

A Qualitative Analysis of Clients' Evaluation of a Psychiatric Day Hospital

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ABSTRACT

The purpose of this study was to qualitatively explore and describe the evaluation of a psychiatric day hospital by a group of participants. Clients attending a day hospital between 1999 and 2003 completed a program evaluation questionnaire during their last week ($N = 567$). A qualitative content analysis of 104 questionnaires was conducted by three investigators. Results indicated that clients had both positive and negative views of the health care professionals, program structure, and group therapy. Participants highlighted that they learned about themselves and their illness, improved their self-esteem, and acquired valuable life skills and renewed hope.

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BACKGROUND

Day hospitals were created in the 1930s and have been seen as one of the earliest forms of community mental health care, providing an alternative service to hospital admission for those presenting with acute symptoms of illness (Marshall, 2003). These programs were developed in order to offer mental health services in an environment that was less institutionalized and stigmatizing, to reduce the potential risks of dependence and regression associated with hospitalization, and to minimize family disruption (Casarino, Wilner, & Maxey, 1982; Ministère de la Santé et des Services Sociaux, 1996; Neal, 1986; Pang, 1985). Another goal was to reduce health care costs (Casarino et al., 1982; Pang, 1985). As outlined by Rosie, Azim, Piper, and Joyce (1995), the primary mandate of day hospitals is to provide

- treatment of acutely ill clients who would otherwise be hospitalized;
- treatment or rehabilitation of clients who are in transition from acute inpatient to outpatient care;
- intensive treatment or rehabilitation of clients who do not require inpatient care but who may benefit from more intensive care than is possible on an outpatient basis; and
- rehabilitation and support of clients with severe mental illness.

However, there is some controversy and ambiguity about the current place of day hospitals in the organization of community mental health services (Burns, 2004). Some question whether day hospitals are part of community mental health services or part of the institutional system. Yet throughout their history, day hospitals have adopted community mental health ideologies by emphasizing treatment beyond reducing symptomatology and addressing problems in daily living relevant to clients (Donnelly, 1985; Serero & Gagnon, 2000). The long-standing philosophical conceptualization of psychiatric day hospitals has been based on the therapeutic community model of Jones, Bion, and Main (Azim, 2001; Casarino et al., 1982). This model has four cornerstone principles:

- democratization – no hierarchical relationships among health care professionals and between the staff and clients;
- permissiveness – therapeutic tolerance for the expression of emotions, thoughts, and behaviours considered deviant by social standards;
- reality confrontation – environment of inquiry and sharing of feedback; and
- communalism – clients and staff form a community.

This therapeutic community becomes an ongoing agent of therapeutic leverage and the context in which a series of specific therapeutic groups meet. Developing a sense of belonging or bonding with members of this community is central to the individual's therapeutic process.

In addition, within this approach clients are progressively encouraged to participate actively in their treatment, reengage in responsibilities, take risks, and self-disclose. The therapeutic environment promotes acceptance, support, clarification, validation, confrontation, and new methods of problem-solving. The strengths and qualities of the person are underlined, and insight into the self is emphasized. The therapeutic community acts as a safe arena where people can learn, experiment with, and

practice new insights and more appropriate skills and behaviours that they can then generalize to other environments (Casarino et al., 1982).

When evaluating the impact of programs with treatment and rehabilitative goals, researchers increasingly recommend the integration of objective indicators and the subjective experience of clients (King, Lloyd, & Meehan, 2007). One important indicator of outcomes and quality of care is client satisfaction with health care services (Elbeck & Fecteau, 1990; Ruggeri, 1994). For clients, the opportunity to express their views on the therapeutic experience and the ensuing importance given to their opinions may improve self-esteem (Russell & Busby, 1991). Satisfaction with health services has also been shown to influence other health behaviour outcomes, such as seeking help and complying with treatment (Ware & Davies, 1983).

