A Quantitative Study on The Revolving Door Phenomena Among psychiatric Clients at The Accra Psychiatric Hospital and rehabilitation Center

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Abstract

In mental health, revolving door syndrome refers to the tendency of clients to get better for a while, and then end up relapsing. The revolving door phenomenon arises from the interface of a wide range of topographies related to the core psychotic disease (such as, severity of disease, poor medication compliance), additional factors (substance abuse), and services obtainability (such as, assertive support groups within the community). Furthermore, it is imperative to note that in spite of optimal medication and psycho-educational regimen, many clients with substance abuse still relapse. In Ghana, the Accra Psychiatry Hospital in the Greater Accra region has a total number of two hundred and fifty beds. The main objective was to determine the psychiatric revolving door syndrome, and the specific objectives of the study were to answer to the following research questions; To determine patterns of readmission, to determine structured support of patients after discharge and to determine characteristics of patients who experience readmissions. This study was conducted on a total number of 30 patients who were admitted to the Accra Psychiatric Hospital and Rehabilitation Center. The data were analyzed using a logistic regression model. We found that factors such as drug addictions, schizophrenia, psychosis, and depression were statistically significant in the number of readmissions using the logistic regression model. Readmission to the psychiatric ward is mainly predictable by the type of diagnosis and psychosocial supports. There is an urgent need for improved record keeping. Hospitals related issues that may contribute to readmission should also be identified and addressed. In particular, hospitals policies and procedures for admissions and discharges, community based services and the attitudes, expectations and perceptions of hospital staff towards patients who relapse require further study.

Keywords*: Revolving door phenomenon, psychiatric clients, rehospitalization, mental health, Accra Psychiatric Hospital, substance misuse, medication adherence*

INTRODUCTION

Revolving door syndrome is a term used in mental health to describe a client's tendency to improve for a time before relapsing. The interplay of a range of topographies related to the core psychotic condition (e.g., disease severity, poor medication compliance), supplementary variables (substance misuse), and service accessibility causes the revolving door phenomena (e.g., assertive support groups within the community). It's also worth noting that many substance-abusing clients relapse after receiving the best medicines and psycho-educational treatment. "Roick and Thompson et al. (2003)," according to Rick and Thompson.

Patients with mental illnesses are more likely to be readmitted to the hospital, especially when health-care institutions encourage brief stays. Furthermore, readmitted patients make up a considerable portion of psychiatric hospital admissions, according to various research. Rehospitalization rates vary, although they are higher in the first few months after a patient has been discharged.

Both patients and their families find rehospitalization to be a cause of frustration and pain. Due to the rising cost of care, this issue has a negative impact on health-care systems. A multitude of factors influence rehospitalization, which should be considered in the context of each health-care system. Rehospitalization has been utilized to determine whether or not social networks will accept mentally ill people, as well as the quality of health-care services in recent years. However, there is disagreement as to whether or not this criterion is effective in judging the quality of care.

There is no solid evidence of a relationship between gender and readmission. Men have been found to be at a higher risk in some studies, while women have been found to be at a higher risk in others. Furthermore, a higher number of previous hospitalizations and a longer duration of hospitalization during the initial episode have been linked to an increased risk of rehospitalization diseases like schizophrenia and affective disorders, which cause patients to present significant psychotic symptoms. Rehospitalization has been linked to a history of aggression or symptoms after discharge.

The link between alcoholism, abuse, or use of other addictive substances and rehospitalization is one of the most persistent findings. According to a lot of experts, this link is most likely related to the presence of low social and economic circumstances. D. Tedstone, D. Walsh, and D. Daly. A. Daly, D. Tedstone, D. Walsh, and D. Daly. The Irish Journal of Psychiatric Medicine published an article titled Reducing the frequency of revolving doors 27–34.

It's unknown whether medication adherence affects the likelihood of being admitted to the hospital. While the majority of studies have shown a correlation, others have not.

