Retrospective Analysis of Mental Disorder Patients with "Combination of Medical Care and Nursing Care"

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Abstract

Objective: To analyze the basic situation of patients with mental illness who have the demand of combination of medical care and nursing services. **Methods:** A retrospective analysis was performed on the disease types, course of disease, age and marital status of 600 inpatients in our hospital in recent 3 years. **Results:** Among these patients, patients with schizophrenia were the most (347 cases), accounting for 57.8% of the total number of patients, followed by patients with dementia (154 cases), accounting for 25.7%; Course of disease $\geq$ 30 years, 313 cases, accounting for 52.2% of the total number of patients, course of disease $\leq$ 10 years, 52 cases, accounting for 8.6%; Most patients were over 60 years old: 411 patients (68.5%); Under 60 years old: 189, or 31.5%; 130 patients were married, accounting for 21.7%, and most of them were single, accounting for 78.3%; Single people were divided into: 209 divorced cases, accounting for 34.8%; Widowed 104 (17.4%); 157 cases were unmarried, accounting for 26.1%. **Conclusion:** At present, the combination of medical and nursing services for patients with mental disorders, chronic and elderly patients with schizophrenia, long course of disease, more single.

1. Introduction

Nowadays, the aging of the global population has become a prominent problem, and the pressure of providing for the aged is a common problem faced by the whole world (Bian & Niu, 2021). With the aging of our country at the present stage, some "senile diseases" occur frequently, easily and suddenly, and the treat-

ment and nursing problems of the sick, semi-disabled and disabled elderly are troubling thousands of families (Kong, 2020). With the deepening of the aging degree in China, residents' demand for medical and pension services is increasing day by day (Zhang et al., 2022). Medical institutions and pension institutions are independent of each other, nursing homes are not convenient for medical treatment, and the hospital cannot provide for the aged, once the elderly fall ill, they have to often return home, hospital and pension institutions between, both delay treatment, but also increase the burden of family members. The separation of "medical treatment" and "pension" makes many sick old people treat hospitals as nursing homes and become "regular residents". The "bed-sharing" of the elderly worsens the strain of medical resources, thus giving birth to the new pension model of "combination of medical care and nursing" (General Office of the State Council, 2013). In recent years, our hospital has carried out a combination of medical and nursing services for patients with mental diseases. This study is a retrospective analysis of the disease types, course of disease, age and marital status of 600 patients with the combination of medical and nursing services in our hospital in more than 3 years.

2. Objects and Methods

From May 2018 to September 2021, a total of 600 patients with the combination of medical and nursing services in our hospital were selected. The medical records of these patients were counted, and the distribution of their mental illness types (according to ICD-10 diagnostic criteria), course of illness (the course of illness at each hospitalization), age (based on the birth date on ID card, over one year of age) and marital status (according to family members) were analyzed.

2.1. Inclusion Criteria

1) Male and female; 2) Have a mental illness. There's no limit to the type of mental illness; 3) Have been nursed in a rehabilitation nursing center and have been hospitalized at least once; 4) After ethical approval; 5) Informed consent of patients or family members.

2.2. Exclusion Criteria

1) Patients who only provide "old-age care" services; 2) Patients receiving only "medical" services; 3) Patients or family members are unwilling to participate.

3. Results

The statistical results of these 600 patients with combination of medical and nursing care are as follows:

3.1. Distribution of Patients with Different Mental Disorders (According to ICD-10 Diagnostic Criteria)

Schizophrenia: 347 patients, accounting for 57.8%; Mental disorders caused by dementia: 154 cases (25.7%); Bipolar disorder: 48 cases (8.0%); Depressive dis-

orders: 13, 2.1%; Anxiety disorder: 12 person-times, 2.0%; Epileptic mental disorder: 16 person-times, 2.0%; Mental retardation: 6 (1.0%); Others: 4 person-times, 0.7% (**Table 1**).

3.2. Distribution of the Total Course of Disease (The Course of Disease in Each Hospitalization)

≥30 years: 313 person-times, accounting for 52.2%; 20 - 30 years: 130 person-times, accounting for 21.7%; 10 - 20 years: 105 person-times, accounting for 17.5%; ≤10 years: 52 person-times (8.6%) (**Table 2**).

3.3. Distribution of Patients in Different Age Groups (Birth Time on ID Card Shall Be the Basis, over One Year of Age)

Patients over 80 years old: 61 cases, accounting for 10.1%; Over 60 years old (including 80 years old): 411 persons, accounting for 68.5%; Under the age of 60 (including 40): 189, or 31.5%; Under 40 years old: 34, accounting for 5.7% (**Table 3**).

3.4. Distribution of Marital Status of Patients (According to Family Members)

130 patients were married, accounting for 21.7%; Most of the patients were single, accounting for 78.3. There were 209 cases of divorce, accounting for 34.8%; Widowed 104 (17.4%); 157 cases were unmarried, accounting for 26.1% (**Table 4**).

Table 1. Distribution of patients with various mental disorders.

Disorders	People-times	Proportion
Schizophrenia	347	57.8%
Mental disorders caused by dementia	145	25.7%
Bipolar	48	8.0%
Depressive	13	2.1%
Anxiety	12	2.0%
Epileptic psychosis	16	2.7%
Menta retardation	6	1.0%
other	4	0.7%

Table 2. Distribution of the total course of disease.

Total course (years)	People-times	Proportion
≥30	313	52.2%
20 - 30	130	21.7%
10 - 20	105	17.5%
≤10	52	8.6%

Table 3. Distribution of patients at different ages.

Age	People-times	Proportion
over 80 years of age	61	10.1%
over 60 years of age	411	68.5%
under the age of 60	189	31.5%
under the age of 40	34	5.7%

Table 4. Distribution of marital status of patients.