In the mental health field, satisfaction with services has been documented for inpatient care in general hospitals and in psychiatric hospitals (Elzinga & Barlow, 1991; Hansson, 1989; McDonald, Sibbald, & Hoare, 1988; Sishta, Rinco, & Sullivan, 1986); for client care in community psychiatric services (Redko, Durbin, Wasylenki, & Krupa, 2004; Ruggeri & Dall'Agnola, 1993; Wright, Heiman, Shupe, & Olvera, 1989); in specific psychotherapeutic programs (Azim & Joyce, 1986); and in day hospitals (Dick, Cameron, Cohen, Barlow, & Ince, 1985; Dick, Sweeney, & Crombie, 1991; Granello, Granello, & Lee, 1999; Howes, Haworth, Reynolds, & Kavanaugh, 1997; Hsu, Ridley, & Hinde, 1983; Karterud & Pedersen, 2004; Kluiter, Giel, Nienhuis, Rüphan, & Wiersma, 1992; Russell & Busby, 1991; Russell et al., 1996; Schene, van Winjngaarden, Poelijoe, & Gersons, 1993; Sledge et al., 1996).

Two meta-analyses (Horvitz-Lennon, Normand, Graccione, & Frank, 2001; Marshall et al., 2001) comparing day hospitals with full hospitalization showed that people treated in day hospitals expressed higher levels of satisfaction with services received than inpatients. When compared with the satisfaction levels of outpatients seen on a monthly basis, Dick et al. (1991) found that clients treated in a psychiatric day hospital were significantly more satisfied with the services they received ($p < .05$).

Only a few investigators have examined what contributes to this level of satisfaction in psychiatric day hospitals (Hoge, Farrell, Munchel, & Strauss, 1988; Howes et al., 1997; Hsu et al., 1983; Russell & Busby, 1991; Russell et al., 1996; Schreer, 1988). In general, they explored the types of modalities offered, the therapist-client relationship, and both the more and the less beneficial aspects of day hospitals. Respondents most consistently expressed satisfaction with their interpersonal contacts with staff and other clients, and with the structure that the program provided in their daily lives. Overall, the modalities seemed to be positively received. On the other hand, except for certain group modalities, the investigators did not seem to fully explore those program elements that clients may have been dissatisfied with. Moreover, important methodological limitations were noted, including possible selection bias in the respondents to the questionnaires (Russell & Busby, 1991; Russell et al., 1996), the use of a non-validated quantitative instrument (Howes et al., 1997), and the lack of description of the methods used to analyze the qualitative content (Hsu et al., 1983; Russell & Busby, 1991; Russell et al., 1996).

Aharony and Strasser (1993) reported that the trend in previous research had been to limit the study of client satisfaction to quantitative instruments; however, they argued that qualitative data could

offer a better phenomenological representation of clients' experiences. They argued further that qualitative approaches could make the research more ethnographically accurate by exploring the affective and cognitive processes of individuals more deeply. Moreover, they suggested that using more open-ended questions could control for social desirability effects and for the clients' tendency to answer more positively when questioned about satisfaction regarding services.

Therefore, the main purpose of this study was to retrospectively explore participants' evaluation of a psychiatric day hospital using a qualitative methodology. As part of an ongoing assessment of the quality of the services offered, this study aimed (a) to examine whether participants were satisfied or not with the services provided, and (b) to understand which dimensions were contributing to this subjective experience.

METHODOLOGY

Study Participants

The participants in this study were 617 clients treated at Louis-H. Lafontaine's psychiatric day hospital between August 1999 and August 2003. From this initial sample, 567 individuals were eligible for the random selection. Seniors over 60 years of age who had been treated by the two geriatric teams were excluded because the clinicians on those teams did not use the program evaluation questionnaire in their practice at the time of the study ($n = 50$).

