PATTERN OF FOLLOW UP VISITS
IN A RURAL PSYCHIATRIC CLINIC*

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SUMMARY

The present work reports about the pattern of follow-up visits of a psychiatric clinic operating at a rural primary health centre. The follow-up visits of patients registered in the clinic during the years 1984 and 1985 were recorded. It was observed that patients of both sexes and of all age groups almost equally attend the follow-up clinic. Epileptic patients formed the single largest group of follow-up patients. It was also noted that more than 50% of patients did not visit the clinic after initial assessment. The implications of the results are discussed.

Introduction

Since the middle of 1970's, the World Health Organization (WHO) has been fostering the concept of decentralization and integration of health services. It has also been forcefully advocating the provision of mental health care at the Primary Health Care (PHC) level by the primary health care workers (WHO 1975; WHO 1978a). The National Mental Health Programme for our country has also suggested this approach and has emphasized the role of PHC and PHC workers in the provision of mental health care (National Mental Health Programme for India 1982).

To investigate the feasibility of providing training in mental health care at PHC level, WHO undertook a multicentric collaborative study popularly known as the "Strategy Project" (Sartorius and Harding 1983). As a part of this project, the PHC at Raipur Rani in the State of Haryana was adopted as a field centre and the "strategy project" was conducted from there (Srinivas Murthy and Wig 1983; Wig et al. 1981). After the cessation of WHO funded project work at Raipur Rani, the running of the psychiatric clinic there was taken over by the Department of Psychiatry of the Institute. The experience gained in rendering psychiatric services from rural psychiatric clinic has been described by Varma et al. (1985).

Though many departments of psychiatry in our country operate psychiatric clinics in the setting of rural PHCs (Kulhara 1985), very little published information is available about their functioning, still less is known about the trends in follow-up visits. This knowledge may be interesting as well as helpful in planning of services. Since the data in this subject from our country is lacking, we undertook the analysis of the characteristics of patients who have attended followup at our rural psychiatric clinic at Raipur Rani. It is hoped that this information will be of some practical help and heuristic value to workers in

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* Based on a paper presented at the 39th Annual Conference of the Indian Psychiatric Society held at Calcutta, January 7-10, 1987.
the field of community psychiatry.

Material and Methods

The present study was conducted at the Rural Psychiatric Clinic at Raipur Rani Primary Health Centre. This particular location and the type of work undertaken there have already been documented (Wig et al. 1981; Srinivas Murthy and Wig 1983; Varma et al. 1985). At the time of conducting the present study, the Rural Psychiatry Clinic was run by the Department of Psychiatry of the Institute. A team comprising of a faculty member and a junior resident in Psychiatry have been holding the psychiatric clinic once a week. Case records are maintained for new contacts. Followup records are maintained for those patients who visit the clinic subsequent to their initial evaluation.

For studying the pattern of followup visits, the patients attending the clinic for followup visits were divided into 2 groups.

i) Patients registered in the clinic during the year 1984.

ii) Patients registered in the clinic during the year 1985.

The records of followup visits of patients were reviewed and information regarding the following variables was abstracted:

i) Age and Sex

ii) Marital Status

iii) Diagnosis according to ICD-9 (WHO 1978b).

The period of followup was from 1st January 1984 to 31st December 1986. The number of visits during the followup period by all patients were computed. Comparisons were made between the number of followup visits and variables like age, sex, marital status and diagnosis.

Results

Before describing the pattern of followup visits, it may be helpful to know certain demographic and clinical characteristics of the patients seen for the first time in the clinic in the year 1984 and 1985. These are shown in Table 1. It can be seen that except for decline in the number of major affective psychosis patients, other characteristics of the patients are essentially similar.

Table 1
Characteristics of patients seen in the years 1984 & 1985. Percentages in parenthesis

| Characteristic          | 1984          | 1985          |
|------------------------|---------------|---------------|
| 1. Total No. of patients | 259           | 287           |
| 2. Sex                  |               |               |
| Male                   | 119(46.0)     | 140(48.8)     |
| Female                 | 140(54.0)     | 147(51.2)     |
| 3. Marital status       |               |               |
| Single                 | 97            | 113           |
| Married                | 156           | 168           |
| Widow                  | 6             | 6             |
| 4. Major diagnostic categories |          |               |
| Epilepsy               | 69(26.6)      | 65(22.6)      |
| Schizophrenia          | 31(11.9)      | 33(11.5)      |
| MDP-depression         | 33(12.7)      | 24(8.4)       |
| MDP-mania              | 18(6.9)       | 15(5.2)       |
| Neuroses               | 61(23.5)      | 83(28.9)      |
| Other psychoses        | 14(5.4)       | 27(9.4)       |
| Miscellaneous          | 30(11.6)      | 35(12.2)      |
| Nil psychiatric        | 3(1.1)        | 5(1.7)        |
| 5. Age                 |               |               |
| Upto 10 years          | 22(8.5)       | 27(9.4)       |
| 11-20 years            | 71(27.4)      | 78(27.1)      |
| 21-30 years            | 69(26.6)      | 82(28.6)      |
| 31-40 years            | 44(19.9)      | 37(12.9)      |
| 41-50 years            | 29(11.2)      | 26(9.5)       |
| 51-60 years            | 15(5.8)       | 21(7.3)       |
| 61 years or more       | 9(3.5)        | 16(5.6)       |

