Psychiatric Clinics in Different Settings in Jordan

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To investigate the hypothesis that psychiatric diagnoses of patients seen at primary care clinics are representative of those at conventional psychiatric clinics, the psychiatric diagnoses of patients seen at a primary care clinic in Jordan were compared with those seen at two conventional psychiatric and one general hospital clinic. We found that the psychiatric diagnoses of new patients seen at primary care clinics are comparable to those seen at conventional clinics but primary care clinics are less likely to retain patients with severe illnesses and more likely to retain patients with less severe illnesses.

(Egypt.J. Psychiat.,1992,15: 17-22).

Introduction

Psychiatric clinics based in primary health care have attracted considerable interest (Strathdee and Williams, 1984; Pullen and Yellowless, 1988). Opinion is divided on the nature of the patient population and whether these clinics justify psychiatric manpower. On the one hand, it has been reported that the diagnoses of patients seen at primary care clinics are representative of those seen at conventional psychiatric clinics (Pottrell, 1973; Tyrer, 1984; Browning et al., 1987; Brown et al., 1988; and Strathdee et al., 1990). On the other hand, a recent Scottish report (Low and Pullen, 1988) indicated that primary care clinics have more patients with less severe illnesses and fewer patients with severe illness. In Jordan, an extension of Psychiatric services into the community by setting up more clinics in primary care and general hospitals has taken place over the last several years. At the beginning, there was a fear due to shortage in mental health professionals that psychiatrists would devote more time to patients in the general hospital and primary care clinics while more seriously ill patients in the mental hospital would be neglected. Thus the purpose of this study was to test the hypothesis whether psychiatric diagnoses of patients seen in primary care clinics were comparable to those seen at traditional psychiatric clinics.

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Subjects and Method

Psychiatric services in Jordan have recently been provided by two outpatient clinics and a mental hospital. Such services were mainly directed at the acutely disturbed mentally ill (Daradkeh, 1988). The shortcomings of this system prompted the authorities to expand services by opening more outpatient clinics in the existing health centres as well as in general hospitals. All clinics are managed by hospital staff and the majority of staff rotate through more than one clinic on an alternating schedule. Each clinic submits a monthly report of the number of new and follow-up patients and their diagnoses. For the purpose of this study four clinics were selected viz., the central psychiatric clinic (C), a primary care clinic (P), a general hospital clinic (G) and the hospital psychiatric clinic (H). Patients who attended the four clinics for the first time in 1989 were divided into psychotic and non psychotic groups after excluding patients with diagnoses of epilepsy, mental retardation, and those whose diagnoses were undetermined. We also categorized

the total number of visits to the clinics during the same year by diagnoses. The psychotic group included patients with diagnoses of schizophrenia, psychotic mood disorders, and those with paranoid disorders, while non-psychiatric group included patients with all types of anxiety disorders (neuroses) non-psychotic mood disorders, and patients with substance and alcohol abuse. The main reason behind such groupings was to avoid and to minimize the problem of low reliability of psychiatric diagnosis, despite the fact that diagnostic procedure in the aforementioned clinics accord more or less with the guidelines of DSM III (APA, 1980). Our hypothesis was that if the psychiatric diagnoses of patients seen at the primary care clinics are representative of those seen at conventional clinics, then there would be neither a significant difference in the proportions of new patients with particular diagnoses seen at the four clinics, nor a significant difference in the proportions of visits to the four clinics by patients with a particular diagnosis. Statistical tests for proportions from two independent groups were applied to assess the significance of differences in the proportions. The significance level was set at 5 per cent level (= 0.05)

Results

Table 1 and 2 show the distribution of new and follow up patients (visits) by diagnosis as conveyed to the hospital administration from the clinics. Table 3 reveals that there were no significant differences in the proportions of new psychotic patients seen at the four clinics for the first time in 1989, and the ratios of psychotics/non-psychotics were

. Table 1

Distribution of New Patients by Diagnoses and Clinical Settings

Diagnosis	Central psychiatric clinic (C)		Hospital Psychiatric clinic (H)		Primary care clinics (P)		General hospital clinic (G)	
	N	%	N	%	N	%	N	%
Schizophrenia	125	52	123	45	36	39	83	43
Depression	46	19	48	17	15	16	36	19
Epilepsy	29	12	38	14	17	18	37	19
Manic-depressives	8	3	5	2	4	4	9	5
Mental retardation	7	3	14	5	5	5	10	5
Neuroses	9	4	8	3	2	2	4	2
Drug & alcohol abuse	11	4	9	3	3	3	7	4
Miscellaneous	7	3	30	11	10	11	8	4
Total	242		275		92		194	

Table 2

Distribution of Total Visits by Diagnosis and Clinical Settings

Diagnosis	Central Psychiatric Clinic (C)	Hospital Psychiatric Clinic (H)	Primary care Clinic (P)
Schizophrenia & Paranoid dis.	1816 (34)	2432 (62)	0757 (28)
Depression	0808 (15)	0305 (8)	0539 (20)
Epilepsy	1830 (34)	0566 (14)	0550 (20)
Manic - depressives	0144 (3)	0058 (1)	0146 (5)
Mental retardation	0220 (4)	0096 (2)	0343 (13)
Neuroses	0198 (3)	0040 (1)	0135 (5)
Drug & alcohol abuse	0020 (- -)	0058 (1)	0044 (1)
Miscellaneous	0291 (5)	0344 (9)	0151 (5)
Total	5327	3899	2665