Program Description and Conceptualization

The Louis-H. Lafontaine day hospital is located in Montreal, Canada, and serves an urban catchment area of about 350,000 people. It opened in 1997 as an alternative service to hospitalization, following a reduction in the number of inpatient beds. This day hospital offers outpatient, intensive, and short-term services of evaluation and treatment for adults and seniors with acute and subacute symptomatology of mental illness and associated significant functional disabilities. Its primary objectives follow the first three components of the day hospital mandate as proposed by Rosie et al. (1995); that is, to offer intensive outpatient treatment to clients who would otherwise be hospitalized, who had recently been hospitalized, or who needed more care than they would have received through outpatient services. The day hospital does not offer treatment to individuals who are homeless, severely aggressive, or imminently suicidal; to people who have a developmental disability or who present with a significant loss in physical independence; or to those for whom significant substance abuse is the sole problem.

In this day hospital, an organizational and clinical choice was made to divide the participants based on diagnosis and age into homogeneous groups treated by six specialized teams (Table 1). In short-term intensive group therapy, homogeneity has been found to be an important factor in group constitution to promote cohesion and prevent early turnover (Yalom, 1995). Participants grouped on the basis of a homogeneous symptomatology were also more likely to improve more quickly than those in heterogeneous groups (Cabral, Best, Jones, & Paton, 1981).

Table 1
Description of the Six Clinical Teams

Team	Target population	Specific therapeutic focus
PsD	Adults aged 18 to 59 with psychotic disorders (PsD; e.g., schizophrenia, schizo-affective disorder, delusional disorder)	<ul style="list-style-type: none"> • Individual and family psychoeducation • Functional evaluations (at home or in the hospital setting) • Pharmacological compliance
MD	Adults aged 18 to 59 with severe mood disorders (MD) and significant neuro-vegetative symptoms	<ul style="list-style-type: none"> • Psychoeducation and support • Lifestyle management and balance in occupations
PD	Adults aged 18 to 59 with cluster B personality disorders (PD) and major depression or adjustment disorders	<ul style="list-style-type: none"> • Management of impulsive behaviours • Group dynamics / relationship issues • Compliance with setting limits
Mixed	Adults aged 18 to 59 with depressive and/or anxiety disorders and/or cluster C personality disorders	<ul style="list-style-type: none"> • Patterns of affective dependency • Lifestyle management and balance in occupations • Self-awareness and insight
S	Seniors 60 and over with mood and/or anxiety disorders and/or personality disorders (clusters B and C)	<ul style="list-style-type: none"> • Coping with losses • Self-awareness and insight • Lifestyle management and balance in occupations
SPs	Seniors 60 and over with psychotic and/or cognitive disorders	<ul style="list-style-type: none"> • Extensive cognitive and functional evaluations (at home or in the hospital setting) • Family support • Maintenance of autonomy • Pharmacological compliance

Note. The two geriatric teams (S and SPs) were not included in the study as they had not incorporated the questionnaire into their clinical practice.

The six clinical teams offered services for 10 to 12 clients each. Participants attended activities from 3 to 5 hours per day, 4 to 5 days per week, for an average of 8 weeks. All teams were composed of one part-time psychiatrist and three full-time health care professionals (occupational therapists, nurses, psychologists, and social workers) who acted as clinical case managers. Neuropsychologists and pharmacists acted as consultants for all teams. This interdisciplinary approach led all teams to adopt an integrative approach blending psychoeducative, cognitive-behavioural, psychodynamic, human occupation, systemic, and pharmacological treatment interventions. The main issues addressed included relief of symptoms, precision of diagnosis, client insight into the illness, relapse prevention,

improvement in functioning in all domains of life, and better self-awareness. The focus on these concerns was consistent with the usual goals of day hospitals (Piper & Ogrodniczuk, 2005; Serero & Gagnon, 2000) and psychosocial rehabilitation programs (Oades & Deane, 2007). Moreover, as illustrated in Table 1, each team had an added focus on specific therapeutic issues to address client needs. All teams used therapeutic contracts to encourage the active commitment of clients to their treatment. Different modalities were available for clients to ensure accessibility to the service, such as transportation, free parking, and low-cost meals. This day hospital worked closely with day centres, vocational programs, crisis centres, the emergency service of the hospital, and the referring teams (some referring teams incorporated a clinician who provided treatment in the client's home).