Depending on when you're readmitted, these factors have a different impact on rehospitalization. Rehospitalization that happens one to three months after the initial hospitalization is referred to as early readmission, and long-term readmission occurs one to five years after the initial hospitalization. This occurrence may aid in the development of programs and policies aimed at reducing rehospitalization, improving patient care and quality of life, and lowering healthcare costs, particularly in care models with limited bed availability and additional restrictions for caring for mentally ill patients. K. R. Patel, J. Cherian, K. Gohil, D. Atkinson, Schizoprenia: an overview and treatment options Formulary Management Peer Review Journal, 39(9), 638-645. P&T: Formulary Management Peer Review Journal, 39(9), 638-645.

Hospital readmissions and emergency department visits are both potentially avoidable and costly health-care events. Twelve percent of young medicaid patients admitted to a hospital for a mental or substance use issue are readmitted within thirty days in the United States. The average cost of mental health-related hospitalizations in 2011 was more over $10,000, while the average cost of substance use disorder admissions was more than $7,000 (author calculations based on data from http://hcupnet.ahrq.gov).

When a mental or drug use illness is present, hospitalization rates and expenses per capita rise. A number of factors have been connected to readmissions to mental health facilities. Previous hospitalization is the most reliable predictor of future hospitalization. People who have co-occurring mental and drug illnesses, severe and persistent psychiatric symptoms, poor antipsychotic medication adherence, and psychotic disease are more likely to be readmitted. When it comes to mental disease and mental wellness, is the glass half full or half empty? In Canadian Journal of Psychiatry, Pierre J. M. 57(11):651-658.

Clients with mental illnesses have a higher risk of treatment dropout, relapse, homelessness, and suicide in the weeks after being discharged from the hospital, and they are more likely to be readmitted. In patients with impairments, the combination of schizophrenia and substance addiction has been connected to a higher likelihood of readmission.

The results of research into the link between use of post-discharge services and readmissions have been equivocal. Increased readmissions, reduced readmissions, and no effect on readmissions have all been linked to outpatient aftercare. Many studies focus on aftercare services in general rather than specific types of aftercare, such as intermediate programs, which has resulted in inconsistent results. L. T. Postrado and A. F. Lehman,. Psychiatric Services, 46, 1161-1165. Predictors of rehospitalization and quality of life in patients with severe mental illness. More in-depth research has revealed that the link between aftercare and readmissions is complicated. There are links between receiving care at a community mental health center and fewer readmissions, as well as higher use of community resources and more hospitalizations, according to research. According to one study, some post-hospitalization care was linked to lower readmission rates, but larger-than-average utilization of outpatient services was linked to higher readmission rates.

Few studies have looked into how intermediate services can assist patients stabilize over time and move from inpatient to outpatient care. Residential treatment, partial hospitalization, and intense outpatient therapy are all examples of behavioral health intermediate care.

Several studies have looked at the link between residential treatment and substance abuse readmissions, but there have been few investigations on the link between intermediate treatments and mental health readmissions. The impact of treatment in community residential treatment institutions was investigated by Moos. (2011). They discovered that staying in community residential treatment services for longer periods of time was linked to fewer readmissions, and that people who dropped out had particularly high readmission rates.

Aftercare, particularly intermediate programs, may be a successful method for lowering behavioral health hospital readmissions and ER visits. However, no studies have looked into the impact of using intermediate services on readmissions and subsequent readmissions.

Ghana is a West African country with notable mental institutions such as the Accra psychiatry hospital and the Pantang mental hospital, all of which are located in Accra, the regional capital. In Cape Coast's Central Region, there is also the Ankaful psychiatric institution.

The Accra Psychiatry Hospital, which is located in the Greater Accra area, has 250 beds. A total of 4% of hospital beds are allocated to teenagers and children. (Accra Psychiatric Hospital Annual Report, 2015).

Overcrowding occurs frequently in state-run hospitals due to a lack of beds, forcing patients to sleep on mattresses and mats spread around the floors. Re-admission of patients to an already overburdened facility exacerbates the situation. In addition, because to the overpopulation, disease spreads quickly. Especially now, when the new corona or covid-19 virus is circulating.

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In 2005, the average length of stay for a hospitalized client in Accra's psychiatry hospital was 82.2 days, whereas in Pantang's psychiatry hospital, it was 285 days.

