

# MENTAL HEALTH DELIVERY SYSTEM IN GENERAL HOSPITALS ATTACHED TO MEDICAL COLLEGES

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*The psychiatric patient care facilities and services of fifty seven general hospitals attached to medical colleges in India were studied based on data pertaining to 1988. The average bed strength was 25 beds while the average length of stay was 21 days. Functional psychotics formed 62% of the discharged patients. On the average, 2914 new psychiatric out patients were registered per hospital and follow up attendance was 3.2 times more than the number of new cases. The implications of these findings and the method of obtaining average length of stay are discussed.*

*Key words: general hospital psychiatry, average length of stay, rate of turnover.*

## INTRODUCTION

While sufficient data about mental health delivery through mental hospitals are available (Channabasavanna et al, 1981; Reddy et al, 1988), such data with respect to general hospitals is lacking in India, though certain limited information about some individual general hospital psychiatric units have been reported (Sethi & Gupta, 1972; Khanna et al, 1974; Vahia et al, 1974; Sharma & Hussain, 1977; Chaturvedi et al, 1983). This paper is based on the data collected from fifty seven general hospitals attached to medical colleges with the main objective of describing their nature and scope of psychiatric facilities with a view to obtain national indicators.

## MATERIAL AND METHODS

A questionnaire was designed incorporating the bed strength, diagnoses of discharged patients and of new outpatients and follow up attendance. Items on bed strength, number of discharges, new registrations and follow up of the whole hospital were also included. The questionnaire was mailed to all the medical colleges requesting for information regarding their attached general hospitals pertaining to the calendar year 1988.

The average length of stay (ALOS) of inpatients during the year in a hospital was obtained by the expression:

$$\text{ALOS} = \frac{\text{Bed strength} \times 366}{\text{Number of discharged patients}}$$

On the assumption that the hospital was neither overcrowded nor undercrowded throughout the year, this method provides a reliable measure of central value of length of stay in days. This method was used to obtain the ALOS for psychiatric patients

as well as for the whole hospital including all type of medical treatment. The follow up rate was defined as the number of follow ups per new outpatient registration and thus it is obtained by dividing follow up attendance by the number of new registrations.

## RESULTS

There were 125 medical colleges in India during 1988. Seventy (56%) of them had responded to our request out of which fifty seven had both inpatient and outpatient psychiatric facilities. This report is based on the data of these fifty seven hospitals.

The distribution of hospitals by management is presented in Table 1. Ninety five hospitals were run by Government and Government governed autonomous bodies and out of these forty three (45%) hospitals were included in this report. As far as the hospitals run by private sector were concerned, ten (43%) were addressed out of twenty three. Thus, the hospitals managed by Government and private sector were proportionally represented in this study.

Table 1  
Medical colleges classified according to their management.

Management	Number Existing	Number Studied (%)
Government of India	4	3 75.0
State government	89	38 42.7
Government autonomous bodies	2	2 100.0
Municipalities	5	3 60.0
Universities	2	1 50.0
Private organizations	23	10 43.5
Total	125	57 45.6

## INPATIENT SERVICE

The average (mean) bed strength was 25 for psychiatric patients (range: 5 to 69 while it was 898 for the whole hospital (range: 300 to 2000)). On the average, 438 psychiatric discharges (range: 40 to 872) were made per hospital per year while this number was 24614 (range: 4187 to 72009) for all discharges. The average length of stay for psychiatric patients was calculated to be 20.9 days (range: 6 to 46 days), while the average length of stay for the whole hospital being (excluding casualty and emergency cases) 13 days (range: 2 to 18 days). The organic psychosis (7.2%) and functional psychosis (62.1%) put together accounted for 69.3% of the total psychiatric discharges. While neurosis formed 13.4%, mentally retarded formed 2.2% and others including alcoholic dependence and unclassified formed 15.1%.

## OUTPATIENT SERVICE

On the average 2914 (range: 284 to 7015) new patients were registered in the psychiatric outpatient department per year per hospital while 339044 new patients were registered in the combined outpatient department. The follow up rate for psychiatric treatment was 3.2 (range: 0.4 to 5.3) while it was 1.1 for all types of medical treatment. Organic psychosis (5.2%) and functional psychosis (44.6%) put together accounted for 49.8% of the total new outpatient psychiatric registrations. While neurosis formed 31.8% and mentally retarded was 3.8%, others including alcoholic dependence and doubtful cases formed 14.6%.

## DISCUSSION

The hospitals run by the public sector and private sector responded equally. Under these circumstances, it could reasonably be assumed that the fifty seven hospitals analyzed in this report comprise a representative sample from one hundred and twenty five hospitals attached to medical colleges in India. The sample size (57 hospitals) and the sampling fraction (46%) were adequate enough to use the indices arrived at in this report, to assist in future planning to establish or develop psychiatric specialty service in general hospital setups.

The mean length of stay of twenty one days is comparable to that found by Chaturvedi and his associates (29.4 days) and to that found by Sharma and Hussain (2.7 weeks) indicating consistency of pattern of stay. In the absence of follow up data after discharge, the present indicator of twenty one days

can be taken as an 'optimum value' since it is based on a number of hospitals with considerable diversity of characteristics of patient population, hospital policies and procedures, and the surrounding community.

About 15% of the total number of patients seen were admitted in the psychiatric wards. This means that one out of seven patients registered was admitted for inpatient treatment. The diagnostic distribution of new outpatients reported in this paper is comparable with that found by Khanna et al (1974): organic cases (5.2% in this report and 4.9% in their report), functional psychoses (44.6% and 40.2%), neuroses (31.8% and 45.5%), mentally retarded (3.8% and 1.5%) and the remaining (14.6% and 7.9%). The general conclusion is that the general hospital clinic population serves a more representative sample of the psychiatric morbidity in the general population.

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