Instrument

In order to evaluate the services received, clients completed a self-administered, written questionnaire during their last week of treatment. The instrument used was a descriptive questionnaire with six open-ended questions divided into two sections: (a) program evaluation, where clients highlighted the positive and negative components of their treatment and made suggestions for improvement; and (b) learning gained from this treatment, where clients commented upon what they had learned, what they still needed to learn, and the usefulness of the acquired knowledge and skills. The instrument was developed by clinicians in the first year of operation of the day hospital. No specific psychometric testing was done on this instrument as it primarily served clinical purposes.

Ethical Considerations

Since the questionnaire was used initially for clinical and quality assurance purposes, no informed consent had been obtained from the clients regarding the use of the questionnaire for research and publication purposes. For this study, investigators obtained approval from the Ethics Committee and the director of professional services of the hospital to consult the data in the participants' medical files. No prejudicial or intended negative consequences were anticipated since the clients had answered the questionnaire anonymously and voluntarily. In order to preserve confidentiality and anonymity, only one of the investigators had access to nominative data when retrieving the questionnaires from the clients' medical files. This investigator was the manager of the day hospital at the time of the study and had no clinical relationship with the participants. The questionnaires were coded and identified solely according to the team to which the client had belonged. The selected questionnaires were then transcribed by a secretary so that the data could be analyzed using a computer software program. All data were destroyed at the end of the coding procedure so that the research information could at no time be linked to any specific client.

Qualitative Analysis

A qualitative content analysis of the participants' written program evaluation questionnaire was conducted by three investigators (Larivière, Melançon, and Fortier) from a phenomenological perspective to explore the meaning of the participants' experience (Giorgi, 1997; Luborsky & Lysack,

2006). Qualitative analysis standards were followed (Poupart et al., 1997). The N-Vivo software was used to organize the analysis (Patton, 2002). Descriptive statistics were used to present the sociodemographic characteristics of the final sample and to illustrate some of the key themes expressed by the respondents.

Initially, the investigators estimated that 10 questionnaires per team per gender would probably lead to empirical saturation, that is, to no new ideas emerging (Poupart et al., 1997), since each subgroup was hypothesized to be homogeneous. Thus, 80 questionnaires were drawn randomly in order to obtain 10 women and 10 men from each of the four teams. The first step in the analysis was to construct categories and subcategories. The categorization was partly based on Yalom's (1995) therapeutic factors of group therapy. As well, the investigators agreed upon definitions of concepts emerging through the analysis, such as self-esteem (Blaskovich & Tomaka, 1991), empathy (Adler, Rosenfeld, & Towne, 1995), optimism (*Le Robert Quotidien*, 1996), and professionalism (*Encarta*, 2005). The three investigators independently coded all the material and discussed their choices until a consensus was reached. Responses that were unclear, subject to interpretation, or ambiguous were placed in a "not coded" category to be verified at the end of the procedure. In order to reach saturation and finalize the categorization, 24 randomly selected additional questionnaires were analyzed (3 men and 3 women per team). The final step was to validate the categories using responses from clients whose characteristics differed from those of the sample. These clients included seniors ($n = 2$), individuals who were admitted more than once to the day hospital and who were treated by different teams ($n = 1$), and those who participated in the program after August 2003 ($n = 8$).

RESULTS

The final sample consisted of 104 participants, 26 from each clinical team with an equal number of men and women. The four teams were Team PsD, for individuals with psychotic disorders; Team MD, for individuals with severe mood disorders; Team PD, for individuals with cluster B personality disorders, major depression, or adjustment disorders; and Team Mixed, for individuals with depressive and/or anxiety disorders and/or cluster C personality disorders (Table 1). The participants ranged in age from 18 to 57 years (the age range served by the teams was 18 to 59 years). The most frequent employment situations involved individuals who were on a paid leave of absence due to illness, or unemployed (Table 2).