During the year 1984, the followup clinic was conducted on 50 occasions. The clinics were conducted once a week. The total number of followup visits in 1984 was 972 giving an attendance average of 19.44 patients per week. In the year 1985, the followup clinics were held on 50 occasions and the total number of followup visits
recorded was 833 giving a weekly attendance average of 16.66. The total number of followup visits in the year 1986 was 700. The followup clinics were held on 49 occasions, thus giving an attendance average of 14.28 patients per week. There is an indication here that over the study period the number of followup visits had declined.

It should be pointed out that though the pattern of followup visits by patients registered in the clinic in the year 1984 and 1985 is the focus of the study, the services of the followup clinics are also utilised by patients registered in the clinic before 1984 or after 1985. In this context it should be noted that of the 972 followup visits in the year 1984, only 322 (33%) visits were by the patients registered in the year 1984. Similarly, in the year 1985, of 833 followup visits recorded, 120 (14%) visits were by patients registered in 1985. In the year 1986, the contribution to the total number of followup visits by patients registered in 1984 dropped to 43 (6%) visits and that by patients registered in 1985 was 98 (14%) visits only. Thus, there is clear indication that the frequency of visits to the followup clinic has decreased. However, the frequency of attendances by patients registered in the year 1984 and 1985, during their years of registration as well as a year subsequently is almost identical.

The data pertaining to the frequency of followup visits were statistically analysed according to age, sex, marital status and diagnosis of the patients. These results are displayed in Tables 2-7.

Of the 259 patients seen for the first time in the year 1984, 131 (51%) did not come back for followup at. This number rose to 217 (84%) in the year 1985 and to 245 (95%) in the year 1986. Similarly, of the 287 patients registered in 1985, 154 (54%) patients did not visit the followup clinic in the year of their registration. This figure rose to 256 (89%) a year later i.e., in 1986. Thus over the two year observation period, the drop out rate from the followup clinic is remarkably consistent. These findings are shown in Table 2.

The frequency of followup visits according to sex and marital status of the patients are shown in Tables 2 and 3. Very few patients attended the followup clinic on 6 or more occasions. The proportion of males and females attending the followup clinic is almost similar. Also, single and married patients attended the clinic in almost equal proportions and no statistically significant differences were observed.

The frequency of followup visits according to age of the patients are shown in Tables 4 and 5. Though initially all age groups are represented fairly equally, over the study period of 1 to 2 years, only patients aged up to 10 years were found to be more consistent in attending and had a comparatively low drop out rates. However, this was not statistically significant.

The frequency of visits to the followup clinic according to the diagnosis also showed similar trends. About 50% of patients in the diagnostic categories of epilepsy, mania, other psychoses, neuroses and miscellaneous varieties did not come for followup in the year of their initial contact. Schizophrenics and MDP-depressed patients attended the clinic more frequently in the years of their registration. However, a year subsequently, more epileptics, were still attending the followup clinic. These results which are statistically not significant are shown in Tables 6 and 7.

**Discussions**

There are numerous methodological difficulties in conducting an enquiry into the pattern of followup visits. Firstly, the
Table 2
Frequency of followup visits according to sex and marital status by patients registered in 1984 in the years 1984, 1985 & 1986

| Variable** | Frequency of visits in 1984 | Frequency of visits in 1985 | Frequency of visits in 1986 |
|------------|-----------------------------|-----------------------------|-----------------------------|
|            | Nil | One | 2-5 | 6 or more | Nil | One | 2-5 | 6 or more | Nil | One | 2-5 | 6 or more |
| Sex        |     |     |     |           |     |     |     |           |     |     |     |           |
| Male (n = 119) | 63  | 25  | 27  | 4         | 97  | 10  | 10  | 2         | 111 | 2   | 5   | 1         |
| Female (n = 140) | 68  | 31  | 35  | 6         | 120 | 6   | 13  | 1         | 134 | 2   | 4   | 1         |
| Total      | 131 | 56  | 62  | 10        | 217 | 16  | 23  | 3         | 245 | 4   | 9   | 1         |