According to a study conducted by Dr. Victor Doku, Professor Dr. Akwasi Osei, and others, approximately 70 clients were meant to be freed from the Accra Psychiatry Hospital in 2007. One aspect appears to be the shame associated with mental illness, which leads to relatives and carers abandoning their loved ones in psychiatric facilities. In addition, there is a lack of community support and rehabilitation programs. As a result, there are individuals who have relapsed so frequently that they choose to be hospitalized. A patient at the Ankaful Psychiatric Hospital, for example, has been there for almost two decades, occupying a single bed, while another patient at the Accra Psychiatric Hospital has been there for over thirteen years. This raises the question of how many more people would have got treatment if the sufferer had recovered and returned to society.

PROBLEM STATEMENT

The mental health and poverty project study conducted in Ghana, in 2007 demonstrated that due to lack of community support and rehabilitation services discharged patients are unable to return to their communities. This issue indicates that the community is unprepared and unwilling to receive and support discharged mental patients. It therefore, becomes almost impossible to lead a normal live in the community following discharge from a psychiatric hospital. It implies that, patients will relapse and be readmitted to the hospital. The Ghanaian Health Ministry's goal is to shift mental health treatment away from major mental institutions and toward community services and general health care settings throughout the country. The new mental health bill, which was passed in 2012, strengthens community mental health services, making it easier to identify and manage those who require assistance. This assumes that the length of time patients spend in hospitals has decreased. However, it is unfortunate to highlight that mental health services for discharged patients in the community are non-existent, resulting in recurrence and readmission to the hospital. It has been stated that readmissions account for 60% of all admissions to the Accra psychiatric hospital (Annual report 2015, Accra Psychiatric Hospital). The study's goal was to learn more about the reasons for readmissions at the Accra Psychiatric Hospital and Rehabilitation Center.

SIGNIFICANCE OF THE STUDY

Despite all medication and psycho- educational treatments given to patients with substance abuse, the community adjustment following discharge of patient from the psychiatric homes still leads to relapse. Much work has not been done on the topic; it is in view of this that the researcher seeks to find out the reasons behind the relapse.

The study revealed how the revolving door mental patients` phenomenon manifests in the Accra Psychiatric Hospital and rehabilitation center and possible ways to curb them down. The study also suggest to the government and relevant donors to increase support to mental health institutions and use the information to enhance mental health services delivery of in

Ghana. The findings will be used by communities in Ghana to improve the quality of mental-health care. The findings of the research will make theoretical and practical contributions to mental health.

2.0 LITERATURE REVIEW

The term mental health has been defined differently by different authors. To begin, Till and Sartorius (2013) stated that mental health is a state in which a person is at peace with themselves and capable of efficiently pursuing their goals. One is also able to manage change, relationships with in oneself and others and able to control emotions. The individual must also be able to provide their own basic needs and higher function needs like food, shelter, survival, protection, freedom from pain and social support. Mental health, according to the World Health Organization [WHO], (2009), is a state of well-being in which a person may fulfill his or her full potential, cope with everyday life challenges, and work productively and fruitfully to contribute to his or her community. Therefore, for an individual to be considered to have poor mental health, a number of clinical measures are performed for example the prevalence of mental illness and hospitalization. It is also associated with socio-demographic factors and lifestyle factors which implying that poor mental health status is not only determined by mental condition but also social relations (Shekhawat & Chathley, 2013).

Western countries have gone through a phase of deinstitutionalization of mental health care in the previous few decades. The demand for psychiatric beds has increased significantly, leading in the reopening of psychiatric facilities and the transition of care to community-based services. Acute inpatient hospitalization has become a critical therapeutic option for severely ill mental patients since deinstitutionalization. On the other hand, it has been argued that access to acute psychiatric beds is still a problem. This limitation in bed access has been blamed on bed obstruction caused by "inappropriate admissions" and a lack of alternative services in the community.

The supply of beds has been connected to a number of concerns. The length of stay (LOS), readmission rate, and improper admissions are all crucial issues to consider. The studies that were accessible were either poorly constructed, old, or focused on characteristics such as work status, socioeconomic deprivation, and housing, which are unlikely to improve without large policy reforms. Although a recent study at a private mental hospital in West Australia revealed that hospital outcome as measured by patient-reported symptomatic improvement predicted readmissions, there has been little major relevant research in Ghana. Because LOS and psychiatric inpatient admission are closely linked to the organization of the mental health system and cultural factors, the bulk of these research' findings are not applicable in a Victorian public mental health framework.

