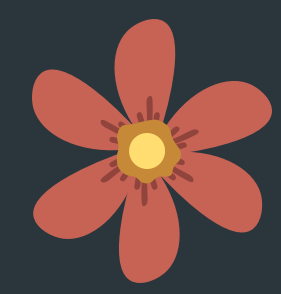
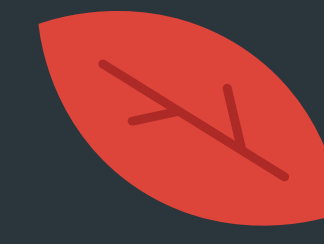
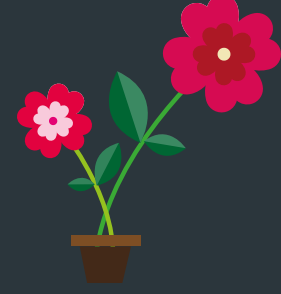


A Tale of Two Clocks

The beginning and end of Daylight Savings Time (DST) is a difficult transition for most of us living in areas where DST is observed. There is a legend in behavioral healthcare that greater numbers of and/or more severe inpatient admissions occur on the Monday after we lose an hour of sleep (Spring Forward) or gain an hour of darkness (Fall Back). But do data support these perceptions?



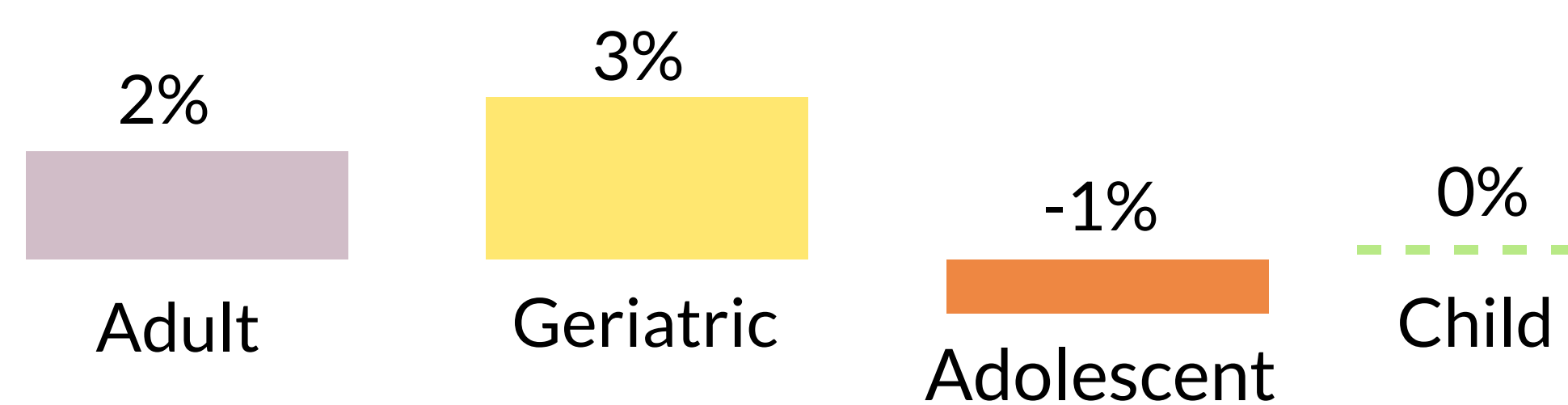
SPRING
FORWARD



FALL
BACK

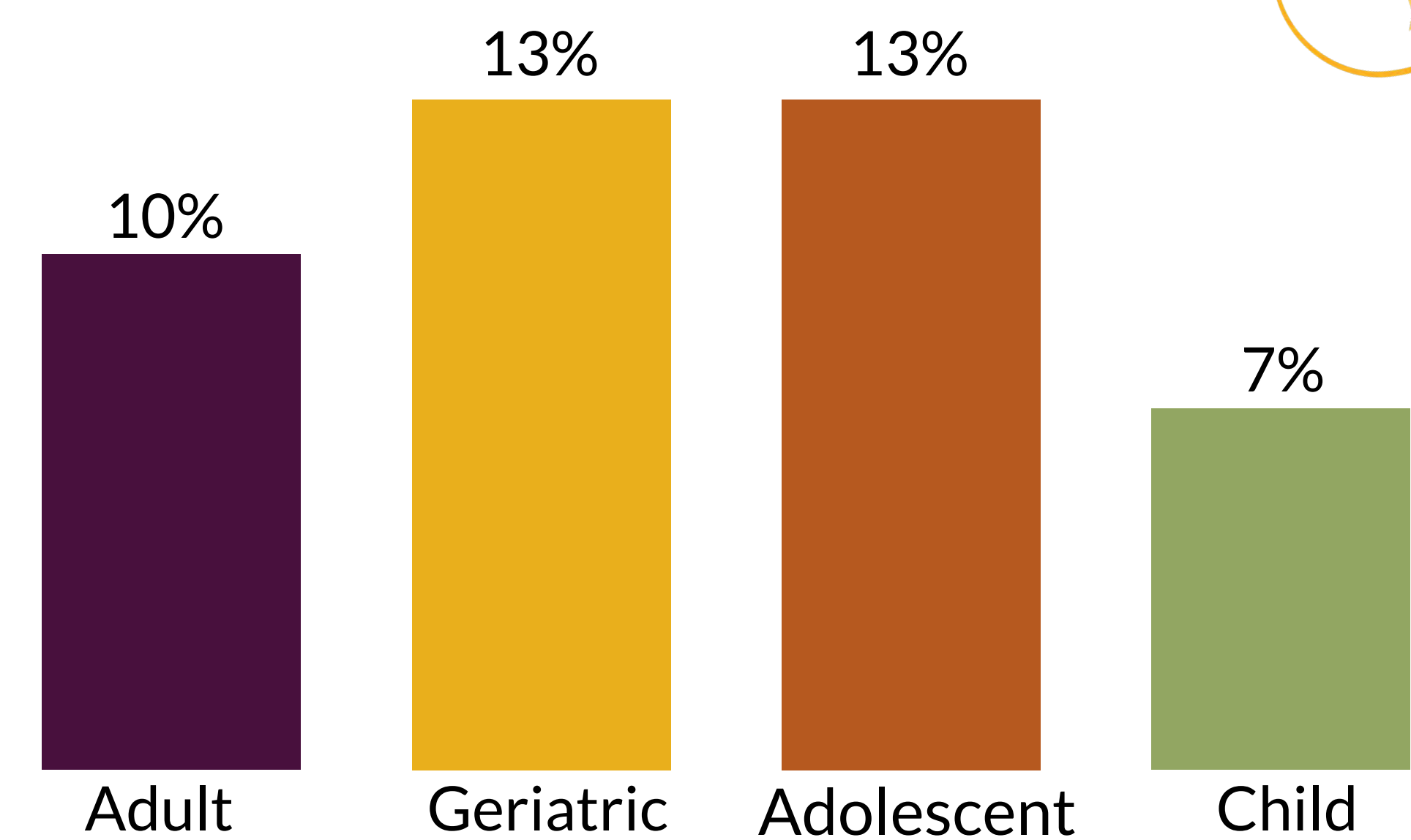


More Patients Admitted?