Marital status	People often	Proportion
married	130	21.7%
divorce	209	34.8%
death of a spouse	104	17.4%
unmarried	157	26.1%

4. Discussion

The results of the retrospective study in this paper show that in the past three years, there are more patients with mental diseases who have the service demand of "combination of medical care and nursing" in our hospital. Among these patients, schizophrenia is the largest, accounting for 57.8% of the total number of patients, followed by dementia; the total course of disease in these patients was longer, with repeated delays and repeats. The total course of disease in most patients was over 30 years, of which 52.2% were ≥30 years, and only 8.6% were ≤10 years. Most of them were over 60 years old, accounting for 68.5% of the total number of patients, among which 10.1% were over 80 years old. There are also young people suffering from mental illness, with those under 40 accounting for 5.7 percent of the total. Only 21.7% of the patients were married, while 78.3% were single, including divorce, widowhood and unmarried, among which divorce accounted for the largest proportion. Of course, these data are only part of the patient information of our hospital in the past three years, and some patients have enjoyed many "medical" and "maintenance" services due to repeated illness. However, this also reflects the mental disorder patients repeatedly delay, cure rate is low, heavy family burden, high divorce rate characteristics. When these patients get old, their condition leads to severe impairment of social function, poor family support system, and most of them are single, with no one to take care of their life and supervise the treatment of their illness. The quality of life of the elderly population admitted to the combination of medical and nursing institutions is generally good, but the elderly population with older age, lower education level and more chronic diseases should be focused on (Li et al., 2022). Therefore, this part of mental disorders patients urgently need suitable old-age rehabilitation.

In 2021, the Chinese Medical Association national Psychiatric Annual confe-

rence, experts made a report on the health economics of schizophrenia said: schizophrenia is the "most expensive" mental illness. Globally, mental disorders have a higher burden of disease than all other chronic diseases. Mental disorders account for 10.4% of the global burden of disease, with economic losses from mental disorders estimated at $2.5 trillion per year. Direct and indirect economic losses from mental disorders are projected to increase by 144 percent by 2030. In the economic cost of schizophrenia, the direct cost is mainly the medical cost of hospitalization; Indirect costs account for 75% of all costs, including both household and social costs. Repeated episodes of schizophrenia lead to severe impairment of patients' social functions. About 58.2% of Patients in China are unable to work and live normally due to poor recovery of social functions after discharge, which further increases the time, economic and mental burden of caregivers. In addition, in recent years, it has been reported that violent tendencies and criminal behaviors of severe mental patients occur from time to time, which increases social instability and harm. Most data show that schizophrenics tend to be violent, and the violent crime rate is 4 times higher than the general population (National Bureau of Statistics, 2018).

According to the statistical results of the National Management Information System for Severe Mental Disorders, psychiatry in China is faced with various challenges: high prevalence rate, high recurrence rate, high disability rate, high poverty rate, low cure rate, and varying degrees of decline in social functions (Yu et al., 2004). On the other hand, professional services are understaffed, with fewer institutions, fewer hospital beds, fewer professionals and poor conditions. When these patients with severe mental illness reach the old age, due to the frequent recurrence of the disease, long course of disease, lower cure rate, many patients have been unmarried and childless since the early illness, more likely to live alone, the lack of family support system, so the elderly patients with mental illness need more attention and new pension mode.

At present, most pension institutions are relatively single in service mode, which can only provide basic life care and care, so that many elderly people suffering from chronic diseases cannot receive scientific and sophisticated treatment. Many pension institutions, without professional nursing staff with mental illness, dare not admit patients with mental illness. For a long time, China's pension industry has been faced with the realistic problem of "nursing homes can not cure the disease, and hospitals cannot support the elderly". Medical institutions and pension institutions are independent of each other. Nursing homes are not convenient for medical treatment, and hospitals are not able to provide for the aged. Elderly people with chronic diseases have to go back and forth between their families, hospitals and pension institutions, which increases the time cost and also increases the burden on their families. The separation of medical treatment and endowment makes many sick old people regard the hospital as a nursing home, often repeatedly hospitalized, or hospitalized for a long time, which aggravates the waste and tension of medical resources and beds. Some scholars have found that the hospitalization days of patients with severe

mental illness in many hospitals are long, resulting in low bed turnover rate and affecting the effective utilization of medical resources (Jiang & Song, 2015). However, China's community rehabilitation system is not sound, and the burden of caring for patients' families is heavy, with annual medical expenses accounting for more than half of the patients' family income.

Australia from the hospital to the community endowment institutions, establish a set of perfect effective practice running mode, make the elderly people with mental disorders in the acute phase can be fast professional make a diagnosis and give treatment, stable condition or return to family, society, or placed in chronic psychiatric nursing home, spend the rest of their lives under the professional nursing care, It effectively avoids the influence and harm of individual extreme behaviors on social and family life (Dai, 2010).

5. Conclusion

Chinese scholars began to learn from the theoretical and practical basis of foreign countries to explore the innovation of China's pension mode. Therefore, the combination of medical care for the aged service emerged at the historic moment in China. "Combination of medical and nursing care" is the integration of hospital professional examination, equipment and technology with rehabilitation training, diet and recuperation, elderly care and other specialties. Especially for patients with severe mental disorders with high recurrence rate, high divorce rate, high disability rate, high poverty rate and low cure rate, the "combination of medical and nursing" service can not only meet the needs of long-term rehabilitation of these patients, but also provide timely treatment after relapse. Moreover, it also meets the needs of social economy and stability, and reduces the burden and harm of the patient's family and society.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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