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Letter to the Editors

## The first university day hospital in Brazil: 50<sup>th</sup> Anniversary

Day Hospitals (or day care, as commonly found in British literature) have been a major treatment modality since the late 40s. Functioning as a type of partial hospitalization, they cover a broad and sometimes poorly distinguished range of patients. Controlled studies have shown partial hospitalization to be a flexible and cost-effective alternative to full hospitalization. Its proponents believe that it is used far less than would be justified by treatment outcomes.

The first day hospital in Brazil was founded in 1960. It was one of the first steps in changing the mental health delivery system, which was - and continues to be - mainly centered in traditional mental hospitals, whether public or private. In Brazil, day hospitals are connected to medical schools and are usually seen as successful experiments. However, they are not fully integrated into the mental health delivery system.

Patient selection, need for daily transportation, and a well-trained staff are some of the conditions that determine the effectiveness of day hospital treatment. Recently, with the intentional closing of large state-run mental institutions and the development of community-based care as psychiatric units (in general hospitals, emergency psychiatric care, rehabilitation units, and a network of residential homes) the day hospital option is becoming more attractive. The most common arrangement is for patients to live at their own homes and to attend a hospital program during the day.

These are possible functions that describe a partial hospitalization program:

1. provision of acute treatment as an alternative to inpatient care;
2. provision of a transitional facility to shorten the length of stay for inpatient care;
3. provision of social and vocational evaluation services for a wide range of patients;
4. provision of support and maintenance (including a medication facility) for chronically disabled patients who might otherwise require long-term hospitalization;
5. provision of services for special groups such as psychotic children, victims of drug abuse, teenagers, geriatric patients etc.

With the implementation of the Mental Health Facilities Construction Act - 1963 - in the United States, partial hospitalization became one of five basic elements required for funding the construction of a community mental health center and subsequent staffing. It was not until 1991 that the government decided to fund day hospital treatment in Brazil.

The dilemma remains, nonetheless, as to how day facilities could be optimized and integrated into a comprehensive mental health delivery system. The novelty and unfamiliarity of these hospitals, as well as a preference for known methods of treatment from traditional mental health funding sources are major obstacles to their development and use. On the other hand, inpatient care is more financially rewarding to providers than community care.

In general, it is easier to bring about changes in the public mental health sector rather than the private because of the relatively direct hierarchical structure for program change implementation.<sup>1</sup> Thus, the majority of partial hospitalization programs is funded by public initiatives.

Partial hospitalization works optimally when closely associated with other psychiatric facilities, including inpatient and outpatient units, as shown by the Day Hospital of the Ribeirão Preto Medical School at Universidade de São Paulo. It is adapted to Brazilian reality and has attained success in keeping patients stable and out of full-time hospitalization over the years, constituting a model to be spread both within the country and abroad.

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### Disclosure

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\* Modest

\*\* Significant

\*\*\* Significant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.

### References

1. Gentil V. Principles that should guide mental health policies in low-and middle-income countries (LMICs): lessons from the Brazilian experiment. Rev Bras Psiquiatr. 2011;33(1):2-3.