided by the community service that was responsible for post discharge follow-up. This resulted in a 40% reduction in the annual readmission rate. All participants reported receiving professional outpatient services and peer support as reported at six months post discharge (Jensen et al, 2009).

Ethics: Approval granted from York University Research Ethics Board

Funding: Pro Bono

Theoretical Perspective

The theoretical perspective that guides this study is Afaf. I. Meleis’ Transition Theory. Meleis’ Theory focuses on understanding, developing, and assessing processes of transition; which focuses on geographical changes and transitions from hospitals (Abad, 2010). As a result of decreased acute care funding and a shift towards more community-based recovery and rehabilitation, patients with acute and chronic illnesses are discharged much earlier. “The transition to recovery is somewhat more protracted, and patients need expert and competent care until they complete their recovery transition. When patients and their families are not cared for during these transitions they experience many complications and possible readmissions” (Abad, 2010, p. 1).

Healthy transition is defined as “a mastery behaviours, cues, and symbols associated with new roles and identities as non-problematic transitions” (Abad, 2010, p. 2). Situational transition involves a shift of roles and responsibilities; nurses are in an excellent position to support the transition of roles and responsibilities (Abad, 2010). Transition refers to the complex interactions between the person and their environment (Meleis, 2010). Although there is a general pattern of the transition experience, it is imperative that nurses assess and collaborate with the patient to plan transitions as each experience is unique to the individuals experiencing it (Abad, 2010).

Method

The sample consists of participants who have experienced a transition from inpatient mental health care to the community, and are able to express what helped, didn’t help and suggest what would be helpful to aid in the successful transition of future patients. Participants were recruited by means of a convenience sample, utilizing the snowball sampling technique (Stoneburner & Carpenter, 2011). This method allowed early participants to refer other participants whom they felt may be interested in participating in the study. Unstructured interviews were utilized stemming from the objectives of the study.

Demographic information was also collected, including: age, socio-economic status, source of income, whether or not the individual has a fixed address, financial sources, and gender to gain a diverse understanding of the phenomenon.

Inclusion criteria: 18-65 years, admitted as an inpatient at a hospital for at least 14 days, can read and speak in English and are able to give informed consent.

Exclusion criteria: individuals who are experiencing psychosis, imminently verbalizing suicidal ideation or unable to give informed consent.

For more information about the study contact:

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