| Marital status* | Frequency of visits in 1985 | Frequency of visits in 1986 |
|-----------------|-----------------------------|-----------------------------|
|                 | Nil | One | 2-5 | 6 or more | Nil | One | 2-5 | 6 or more |
| Single:         |     |     |     |           |     |     |     |           |
| Male            | 33  | 10  | 16  | 1         | 49  | 6   | 4   | 1         | 53  | 1   | 5   | 1         |
| Female          | 21  | 8   | 8   | -         | 30  | 2   | 4   | 1         | 54  | 1   | 2   | -         |
| Married:        |     |     |     |           |     |     |     |           |
| Male            | 50  | 12  | 11  | 3         | 44  | 4   | 6   | 1         | 54  | 1   | -   | -         |
| Female          | 47  | 21  | 27  | 6         | 88  | 4   | 9   | -         | 98  | 1   | 2   | -         |
| Total           | 150 | 72  | 47  | 12        | 256 | 11  | 16  | 4         |

* Six widowed patients also attended the followup clinic on one occasion.
** No significant differences among the various groups.

Table 3
Frequency of followup visits according to sex and marital status by patients registered in 1985 in the years 1985 & 1986

| Variable | Frequency of visits in 1985 | Frequency of visits in 1986 |
|----------|-----------------------------|-----------------------------|
|          | Nil | One | 2-5 | 6 or more | Nil | One | 2-5 | 6 or more |
| Sex      |     |     |     |           |     |     |     |           |
| Male (n = 140) | 77  | 34  | 22  | 7         | 121 | 8   | 9   | 2         |
| Female (n = 147) | 79  | 38  | 25  | 5         | 135 | 3   | 7   | 2         |
| Total    | 156 | 72  | 47  | 12        | 256 | 11  | 16  | 4         |

| Marital Status* | Frequency of visits in 1985 | Frequency of visits in 1986 |
|-----------------|-----------------------------|-----------------------------|
|                 | Nil | One | 2-5 | 6 or more | Nil | One | 2-5 | 6 or more |
| Single:         |     |     |     |           |     |     |     |           |
| Male            | 28  | 24  | 16  | 3         | 59  | 5   | 6   | 1         |
| Female          | 27  | 8   | 7   | -         | 35  | 2   | 5   | -         |
| Married:        |     |     |     |           |     |     |     |           |
| Male            | 44  | 10  | 6   | 4         | 57  | 3   | 3   | 1         |
| Female          | 51  | 30  | 18  | 5         | 99  | 1   | 2   | 2         |
| Total           | 150 | 72  | 47  | 12        | 250 | 11  | 16  | 4         |

* 6 widowed patients did not attend the clinic for followup after initial assessment.
question of a time set i.e., over how long period of time visits to followup clinic should be considered as followup visits. Secondly, how should one differentiate between a followup visit ostensibly for monitoring purposes from visits due to relapse or due to some other reasons e.g., medical certificate, medical reimbursement bill etc. There are no easy answers to these questions nor guidelines available in the literature from our country.

It is indeed a disturbing finding that approximately 50% of the patients do not visit the clinic again after initial contact, though almost all of the patients (except patients found to have no psychiatric problem) are advised to visit the clinic for monitoring their progress. There was no fixed expected frequency of followup visits, rather it depended on the nature of the patient's illness. Various reasons could be put forward to explain such high rate of drop outs. Since most of the patients are not provided with drugs at their initial visit, this perhaps weighs very heavily against their visiting the clinic again. It is our
Table 6
Frequency of followup visits according to diagnosis by patients registered in 1984 in the year 1984, 1985 & 1986