The study's specific objectives were to determine patterns of readmission, coordinated post-discharge care, and patient characteristics linked to readmission, as well as LOS and predictors of mental ward readmission. Patients admitted to an acute mental ward were also

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profiled to gain a better understanding of the present condition of acute bed utilization. The purpose of this research was to investigate characteristics that could be influenced by changes in service delivery and clinical practice.

As previously stated, a variety of characteristics proposed in the research influenced readmission rates. "(Montgomery and Kirkpatrick, 2002)" stated that "the determinants were primarily consumer-based, while some were service-based." Consumer-based criteria include social and demographic characteristics like age and gender, as well as clinical characteristics like diagnosis and prior mental health service history. Bed occupancy issues were linked to service-related concerns. The following list is not exhaustive; it is designed to give you a sense of readmission rates, as well as the range of factors that may influence them, as well as research evidence to back them up.

3.0 METHODOLOGY
3.1 DATA COLLECTION TECHNIQUE

A structured questionnaire was used for data collection. It consisted of two sections, one section was on the characteristics of respondents and the other was on the patterns of admissions and readmission. Data collection lasted four weeks. Data was collected with the help of caregivers. The caregivers assisted by reading and translating the questionnaires to the respondent. For those who could not read English it was interpreted into either Twi or Ga (vernacular). Data collection took place from the 05th of January to the 30th of January 2021. Data collected was analyzed using SPSS version 20.

3.2 SAMPLING TECHNIQUE AND SAMPLE SIZE

N= Sample size (30)

Z = confidence interval at 95% that's 1.96

P = Proportion of incidence of cases

E = Maximum error allowed, 5% or 0.05(P value)

Q = 1 - Proportion of incidence of cases

Purposive sampling was employed to choose 30 respondents for the study.

Inclusive technique- The study included respondents who have experienced more than one admission.

Exclusive technique- The study excluded those who had active psychotic disorder and were not deemed fit to partake in the questionnaire answering.

3.3 STUDY VARIABLES

The study examined the explanatory variables from the following aspects of patients' involvement: the socio-demographic characteristics (age, occupation, religion, ethnicity, education). These variables were studied or considered from a fundamental perspective that they cut across all persons irrespective of any peculiar psychotic disorder. A person's status with regards to these could hinder or influence their readmission.

Other social factors shown in the literature to influence and used for the study were occupation, social support, medication adherence and family support. Together with other factors as age, religion, ethnicity and education, it defines the social and demographic features of the patient involved in the study.

4.0 FINDINGS

The author's examination of the data gathered and presentation of the results are covered in this part. This entails reporting the findings in a logical manner using tables.

The regression model was used as the statistical tool for analysis. The choice of a regression model for the analysis was due to its ability to describe the relationship between two variable. Also in order to predict or approximate the effect of some explanatory variable on the dependent variable. Further the successful outcome in previous related studies and the successes associated with its usage during the various analysis.

The table below illustrates the demographic data in respect to the number of admissions in percentiles and frequencies including their diagnosis.

Socio-demographic characteristics.

Variables	Characteristics (N=30)	Percentages (%)	(Frequencies)
Age	18-30	40	12
	31-40	30	09
	41-50	20	06
	51-70	10	03
Gender	Male	63	19
	Female	37	11
Marital status	Single	57	17

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	Married	23	7
	Divorced	20	6
Employment status	Employed	80	24
	Unemployed	20	6
Occupation	Students	4	1
	Business folk	54	13
	Engineer	12.5	3
	Civil servant	12.5	3
	Health Personnel	00	00
	Other	17	4
Religion	Christianity	80	24
	Islamic	20	06
	Traditionalist	00	00
Educational level	No formal education	6.7	2
	Primary	10	3
	JSS	20	6
	SSS	26.7	8
	Tertiary	30	9
	Post graduate	6.7	2
Ethnicity	Akan	46.7	14
	Ewe	26.7	8
	Ga	13.3	4
	Northerner	13.3	4
Diagnosis	Drug addict	46.7	14
	Schizophrenia	33.3	10