The qualitative results presented below include a description of the central themes, illustrated with quotes from the respondents. Since individual participants could mention an idea more than once, the number of times an idea is mentioned rather than the number of individuals who mentioned it is reported.

Program Evaluation: Positive Components

Participants expressed positive comments mainly about the health care professionals ($n = 111$ comments), the structure of the program ($n = 87$), and group therapy ($n = 57$).

Table 2
Sociodemographic Characteristics of the Participants (*n* = 104)

Continuous variable	Mean (SD)	Range
Age (years)	38.6 (10.0)	18–57
Categorical variables	Frequency (%)	
Gender		
Men	52 (50)	
Women	52 (50)	
Living situation		
Lives with spouse/partner	42 (40.4)	
Lives alone	41 (39.4)	
Lives with a parent/friend	21 (20.2)	
Employment status		
On a paid leave of absence	48 (46.1)	
Unemployed	42 (40.4)	
Currently working	6 (5.8)	
Retired	5 (4.8)	
Student	3 (2.9)	

Skilled and empathetic professionals. Participants appreciated the empathetic and professional attitudes of the therapists. Examples of professional skills and attitudes cited by participants included active listening, non-judgmental understanding, availability, patience, support, respect, objectivity, competence, and rich experience.

Improved daily routines. The structure of the program helped participants to return to a more organized, daily occupational schedule. As one participant commented, “Getting out of the house every day helped me deal with my psychosis” (P801). Several participants acknowledged that the atmosphere of the day hospital was welcoming and warm.

Group cohesiveness. Group therapy seemed to be an enriching sharing experience for participants. More specifically, the cohesiveness (Yalom, 1995) encouraged by this modality was highly meaningful for clients. To a lesser degree, clients also appreciated the guidance provided and the sense that they were not alone in their experience of illness.

Relevance. Several clients highlighted the relevance of the issues addressed and the therapeutic interventions offered.

Program Evaluation: Negative Components

Overall, there were fewer negative comments ($n = 80$) than positive ones ($n = 255$). The participants' opinions centred on the same themes, but in reversed order. Group therapy generated the highest number of negative comments ($n = 40$), followed by the structure of the program ($n = 24$), and the health care professionals ($n = 11$).

Groups too large. Some participants complained that the groups were too large, which gave them less time to talk or prolonged the session. They suggested keeping groups to fewer than 10 members. Some participants found group psychotherapy to be demanding and interpersonal relationships (and conflicts) difficult to deal with.

Group members come and go. Being in an open group confronted several clients with an intense activation of issues related to trust, attachment, and detachment. These individuals expressed the view that they would have felt more comfortable revealing themselves in closed groups. As one participant wrote, "Being in an open type of therapy, at the beginning I had difficulty because there were new people in the group every week. I was becoming familiar with the group and the departure and arrival of other patients sometimes disturbed me." Some participants experienced emotional inhibition, while for others the therapeutic groups generated interpersonal conflicts and possibly lifted unconscious schemas about the self.

Duration too short. With regard to the structure of the program, clients were most frequently displeased with the duration of the sessions and of the course of treatment. Participants expressed the wish for longer individual and group sessions as well as a prolonged duration of the program to 10–12 weeks.

Therapists do not follow the schedule. In relation to the health care professionals, some clients complained when the therapists had difficulty keeping to the scheduled activities.

Learning Gained

Two questions addressed what participants had learned during their participation in the day hospital and the usefulness of the acquired knowledge and skills. Content analysis showed that the categories and subcategories for responses to these two questions centred on the same themes. The main themes that emerged were learning about oneself ($n = 82$ comments) and becoming more appreciative and accepting of oneself ($n = 45$ comments). Other significant themes included gaining insight into their illness, becoming more optimistic and hopeful, and acquiring life skills. The themes expressed and the levels of satisfaction did not strongly differ across the four clinical teams.

Learning about self. The therapeutic experience in the day hospital helped participants to become more consciously aware of their maladaptive attitudes and behaviours, as well as of their personal needs, strengths, and weaknesses.