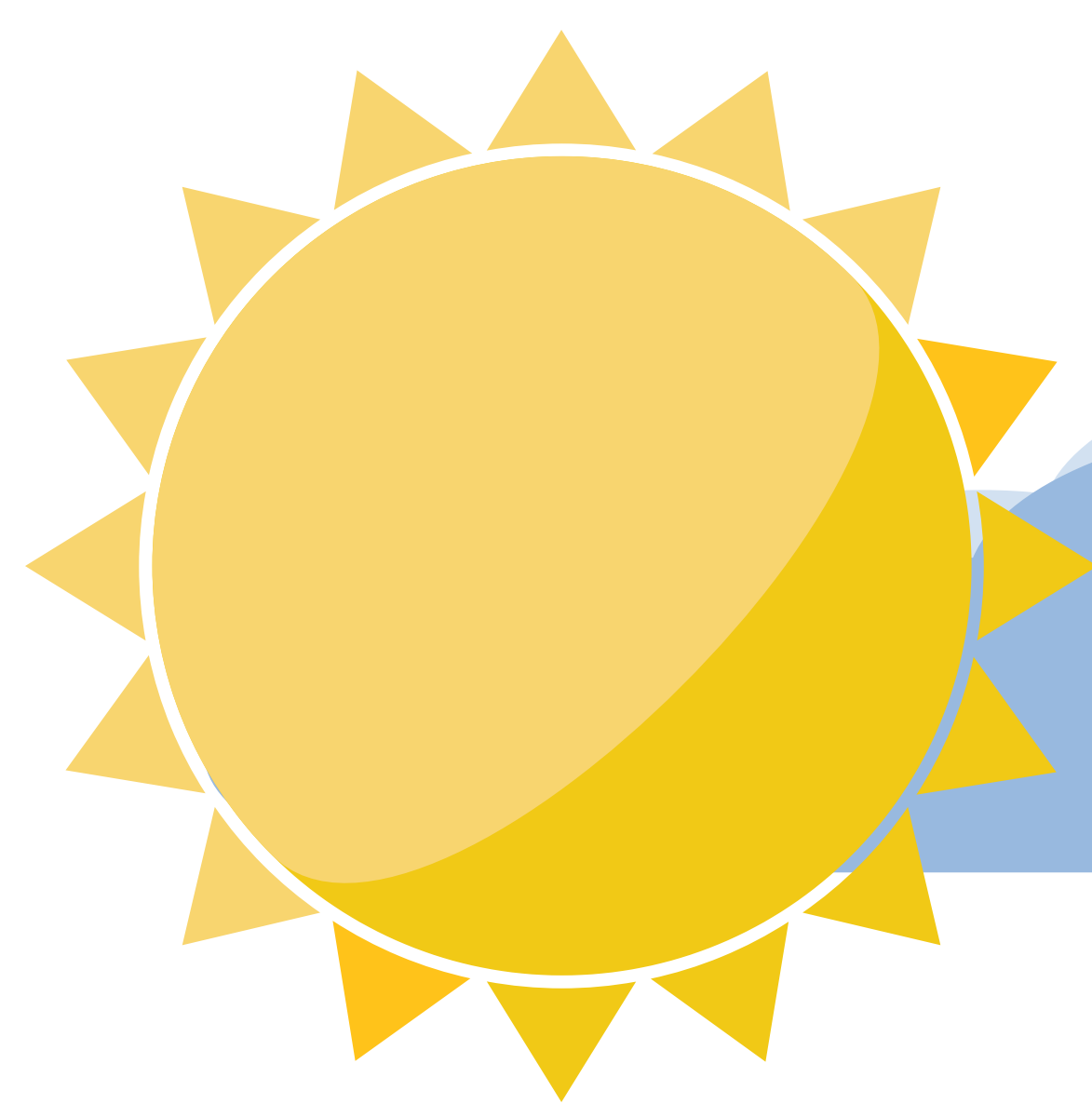


Almost no change in admission volume is observed on the Monday after Spring Forward compared to surrounding Mondays.

Percent Change
in Admissions
Volume



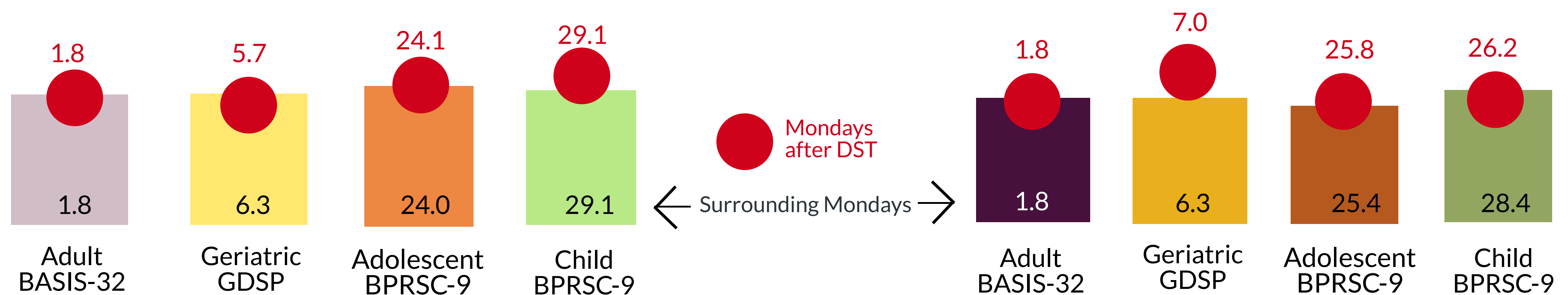
Across all but the child group, there were **significantly** more admissions the Monday after Fall Back compared to surrounding Mondays.



People may be sleepier after Spring Forward, but more people seek inpatient help after Falling Back.

Increased Admission Severity?

Neither DST shift resulted in greater admission severity as measured by age appropriate outcomes tools.* Inpatients admitted the Monday after DST had the same admission severity as those admitted on surrounding Mondays.



*Patient Outcomes Tools:
·Behavior and Symptom Identification Scale (BASIS-32) – scores range from 0-4.
·Geriatric Depression Scale (GDSP) – scores range from 0-15.
·Brief Psychiatric Rating Scale for Children – 9 item (BPRSC-9) – scores range from 0-54.

When Help is Needed...

The shift required for DST, particularly when the days become darker, appears to spark an increase in the number of people admitted. These patients, however, are not necessarily more severe. A disruption to usual routine and environment may be an extra stressor that pushes some additional people past what they could manage on their own.