Psychosis	**13.3**	**4**
Depression	**6.7**	**2**

From the table above, 40% of the inmates were between the ages of 18-30 years this may be due to graduate unemployment among the youth especially following the frustrations when parents expect them to be responsible after school but there are no jobs for them. This shows that the bulk of the respondents were within the active or working ages. Males dominating the chart when it comes to mental health issue still remain unchanged over the years "Roick et al (2013)". This remained unchanged during this study. From table psychiatric conditions among young adults was high and a major matter of concern. The table indicated as high as 57% being single. High employment rate amidst the respondent was a good sign but there's the need to find out why although unemployment contributed to some form of mental related conditions, but it shows otherwise in this study but most of those employed had been affected with one mental disease or the other. From table, 4% of the inmates representing students was a good sign compared to some studies with higher percentages of respondents being students. With 79% of the respondents being employed prior to admission there's the need to further research into the reason or association behind being employed and mental health. Whether their kind of jobs have an effect negatively on their mental health thus resulting to their frequent hospitalization. From the table 80% of the inmates were Christians. With Ghana being a Christian dominated country according to the 2010 population there were no doubts to have most of the respondents being Christians. The table showed that more than 50% of the respondents had the minimum SSS educational attainment as pioneered by the national center for civic education. Form the table, there was a higher rate of mental afflictions amongst those in the southern part of the country which is densely populated as compared to the northern parts. This calls for more studies into the relation to urbanization and one developing a mental condition. Drug addiction still remained the on top of this study. According to the American psychiatry journal 2016 on drug addiction it shows a study rise in drug addiction over the past 7 years having a hard toll on the.

This table depicts the reasons for readmission.

REASONS FOR READMISSION	NUMBER OF INMATES	PERCENTAGE
Medication non-adherence	9	30
Stigma	5	16.7
Lack of social support	3	10
Peer influence	6	20
Lack of counseling	3	10
Lack of recreational centers	1	3.3
Forced admission	3	10

From table 6, 30% being 9 of the inmates were readmitted because of non-adherence to medication. 16.7% of the inmates were readmitted due to stigmatization. 10% of the inmates being 3 were admitted due to lack of social support. 20% being 6 inmates were readmitted due to peer influence. 10% being 3 inmates were admitted due to lack of counseling. 3.3% being just 1 inmate readmission was due to lack of recreational centers. Finally, 3 inmates representing 10% claim they were forced into readmission.

DETERMINANTS OF THE REVOLVING DOOR PHENOMENA AMONG

PSYCHIATRY PATIENTS.

The items measuring the probability of a possible relapse were seven in number.

DESCRIPTIVE STATISTICS OF THE MAJOR DETERMINANTS FOR A POSSIBLE

READMISSION.

	N	Minimum	Maximum	Sum	Mean	Std. Deviation
Gender	30	1.00	2.00	41.00	1.3667	.49013
Diagnosis	30	1.00	4.00	54.00	1.8000	.92476
Length of stay	30	1.00	5.00	84.00	2.8000	1.12648
Family acceptance	30	1.00	2.00	38.00	1.2667	.44978
Reason for readmission	30	1.00	7.00	94.00	3.1333	1.99540
Society acceptance	30	1.00	2.00	42.00	1.4000	.49827
Aftermath experience	30	1.00	6.00	90.00	3.0000	1.72207
Valid N (listwise)	30					

4.4 SOCIODEMOGRAPHIC AND OTHER ANCILLARY FACTOR CORRELATES

AS A POSSIBLE DETERMINANT FOR READMISSION.

The sociodemographic correlates, describe how the social and demographic factors influences a possible readmission. Other factors such as family acceptance, home visits, society acceptance, drug adherence were also analyzed here to determine their influence. There are a slew of supplemental or auxiliary elements that might have a direct impact on the likelihood of a convict being readmitted after release. These are referred regarded as auxiliary factors in the study since they tend to manifest themselves regardless of the respondent's foundation demographic and social disposition. Table 7 shows a good minority (36.7%) 11 inmates out of the 30respondents indicated that they were not visited thus felt abandoned Also 8 respondents being 26.7% of inmates responded they were stigmatized one way or the other their previous discharge.