| Diagnosis         | Frequency of visits in 1984 | Frequency of visits in 1985 | Frequency of visits in 1986 |
|-------------------|-----------------------------|-----------------------------|-----------------------------|
|                   | Nil | One | 2-5 | 6 or more | Nil | One | 2-5 | 6 or more | Nil | One | 2-5 | 6 or more |
| Epilepsy (n = 69) | 33  | 14  | 18  | 4         | 49  | 7   | 10  | 3         | 58  | 7   | 7   | 1         |
| Schizophrenia (n = 31) | 12  | 6   | 13  | -         | 26  | 2   | 3   | -         | 31  | -   | -   | -         |
| MDP-depression (n = 33) | 16  | 8   | 8   | 1         | 25  | 2   | 6   | -         | 32  | 1   | 1   | -         |
| MDP-mania (n = 18) | 10  | 4   | 4   | -         | 17  | 1   | -   | -         | 18  | -   | -   | -         |
| Neuroses (n = 61) | 32  | 14  | 12  | 3         | 55  | 3   | 3   | -         | 59  | 1   | 1   | -         |
| Other psychoses (n = 14) | 6   | 4   | 3   | 1         | 12  | 1   | 1   | -         | 14  | -   | -   | -         |
| Miscellaneous (n = 30) | 19  | 6   | 4   | 1         | 30  | -   | -   | -         | 30  | -   | -   | -         |
| Nil psychiatric (n = 3) | 3   | -   | -   | -         | 3   | -   | -   | 3         | -   | -   | -   | -         |
| Total (n = 259)  | 131 | 56  | 62  | 9         | 217 | 16  | 23  | 3         | 245 | 4   | 9   | 1         |

Excludes five patients with the diagnosis of 'nil' psychiatric who did not visit the followup clinic.

Table 7
Frequency of visits according to diagnosis by patients registered in 1985 in the year 1985 & 1986

| Diagnosis        | Frequency of visits in 1985 | Frequency of visits in 1986 |
|------------------|-----------------------------|-----------------------------|
|                  | Nil | One | 2-5 | 6 or more | Nil | One | 2-5 | 6 or more |
| Epilepsy (n = 65) | 33  | 18  | 14  | -         | 53  | 4   | 8   | -         |
| Schizophrenia (n = 33) | 7   | 7   | 14  | 5         | 26  | 2   | 5   | -         |
| MDP-depression (n = 24) | 9   | 7   | 5   | 3         | 20  | 2   | 1   | 1         |
| MDP-mania (n = 15) | 8   | 5   | 1   | 3         | 15  | -   | -   | -         |
| Neuroses (n = 83) | 50  | 25  | 5   | 3         | 80  | 1   | 1   | 1         |
| Other psychosis (n = 27) | 16  | 7   | 4   | -         | 24  | -   | 1   | 2         |
| Miscellaneous (n = 35) | 28  | 3   | 4   | -         | 33  | 2   | -   | -         |
| Total* (n = 282) | 151 | 72  | 47  | 12        | 251 | 11  | 16  | 4         |

* Excludes five patients with the diagnosis of 'nil' psychiatric who did not visit the followup clinic.

Observation that patients expect to be provided with drugs and perceive it pointless to visit the clinic again if they go empty handed at their first contact with the service. It is also our observation that of the patients who were given drugs by the psychiatric team, most of them came back to the clinic for repeat prescription. Living distance from the clinic does not appear to be a convincing reason for not attending the followup clinic since majority of the patients belong to nearby villages. Ignorance and lack of sophistication of the users of the service could be a contributory factor for such a high drop out rate. Because of lack of awareness that psychological treatment is a prolonged affair, many patients and their relatives expect "miracle" cures and if such is not forthcoming then they do not visit the followup clinic.

Diagnosis of the patient seems to have some influence on the frequency of
follow-up visits. In both intake years, epileptics, schizophrenics and depressives visited the clinic in large enough numbers and with more frequency. However, only epileptics continued to visit the clinic even a year or two after their initial assessment. In schizophrenics and depressives, response to treatment would appear to be the reason for repeated visits to the clinic. In epileptics, realization that long term treatment is necessary, would appear to be an additional reason for continued attendance at the clinic.

Do these findings have any implication for the provision of mental health care through the PHC? Some of the implications are obvious. This study shows that half of the patients attend the followup clinic once and then either continue with their psychological problems or seek alternative treatment. If these patients continue to be ill, then it is a conjecture that the illness by impairing their adaptability and functioning would lead to collosal wastage of manpower and human resources.

It is envisaged in the National Mental Health Programme that the Multipurpose Health Workers (MPW) would provide the link between the community and the PHC and would supervise drug treatment. In this respect our study has relevance. Taking into consideration the high rate of dropouts as also eminently treatable nature of some of the clinical entities, it is worth emphasizing that MPW can render valuable service in providing followup supervision and dispensation of maintenance drugs. However, this would have tremendous financial implication. If any rural psychiatric clinic is to provide active therapeutic programmes including supervision of treatment over a long period of time, then provision of drugs in sufficient quantity and range at the PHC is a basic necessity. When patients get drugs at followup visits, they are more likely to be regular both in attending the clinic and complying with drug regimen. The key to this would be availability of certain antiepileptics, antidepressants and antiepileptics. Till this is done, supervision of patients will be difficult and certain objectives of the National Mental Health Programme will not be achieved.

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