



SCHIZOPHRENIA Factsheet

September 2020

What is inpatient and outpatient care?

Treatment that is provided to patients in a home environment, community or outpatient mental health facility are more commonly provided for patients in chronic or stable phases of the disorder. Treatments are integrated as part of a comprehensive program in conjunction with ongoing medication. Patients in a more acute phase of illness are usually treated through psychiatric inpatient hospital services.

What is the evidence for inpatient and outpatient care?

Moderate to low quality evidence finds improved overall symptoms and social adjustment with home-based crisis intervention by 20 months, more social behaviour, less agitation and disorientation by 4-6 months, and reduced family burden and disruption by 3 months (but not 6 months). Patients and their relatives also report greater satisfaction with treatment with home-based crisis intervention compared to hospitalisation.

Community care involving assertive community treatment, intensive case management, or educational support, may provide some benefit over standard care or case management for treatment adherence. Community care plus family interventions can reduce the rate of transition to psychosis in the short term (< 1 year), but not the longer term (> 1 year) in people at an ultra-high risk of psychosis. There is some benefit of community based mental health programs in low and middle income countries for improving symptoms, and reducing relapse rates and disability.

Moderate quality evidence suggests day hospitals may have short-term benefit for global functioning and employment rates compared to outpatient care. There is longer duration of treatment in day hospitals compared to inpatient care. There is some benefit of cognitive behavioural therapy provided in hospital settings for reducing symptom severity in patients with acute recent-onset psychosis. Moderate to high quality evidence finds patients with hospital stays between 1 week and 1 month are more likely to be unemployed by 1 to 2 years after hospitalisation than patients with hospital stays over 2 months. Moderate to low quality evidence suggests patients admitted involuntarily show more severe symptoms, less insight and higher levels of treatment-related trauma symptoms than patients admitted voluntarily.

Pre- and post-discharge transitional programs may reduce psychiatric hospital readmissions by 1 - 2 years after discharge, particularly transitioning programs that involve a psychoeducation component and that provide transition managers who start their relationship with the patient pre-discharge and follow through until the patient is settled in the community.

Moderate to low quality evidence suggests inpatients who abscond from hospital are often young men in the first three weeks following admission. Absconding may occur in up to 34% of admissions, and up to 80% of absconders return within 24 hours. A large proportion of absconders indicate intent to leave, and most commonly abscond directly from the ward. There is insufficient evidence regarding interventions for preventing absconding.

For further information see the technical table



NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate/schizophrenia.