4.5 SOOCIODEMOGRAPHIC FACTORS INFLUENCING POSSIBLE READMISSION

SEXES OF RESPONDENTS		PERCENTAGE	FREQUENCY
Gender	Male	63	19
	Female	37	11

PRESENTING DIAGNOSIS		PERCENTAGE	FREQUENCY
Diagnosis	Drug addict	46.7	14
	Schizophrenia	33.3	10
	Psychosis	13.3	4
	Depression	6.7	2

LENGTH OF STAY	NUMBER OF INMATES	PERCENTAGE
1 day to 3 months	4	13.3

4 months to 6 months	7	23.3
7 months to 12 months	13	43.3
13 months to 24 months	3	10
25 months and above	3	10

FAMILY ACCEPTANCE	NUMBER OF INMATES	PERCENTAGE
Yes	22	73.3
No	8	26.7

REASONS FOR READMISSION	NUMBER OF INMATES	PERCENTAGE
Medication non-adherence	9	30
Stigma	5	16.7
Lack of social support	3	10
Peer influence	6	20
Lack of counseling	3	10
Lack of recreational centers	1	3.3
Forced admission	3	10

SOCIETY ACCEPTANCE	NUMBER OF INMATES	PERCENTAGE
Yes	18	60
No	12	40

AFTERMATH EXPERIENCE	NUMBER OF INMATES	PERCENTAGE
Stigma	8	26.7
Hatred	5	16.7
Lack of support	6	20
Denied responsibilities	5	16.7
Loss of relationships	2	6.7
None	4	13.3

Age, religion, ethnicity, religion, degree of education, and occupation were found to have a link with readmission among the sociodemographic characteristics. - Gender and the Symptoms of the Presenting Diagnosis. It is observable that the proportion of clients being males were the majority of the respondents who had experienced multiple readmissions. Also, the presenting diagnosis particularly paying attention to drug addicts made most of the recorded diagnoses. Further, it was observed that, there was an ascendency with respect to the level of education, but there was a decline with postgraduates. No formal education recorded 6.7% being 2 respondents, primary levels saw a study rise to 10% being 3 respondents, followed by a double rise to 20% representing 6 respondents that's for the junior secondary level, then another rise from 20% to 26.7% being 8 respondents being senior secondary level, further increase to 30% being 9 respondents that's for the tertiary level, then a sharp decline to 6.7% being 2 respondents with a postgraduate educational level.

LOGISTIC REGRESSION ANALYSIS FOR PREDICTORS OF RECIDIVIST PATTERN OF READMISSION.

The choice of a regression model for the analysis was due to its ability to describe the relationship between two variable. Also, to anticipate or estimate the effect of an explanatory variable on the dependent variable. Further the successful outcome in previous related studies and the successes associated with its usage during the various analysis.

	t	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Gender	15.272	29	.000	1.36667	1.1836	1.5497
Diagnosis	10.661	29	.000	1.80000	1.4547	2.1453
Length of stay	13.614	29	.000	2.80000	2.3794	3.2206
Family acceptance	15.425	29	.000	1.26667	1.0987	1.4346
Reason for readmission	8.601	29	.000	3.13333	2.3882	3.8784
Society acceptance	15.389	29	.000	1.40000	1.2139	1.5861
Aftermath experience	9.542	29	.000	3.00000	2.3570	3.6430

VARIABLES IN THE EQUATION

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 0 Constant	-.547	.379	2.081	1	.149	.579

STATISTICS FOR THE DETERMINATES OF A POSSIBLE READMISSION.

	N	Mean	Std. Deviation	Std. Error Mean
Gender	30	1.3667	.49013	.08949
Diagnosis	30	1.8000	.92476	.16884
Length of stay	30	2.8000	1.12648	.20567
Family acceptance	30	1.2667	.44978	.08212
Reason for readmission	30	3.1333	1.99540	.36431
Society acceptance	30	1.4000	.49827	.09097
Aftermath experience	30	3.0000	1.72207	.31441

