

8. Title: Organizational Analysis of Srithunya Hospital: Community Attitudes toward Schizophrenic Patients in Thailand

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PURPOSE

To describe and analyze the interaction of the hospital, the non-urban community, and the mental patient in Thailand with the goals of understanding how social institutions influence the rehabilitation of the chronically disabled patient and utilizing the information in the development of rehabilitation programs.

DESCRIPTION

This study is being undertaken in support of a study, "Community Attitudes and the Care of Chronic Schizophrenic Patients," being carried out under the leadership of Dr. Phon Sangsingkeo. It constitutes the initiation of Phase II of that study. (Phase I—the collection of base-line data from the charts of a 10% random sample of patients who were admitted in the calendar years 1966 and 1967 and hospital population and diagnostic data from 1961 through 1965, is completed).

The researchers will collect appropriate documents, interview the staff members and observe what they do as they go about their work. They will obtain information about the hospital's legal charter, the sources and amount of economic support received, and its position within the Thai medical bureaucracy.

The role of the hospital's leadership in controlling task definition and performance will be described. The channels and content of communications between the hospital leadership and the staff, and between various elements of the staff and patient population will be charted along with the work flow. The socio-demographic characteristics of the staff, the nature and mechanism by which the hospital establishes exchanges with the population that is served, and tasks routinely carried out by non-staff members (e.g., patients) will be established. The techniques used to establish behavioral control over the patient population will be described and their consequences analyzed.

Special attention will be given to:

1. Admission procedures:
 - a. Who is formally responsible for deciding to admit the patients and who informally participates in this decision?
 - b. What factors are considered when this decision is made? Re-admissions differently evaluated than admissions?
 - c. What contacts are formally and informally established with the patient's community?
2. Ward assignment:
 - a. What factors influence the ward assignments made?
 - b. How are different ward assignments expected to influence the treatment received by the patient?
 - c. How is the expectancy of the staff vis-a-vis the patient communicated?

3. Diagnosis:
 - a. How are diagnoses made?
 - b. How does the diagnosis affect treatment?
 - c. Who participates in the collection of data used to establish the diagnosis?
 - d. At what stage are diagnoses accepted as established?
4. Treatment:
 - a. What factors influence the choice of treatment?
 - b. What sort of expectancy characterized the staff attitude towards various treatments?
 - c. How and by whom is data gathered concerning the effect of treatment and how reliable is the communication system that is involved?
 - d. How are ongoing treatment programs stopped and new programs initiated?
5. Record keeping:
 - a. Throughout, what records are kept, who keeps them, to whom are they available, who uses them?
 - b. How much time do the various segments of the staff spend in patients' care and how much keeping records?
6. Changes in ward assignment:
 - a. Who decides to transfer a patient from one ward to another?
 - b. What are the implications of this act?
7. Staff's concepts of mental illness:
 - a. How are concepts like chronic, acute, psychotic, and schizophrenic defined by the hospital staff operating in various roles (e.g., nurses, attendants)?
 - b. How do these definitions influence staff behavior?
 - c. What concepts are informally employed?
8. Discharge:
 - a. What factors influence a patient being considered for discharge?
 - b. Who participates in the decision and who makes it?
9. Community relations:
 - a. How and when are communications established with the patient's family and community institutions?
 - b. To what uses are such communications put?
 - c. What can be provided in the way of follow-up out-patient care within current constraints?

PROGRESS

Work performed by Dr. Sompong Dangsurisri and Dr. Chamnong Witayanond concerning the characteristics of 10% ($n = 552$) of the total admissions for calendar years 1966 and 1967, indicates that approximately 50% of the total admissions to the hospital fall within the proposed study area outside of Bangkok but on the central plain of Thailand. 76% of these patients were brought to the hospital by relatives requesting their admissions while 13.8% were brought by police or other officials and 4.2% were accompanied by both relatives and police. All other admissions were referred by other medical institutions, neighbors, welfare homes or were voluntary admissions. First admissions accounted for 56.5% of total admissions; 19% were second admissions and 24.5% had been admitted three or more times. Seventy-eight percent of all admissions received a diagnosis of schizophrenia. Of all patients admitted 86.2% were discharged within six months and 8.7% remained in the hospital for over one year or were still resident in the hospital. On discharge, 1.8% of all patients were considered to have recovered while 62.5% were thought to be much improved or moderately improved; 33.7% showed only slight improvement or no change and 2% were discharged because of death; 65.2% of the patients were discharged to the care of relatives. One interesting fact is that 21.6% of the patients were discharged because they escaped; the vast majority of these were male. In addition to the categories of information already discussed, marital status, age, ethnic grouping, religion, estimate of economic status, education, history of mental illness in the family, breakdown of diagnostic categories by age, and the correlation of status on discharge with type of discharge have all been collected and analyzed.

Data concerning population growth in the area serviced by the hospital as well as admissions figures from the Annual Reports from 1960 through 1968 have been collected. These indicate that the rate of admission to Srithunya is increasing much more rapidly than the population at risk in the same area. The result is an increasing patient population and a worsening shortage of non-professional and professional staff. Difficulties in recruiting new staff are particularly acute. In order to describe the operation of this mental hospital as an open system, all key personnel at Srithunya Mental Hospital have been interviewed and the operation of each section and relevance to the overall mission of the hospital is being reviewed. A census questionnaire has been completed by 440 of the 447 employed. The seven uncensused individuals are apparently attending training courses of various sorts. Observations of behavior and interviews are being performed concerning organizational and cultural factors which may influence the availability, performance, and departure of the hospital staff. Detailed observations of the operation of the Director's office, the out-patient and admitting service, the rehabilitation service, and the female and male in-patient services are in varying degrees of completion. The Hospital Director, Dr. Chantana Sukavajana, is collaborating on this phase of the study and section chiefs are providing invaluable assistance.

The relations within the hospital as well as the relationships of the hospital and its staff to the external environment are being examined in order to isolate modifiable factors that may influence the development of chronicity in patients.

During the next fiscal year preliminary work will be done to assess medical, social-cultural and economic factors in the community that influence the care and referral of mental patients. We will attempt to isolate basic variables of human organization which generate patients for the mental hospital.