Table 3

Distribution of Patients Diagnostic Groupings and Clinical Settings

Diagnostic categories	Central psychiatric clinic (C)		Hospital psychiatric clinic (H)		Primary care clinic (P)		General hospital clinic (G)	
	N	%	N	%	N	%	N	%
Psychotics	133	67	128	66	40	67	92	66
ratio		2.03		1.9		2.03		1.9
Non- Psychotics	66	33	67	34	20	33	47	34
Total	199	100	195	100	60	100	139	100

Table 4

Distribution of Visits Diagnostic Groupings and Clinical Settings

Diagnostic categories	Central psychiatric clinic (C)		Hospital psychiatric clinic (H)		Primary care clinic (P)		General hospital clinic (G)	
	N	%	N	%	N	%	N	%
Psychotics	1960	66	2490	86	903	56*	2969	67
ratio		1.9		6.1		1.3		2.03
Non- Psychotics	1026	34	403	14	718	44**	1439	33
Total	2986	100	2893	100	1621	100	4408	100

* Proportion of psychotics in primary care is significantly lower.

** Proportion of non - psychotics in primary care is significantly higher

very close (2.03: 1; 1.9:1; 2.03: 1; and 1.9:1 respectively). Table 4 shows that significantly less visits were made by psychotic patients to the primary care clinic and significantly more visits by non-psychotic patients, compared with the rest of the clinics (z=6.7; z=22.4; z=7.9 respectively).

Discussion

Contrary to previous studies which examined only new patient populations, this study examined two populations to evaluate the proposed hypothesis. The reason for including the follow up patients or attendance was that such populations comprise the bulk of the work load in the outpatient psychiatric clinics. With respect to the data concerning new patients, this study confirmed the findings of Fottrell (1973) who found that the psychiatric diagnoses of patients seen at primary care clinics were similar to or the same as those seen at conventional psychiatric clinics . Examining the data of newly referred patients in this study suggests that there is no evidence for the caution that patients treated by psychiatrists in primary care clinics were mild (Mitchell, 1985), and in accord with the observation that community-based facilities bring services to more severely ill patients (Grad and Sainsbury, 1966). However, it appears that primary care clinics are less likely to follow patients with severe illnesses in comparison to other clinics. A possible explanation for these findings is that patients with severe illnesses who present for the first time to primary care clinics are referred to hospital for future inpatient psychiatric treatment. After discharge, they seem to prefer to be followed at the hospital clinic. The higher proportion of visits made by psychotic patients to the hospital psychiatric clinic in comparison with the rest of the clinics would support such a proposal. Though the stigma attached to conventional clinics may have accounted for the higher retention rate of patients with less severe illnesses attending the primary care and general hospital clinics, such an explanation does not seem applicable to patients with severe or schizophrenic illnesses. It has been demonstrated elsewhere (Pantelis et al., 1988; Lee and Murray, 1988) that a substantial proportion of known patients with severe disabling illnesses lose their contact with the conventional psychiatric services and therefore one would have expected to find a higher retention rate of patients with severe illnesses in the primary card clinic compared with other clinics. As our study failed to confirm such observations, one is compelled to

believe that conventional clinics in this part of the world are either less stigmatizing or more supportive primary care clinics. Regardless of the reasons for the findings that conventional clinics have higher retention rates for patients with severe illnesses, it would be worthwhile to explore the lower retention rate of patients with severe illnesses seen at primary care clinic. We believe that repetition of such studies are highly recommended to confirm or refuse the findings of this study. It is also desirable to find out whether the new clinics have indeed reduced pressure on hospitals. There is abundant evidence that similar types of clinics do reduce hospital admission rates (McKechnie et al., 1981; Tyrer et al., 1984; Williams and Balestrieri, 1989). Another aspect of this study which surprised us, was that primary care clinics have not significantly attracted patients with less severe illnesses and this seems to answer at least partially more often what Jones has called "Scull's Dilemma" (1982) viz, that community care can be given by psychiatric services without the perils of institutionalization on one hand or of total neglect on the other. It should be borne in mind that the management of new clinics at the primary care level is against the World Health Organization principal recommendations (1973) and this combined with peoples' misconception of psychiatric services regardless of their location may have accounted for the unexpectedly low proportion of patients with less severe illnesses in these clinics.

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La Clinique Psychiatrique dans les Differents Centres de Soins en Jordanie

Les diagnostiques psychiatriques portés sur les patients consultants les centres de soins primaires ont été comparés avec ceux portés sur des patients consultant des structures de soins psychiatriques conventionnelles, afin de voir si les premiers étaient représentatifs des seconds.

Nous avons trouvé que les diagnostiques psychiatriques portés sur les consultants pour la première fois sont comparables dans les différents centres, cependant, il est moins évident que les centres de soins primaires puissent assurer le suivi des patients gravement atteints.

عيادات الامراض النفسية فى مواقع مختلفة فى الاردن

يهدف البحث لاختبار الفرضية القائلة أن التشخيص السريرى للمرضى الذين يترددون على عيادات الأمراض النفسية فى المراكز الصحية الأولية لاتختلف عن التشخيص السريرى للمرضى المترددون على العيادات النفسية التقليدية. لقد أثبتت الدراسة أن تشخيص المرضى الجدد فى عيادات المراكز الصحية الأولية مطابقة لتشخيص المرضى فى العيادات التقليدية، إلا أن تشخيص المرضى المراجعين يختلف تماماً. فالمرضى المصابون بأمراض نفسية شديدة يميلون أكثر من غيرهم لمراجعة العيادات النفسية التقليدية والمرضى المصابون بأمراض نفسية بسيطة يميلون لمراجعة عيادات المراكز الصحية الأولية.