Becoming more appreciative and accepting of self. Participation in the therapeutic groups helped individuals to gain self-esteem and self-respect. They recognized the importance of taking care of

their needs and became more confident in asserting themselves. As one woman explained, “I learned to view myself as a worthy person who has her place in society” (P904).

Gaining insight into the illness. Gaining a better understanding of the signs and symptoms of their mental illness made respondents more accepting of living with it. “I learned to feel like a ‘normal’ person who suffers from an illness,” a participant commented (P800). Participants also acquired several strategies to prevent potential relapse such as identifying relapse signs, respecting their limits, and seeking help early.

Acquiring life skills. Participants frequently highlighted that the day hospital interventions helped them to acquire life skills, which made them feel more empowered to take charge of their lives in various domains. Tools considered most useful included management of anxiety, anger, and cognitive distortions; effective communication; and occupational structure and balance.

Becoming more optimistic and hopeful. Therapy at the day hospital seemed to instill optimism and a more hopeful view of life, as illustrated by the following comment: “It put me back on the right track. It allowed me to find hope again, that my life can be more beautiful. It gave me back confidence in myself, in others, and in my life” (P870).

Thus the experience of being in a group with other individuals with mental illnesses seemed to lead (a) to a sense of community and shared experience, and (b) to more adaptive interpersonal attitudes. Participants became more tolerant and respectful of themselves and others. The group experience helped to break down social isolation and build trust.

DISCUSSION

The qualitative analysis conducted in this exploratory study provided clues to a better understanding of what the respondents appreciated and gained from their participation in this day hospital. Regarding the program evaluation, the most frequently mentioned positive and negative features were linked to the health care professionals, the group therapy experience, and the program structure. Empathetic and professional attitudes were the qualities most appreciated by participants. This finding is consistent with previous research examining satisfaction with outpatient services, which found a positive correlation between positive impressions of the therapists and satisfaction with the programs (Jones & Zupell, 1982; Kirchner, 1981; Slater, Linn, & Harris, 1982).

The experience of group therapy provoked ambivalent reactions, which were reflected in numerous positive and negative comments. Russell and Busby (1991) found similar mixed reactions in their study of 74 clients treated in a psychiatric day hospital. Yet even participants in the present study who reported that the group experience was challenging indicated that this modality was the most relevant therapeutic dimension of the program, and one that offered a significant experience of cohesion. Karterud and Pedersen (2004) also showed in their study of a short-term day treatment program for people with personality disorders that group psychotherapy contributed to satisfaction, as it was highly rated by participants for its beneficial effect. In all clinical teams, the interpersonal component within the group experience seemed to provide a mirror for the individual that encouraged reflection and introspection, leading to deeper insight. The fact that participants found the groups relevant and cohesive suggests

that several specific needs may have been met by organizing homogeneous groups based on diagnosis. This outcome has also been suggested by Cabral et al. (1981), Kanas (1991, 1993), and Yalom (1995).

Surprisingly, the participants did not comment specifically on individual therapy, which was an important type of intervention in this program (one to two meetings weekly), and thus it is not possible to say to what extent they did or did not appreciate this intervention modality. Karterud and Urnes (2004) note that whether individual psychotherapy should be included in a treatment program depends on the patient population characteristics and the available resources, as it is a costly treatment approach. In the future, it might then be necessary to analyze which clinical team would benefit most from this approach.

Overall, the type of learning gained by participants in this sample is comparable to that found in the literature. The results of this study appear to be closer to the findings of Schreer (1988), where themes related to interpersonal experienced in a psychiatric day hospital were the most important therapeutic factors identified by study participants. Knowledge gained by the respondents in this study reflects the therapeutic targets of the clinical teams. For example, clients with mood, anxiety, and personality disorders (Teams PD and Mixed) placed greater emphasis on the importance of acquiring better self-understanding and self-esteem than clients of other teams. On the other hand, clients with psychotic and severe mood disorders (teams PsD and MD) emphasized learning about their illness and improving daily routines. The clients' learning can be linked to several essential elements of the recovery model, particularly redefining self, becoming empowered, renewing hope and commitment, and being supported by others (Davidson, O'Connell, Tondora, Staeheli, & Evans, 2005).

