Inaian J. Psychiat. (1981) **23**(4), 309—312

MENTAL HEALTH DELIVERY SYSTEM IN INDIA—A BRIEF REPORT

S. M. CHANNABASAVANNA[1]
B. SUBRAHMANYA[2],
GANGADHAR[3]
C. J. JOHN[4]
VENKATASWAMY REDDY[5]

Sufficient data about the mental health delivery through mental hospitals and other psychiatric centres are lacking in India This brief report is based on the data collected from various psychiatric centres in India with a special focus on government mental hospital services.

MATERIAL AND METHOD

A proforma requesting information regarding various aspects of inpatient psychiatric services was sent to all centres. Information regarding bed strength, total number of patients discharged in the year 1977, their broad diagnostic category, status of admission, outcome of treatment and total number of inpatients on each day (for the year 1977) was collected. National Institute of Mental Health and Neurosciences, Bangalore (Group A), 4 private psychiatric centres (Group B), 13 Government Mental Hospitals with service facility only (Group C) and 7 Government Mental Hospitals with service, teaching and research facilities (Group D) furnished all the requested data. The data from the latter three groups were added up and presented together.

OBSERVATIONS

Table I provides data regarding the bed strength and its sexwise break up in various psychiatric hospitals who responded to our enquiry.

The details regarding the total discharged patients for the year 1977 is given in Table II, while psychotics dominated the major proportion of patients in Government Mental Hospitals, there were higher percentage of patients other than psychotics who got discharged from NIMHANS and private psychiatric centers (Table II). The

TABLE I—*Bed Strength*

	Group A (N=1)	Group B (N=4)	Group C (N=13)	Group D (N=7)
Male ..	473 (59%)	161 (60%)	4915 (73%)	2576 (66%)
Female ..	332 (41%)	107 (40%)	1804 (27%)	1318 (34%)
Total ..	805	268	6719	3894

Group A—National Institute of Mental Health and Neurosciences Banglaore (NIMHANS).
Group B—Private psychiatric centers (Number=4).
Group C—Government Mental Hospitals with only service (Number=13).
Group D—Government Mental Hospitals with service, research and training (Number=7).
(Data of Group B, C and D were added up).

---

[1] Professor of Psychiatry and Medical Superintendent
[2], [3], [4]. Residents in Psychiatry
[5]. Statistician.
National Institute of Mental Health and Neurosciences, Bangalore-560 029.

TABLE II—*Details regarding total discharged patients for the year* 1977

	Group A	Group B	Group C	Group D
(*a*) *Diagnosis* (*ICD*-8)				
Psychosis (290-299)	2908 (70%)	2293 (82%)	13945 (93%)	7821 (91.5%)
M.R. (310-315)	139 (3%)	45 (2%)	212 (1.4%)	181 (2.1%)
Others (300-309)	1123 (27%)	446 (16%)	74 (5.0%)	547 (6.4%)
(*b*) *Type of Admission*				
Voluntary	4120 (98.8%)	2784 (100%)	10055 (67.3%)	6602 (77.2%)
Certified	37 (0.9%)	..	3001 (20.1%)	1746 (20.4%)
Observation	10 (0.2%)	..	1726 (11.6%)	54 (0.6%)
Criminal	3 (0.1%)	..	149 (1.1%)	147 (1.7%)
(*c*) *Outcome*				
Improved	3991 (95.7%)	2238 (80.4%)	13545 (90.7%)	7760 (90.8%)
Not improved	165 (4.0%)	543 (19.5%)	1085 (7.3%)	652 (7.6%)
Deaths	14 (0.3%)	3 (0.1%)	301 (2.0%)	137 (1.6%)
Total	4170	2784	14931	8549
(*d*) *Others*				
Average duration of stay (Days)	53	31	165	150
Percentage of beds occupied at any given point of time	75	89	98	91

percentage of voluntary patients were higher in private psychiatric centers (100%) while it was least in Government mental hospitals where there was only service facility, i.e., Group C (67.3%). The outcome of treatment is also provided in Table II. The average duration of stay was calculated by dividing the total number of patient days in the year by the total number of discharged patients in the same year. It can be observed from Table II that it was highest in Government mental hospitals with only service (165 days) and was least in private psychiatric centers (31 days). Average number of beds occupied at any point of time was calculated by dividing the total number of patient days for the year 1977 by 365. From this the percentage of beds occupied at any given point of time was calculated and the data is provided in Table II.