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RESULTS

Tables 1 and 2 illustrate the sample's overall characteristics. Sixty-three percent of clients were men, and men were more likely to relapse (df=29, p91 days) and be readmitted (df=29; p0.05; odds ratio=0.95). Patients between both the ages of 18 and 37 were more likely to be readmitted than those between both the ages of 51 and 70 (df=29; p0.001). Patients aged 18 to 37 years were more likely than those aged 51 to 70 years to be readmitted (df=29; p0.001). Patients who were younger (18-37 years) were more likely to be readmitted than those who were older (51 to 70 years) (df=29; p0.001). The median age was 37 years (SD=13, range: 18 to 70), and those who were younger (18-37 years) were more likely to be readmitted than those who were older (51 to 70 years). Single patients were more likely to be readmitted (df=29, p0.05; odds ratio=0.95) than married patients (df=29, p0.05; odds ratio=0.95). Drug addiction patients had a higher recurrence rate (df=29; p0.05) than patients with other types of psychosis or affective disorders. There are few or no links between the readmission sequence and occupation, economic advancement, or social standing.

The primary admission lasted 50 days on average (SD = 26 days, range: 2-363 days). Clients who were more likely to be readmitted (df=29; p0.05) spent an average of more than 71 days in the hospital during their first stay. Spearman's correlation revealed a positive correlation between the number of days spent in the hospital during the first admission and the subsequent readmission pattern.

Between the first and second admissions, the average time was 824 days (SD=139, range: 1-306 days). When compared to readmitted clients with a readmission interval of more than 2 years (df =29, p0.05), those with a readmission interval of less than 2 years (730 days) tended to show a readmission pattern. A stepwise logistic regression analysis was done to evaluate which factors have the most impact on the subsequent hospitalization pattern. The first analysis model included factors such as gender, diagnosis, length of stay during previous admission, family acceptance, reason for readmission, societal acceptability after discharge, and post-discharge experience. According to the findings, gender, diagnosis, length of stay during the previous admission, family acceptance, reason for readmission,

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societal acceptability after discharge, and post-discharge experience all had a significant impact on the readmission pattern.

5.1 CONCLUSION

Finally, the kind of diagnosis, gender, and psychosocial supports all play a role in readmission to the psychiatric unit. Gender, diagnosis, duration of stay during previous admission, family acceptance, cause for readmission, society acceptability after discharge, and aftermath experience after discharge were all variables included in the first analysis model. Gender, diagnosis, duration of stay during the prior admission, family acceptance, cause for readmission, societal acceptability after discharge, and post-discharge experience all had a substantial impact on the readmission pattern, according to the findings.

The findings of this study could be used to improve the admission process for patients seeking rehospitalization. It may also help nurses plan treatment by providing a better understanding of early intervention. We expected that the patient would not be able to change diagnoses between two hospitalizations as a constraint.

5.0 RECOMMENDATIONS

Accra psychiatric and rehabilitation hospital should continue to support and enhance discharge planning and practice as outlined in the literature and in line with evidence-based practices. Improving bridging strategies and the introduction of motivational interviewing can further reduce unnecessary readmissions and thereby provide the patient with the best opportunity to develop skills within the environment in which they will be used in the communities in which they live.

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However, social and economic factors may contribute to a longer first stay because the patient was admitted to the hospital later in a worsening clinical condition and had to go through a more difficult recovery period. Variables including economic status were shown to have no bearing on recurrence in the study. It was assumed that recurrence was linked to socioeconomic issues like unemployment. According to several studies, recurrence appears to be more closely linked to the patient's familial characteristics than to his or her own social level. Recurrence is linked to the environment in which a family lives, high levels of expressed emotion, the difficulty of caring for a mentally ill family member, and insufficient aftercare services.

They are a small group with considerable financial clout in the health-care system. Patients between the ages of 18 and 35 who have their first hospital admission with a diagnosis of drug addiction, a first hospital stay of more than 77 days, and a time gap of less than one year between their first and second admissions require special attention. These patients and their caregivers should be assigned to more intensive inpatient and community-based treatment programs.

As of this writing, a discharge follow-up nurse has begun contacting all patients post-discharge via mobile phone and this should have a major impact on readmissions and influencing patient outcomes positively. They will be asked if they have initiated contact with their community support system(s), if they are currently having difficulties, and if they have any medication issues. I see this as a great beginning.

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