Strengths and Limitations of the Study

The present study followed a rigorous procedure, used a substantial number of questionnaires, and had three investigators analyze the data independently. The qualitative methodology engendered the possibility of exploring more deeply the affective and cognitive aspects of the day hospital experience. The evaluation questionnaire, which used open-ended questions, had the advantage of not suggesting any direction for the answers. It allowed the gathering of information about positive as well as negative perspectives on the program. However, the effectiveness of the questionnaire as an evaluation tool depended upon the amount of elaboration and the degree of clarity of the answers provided by the respondents.

The participants in this study were individuals who voluntarily accepted treatment at this day hospital. In addition, only those who finished the program completed the evaluation questionnaire. Therefore, respondents may have had a tendency to view this service in a more positive way than individuals who withdrew from the program prior to the planned discharge.

Future Research Needs

This study was unable to include the seniors from the two geriatric teams because at the time of the study these teams had not incorporated the questionnaire into their clinical practice. Future studies on satisfaction with services should incorporate this population. Furthermore, the inclusion of the

opinions of clients who withdrew prior to planned discharge would provide more understanding of the possible negative aspects of this type of program. Future studies using semistructured interviews with participants could gather new ideas or allow clarifications that were not possible in this exploratory study. Finally, incorporating the perceptions of clinicians and family members regarding program components that were both more and less beneficial could offer a more complete evaluation of a day hospital program.

CONCLUSION

Clients' satisfaction with services received constitutes an important component of program evaluation as their perspectives generate valuable clinical and organizational information for reviewing the program structure, the types of services provided, and the quality of care. The level of client satisfaction is also a way to ascertain whether a program's clinical goals have been reached. In this study, comments collected using a descriptive evaluation questionnaire indicated that, overall, clients of the Louis-H. Lafontaine day hospital had positive views of the service. The content analysis confirmed the therapeutic benefits of grouping together clients with similar diagnostic and age characteristics, and the usefulness of group therapy as a primary therapeutic modality. The positive comments formulated by participants about the therapy they received follow what Piper and Ogrodniczuk (2005) have reported as being the contributing factors to making day treatment powerful: the intensity of the group experience, the variety of approaches, and the contacts with staff members and clients. The two main components that merit future reflection in relation to possible program improvement are the drawbacks inherent in the management of larger therapy groups and the fixed maximal duration of 8 weeks of treatment.

The types of learning described by the clients reinforce the aims of this day hospital to provide psychiatric rehabilitation leading to recovery, where the focus of treatment is related not only to symptom reduction but also to instilling hope, building skills, and gaining empowerment (Davidson et al., 2005; King et al., 2007). In the field of community mental health, this exploratory study may serve to change the perceptions of some that day hospitals are retrograde and stigmatizing (Marshall, 2003). The findings of this study suggest that in the expanding provision of community mental health services, day hospitals can still constitute a beneficial ambulatory treatment option for clients living with different types of acute mental illnesses.

RÉSUMÉ

Le but de cette étude était d'explorer et de décrire l'évaluation, par les participants et participantes, d'un hôpital de jour psychiatrique. Les usagères et usagers suivis entre 1999 et 2003 ont complété un questionnaire d'évaluation de programme lors de leur dernière semaine ($N = 567$). Trois auteurs ont effectué une analyse qualitative du contenu de 104 questionnaires. Les résultats révèlent des commentaires positifs et négatifs portant sur les intervenants et intervenantes, la structure du programme et la thérapie de groupe. Les participants et participantes ont surtout souligné avoir approfondi leur connaissance d'eux-mêmes et de leur maladie, amélioré leur estime de soi, acquis des habiletés nécessaires à la vie courante et repris espoir.

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