COMMENTS

The survey was planned to tap complete information about the mental health delivery provided through various psychiatric hospitals. Despite our sincere efforts the response was not cent per cent. However the present response is not poor either. We would like to highlight a few observations from the available material. One is regarding the higher rate of admission of disorders other than psychosis at NIMHANS and private psychiatric centers (Table II). The stigma of attending mental hospitals for each disorders could be the reason why other government mental hospitals get lesser number of such disorders. Moreover the integrated neurology and neurosurgery background of NIMHANS can possibly provide an additional advantage. The higher number of psychotics attending mental hospitals are documented previously also (Khanna *et al.*, 1974 ; Sen Gupta and Chawla, 1970). The figures reported from the private psychiatric hospitals are however in contrast to Davis *et al.* (1967) observation in a private mental hospital. In their study, they have found that only 1.8% were neurotics in a total of 5,000 patients.

Another significant observation from the available data is that even in our government mental hospitals, there is a trend towards more of voluntary admissions (Table II). Even in the mental hospitals with only service, where the least percentage of voluntary admission was noticed, 67.3% of the total discharged patients were voluntary patients. This should take away the pessimism and mental hospitals should actively plan for quick turnover of voluntary patients. The trend for voluntary admission is in keeping with similar trends observed by WHO in developing countries (Curran and Harding, 1978). They comment about this trend "This result was due largely to the informality of the hospitalisation procedures in those developing countries where most admissions were considered voluntary when not on police or court order in criminal or State security cases". However, the estimated percentage of voluntary admission, showed by WHO for states of Uttar Pradesh and Punjab in India was less than 40%.

Table II shows that majority of patients improve after treatment. The death rates are relatively higher in Government mental hospitals and this could be partly due to the long stay patients in the hospital who spend their whole lifetime in these hospitals. Even the maximum fatality rate of 2% observed here is less than the earlier fatality rate of 3.9% in Indian mental hospital reported by Sen Gupta and Chawla (1970).

Average duration of stay in the hospital could have been altered by the number of long stay patients in the hospital, as the total number of patient days were taken into consideration. The data regarding the number of long stay patients was not available. When one considers the percentage of beds occupied at any given time, the observations are noteworthy (Table II). The previous quoted 200% overcrowding has come down, at least in these government mental hospitals from where data are available (Neki, 1977). The reason could be increased number of general hospital psychiatric units.

This paper is just a preliminary attempt to tap information regarding mental hospitals in India. There is an increasing need for similar periodic surveys for effective planning. Such surveys should take into consideration the long stay population in such hospitals, a factor not taken into consideration in the present study.

ACKNOWLEDGEMENT

We thank the heads of various institutions who furnished the requested data.

REFERENCES

CURRAN, W. J., HARDING, T. W. (1978). The Law and Mental Health Harmonizing Objectives. W. H. O., Geneva.

DAVIS, R. B., KUMAR, S., CHOWDHARY, R. B. (1967). The first five thousand patients admitted to a private mental hospital in India and their treatment in two eras. Indian J. Psychiat., 9, 4, 248.

KHANNA, B. C., WIG, N. N. AND VARMA, V. K. (1974). General Hospital Psychiatric Clinic--an Epidemiological study. Indian J. Psychiat., 16, 211.

NEKI, J. S. (1973). Psychiatry in South East Asia. Brit. J. Psychiat., 123, 257.

SEN GUPTA, AND S. K. CHAWLA. (1970). Mental Health in India—CBHI Technical Studies. Vol. No. 1, Issued by Central Bureau of Health Intelligence, New Delhi.