

A Comparative study of outpatient psychiatric Service in a private versus University General Hospital in an Arab Community

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Abstract

The study was carried out at two different hospitals in the same culture. The first was a general private hospital where patients pay for everything. The second was a general University hospital where no direct payment is required from the patient. The comparison parameters were: no. of clinics per day and their timing, staff, physicians, nurses, social and psychological specialists, investigations available, treatment. More schizophrenic and major depression patients were noticed in the general university than in private hospitals. General anxiety and symptomatiform disorders were more prevalent in the private hospitals. The results were explained and discussed.

Introduction: Studying the frequency, distribution and epidemiological profiles of the various psychiatric disorders is of utmost importance for proper designing of mental health programs as well as identifying the type and magnitude of psychiatric service needed, in any given community.

Epidemiological studies that rely mainly on assessment of patients seeking treatment have much lower validity than those assessing patients identified in the large community, but they are, of course, less tedious. The reason behind this later fact is that the system organizations supplying psychiatric service are not one and the same, they differ as regards ownership, profile orientation, affiliation and patient population (Kaplan and Sadock 1991).

Social and economic factors do significantly affect the health status and the delivery of health services. A person's socioeconomic status is not based solely on income but includes such factors as education, occupation and life style (Gonzalez, 1992).

The provision of adequate cost effective

services to people is a critical concern of governments all over the world.

The growth rate of health care expenditures continues to outdistance the pace of growth of the economy. Health care has become increasingly expensive as a result of inflation, population growth and advanced technology (Chang, 1981).

Mental disorders account for a good proportion of health care expenditure to the extent that in the U.S.A., the cost of mental disorders is estimated to be about \$ 2.5 billion a year (National Center for Health Statistics, 1991). For these reasons, although government spending for health care, including psychiatric care, is on the rise, yet, private sector still represents one of the major providers of psychiatric services and mental health care, even in countries where insurance systems are well established (Health Insurance Institute, 1989).

Thus proper health care should take both private and government based services into consideration, and at the same time proper research concerning psychiatric practice in any given community

Table (1) Hospital System Organization for Outpatient Clinic in the two hospitals

	University hospital	Private hospital
a) Number of clinics per day and their timing	8 clinics	2 clinics 2 clinics
b) Staff personal		
1. Physician	5 one consultant as supervisor 4 specialist (having master degree in psychiatry, at least)	2 one consultant and one specialist (specialist should have at least a master degree in psychiatry)
2. Nurses	one nurse per clinic	one nurse per clinic
3. Social worker and psychologist	one psychologist	one psychologist and one social worker
c) Investigation Available	EEG CT scan MRI Psychometric testing	EEG CT scan Psychometric testing
d) Treatment available	1- Psychotropics limited varieties. 2- Psychotherapy, group psychotherapy behavior therapy limited 3- ECT use is restricted operation theatre.	1- Psychotropic drugs varieties. 2- Psychotherapy, group psychotherapy behavior therapy more openly used 3- ECT more openly used.

Table II Demographic Data

(A) Age

Age distribution	University Hospital	Private Hospital
< 20	(17.01%) 588	(5%) 412
20-40	(11.01%) 5025	(84.79%) 6991
40-60	(12%) 783	(6.99%) 516
>60	(1.88%) 123	(3.02%) 249

(B) Sex

	University Hospital	Private Hospital
Male	3980 (60.99%)	6569 (79.78%)
Female	* 2545 (39.01%)	* 1665 (20.22%)

Race / Nationality

	University Hospital	Private Hospital
S A.	*5284 (80.98%)	*3611 (43.86%)
Non S.A.	*1241 (19.02%)	*4623 (56.14%)

*= Difference is statistically significant (P<0.05)

Table (3) Psychiatric Diagnosis

Diagnoses	University hospital	Private hospital
1- Depression and dythmic disorder	2615 (40.07%)*	1714 (20.18%)*
2- Mania or hypomania	149 (2.28%)	98 (1.19%)
3- Schizophrenia	943 (14.54%)*	398 (4.83%)*
4- Other psychoses	261 (4%)*	132 (1.60%)*
5- Substance use disorder	141 (2.16%)*	984 (11.95%)*
6- O.C.D.	144 (2.28%)*	392 (4.76%)*
7- Generalized anxiety	694 (10.63%)*	169 (20.53%)*
8- Phobic anxiety	139 (2.13%)	304 (3.96%)
9- Panic disorder	96 (1.47%)	124 (1.50%)
10- Adjustment disorder	134 (2.03%)	459 (5.57%)
11- Somatoform disorder	269 (4.12%)*	683 (8.29%)*
12- Personality disorder	284 (4.35%)	449 (5.54%)
13- Epilepsy	149 (2.28%)	124 (1.56%)
14- Organic B.S.	211 (3.23%)	349 (4.23%)
15- Eating disorder	42 (3.36%)	86 (1.04%)
16- Mental subnormality	154 (2.36%)	102 (1.23%)
17- Conduct, hyperkinetic other childhood disorder	73 (1.11%)	109 (1.32%)
18- Factitious, malingering	27 (0.41%)	31 (0.37%)

*= The difference is statistically significant ($P < 0.05$)

should also consider both, not only one aspect.

Discussion: The present study is meant to compare the nature of psychiatric service and types of psychiatric patients in two different Hospitals in an Arab culture:

a) The "First: is a general private hospital, where the patients pay for himself, as regard consultation, investigation and medication.

b) The second: is a general university hospital, where no direct payment is required from the patient, even regarding investigations and treatment.

The impact of difference in cultural aspects and social dimensions on the nature of psychiatric service and types of psychiatric diagnoses, is something which goes without saying. Even in the same culture, different social and organizational systems may have their influence on the pattern of psychiatric practice.

The findings in this comparative study, are in support of such a belief. More schizophrenic and major depression patients have been noticed significantly in the University Hospital than the private one. A possible explanation behind this difference lies in the fact that schizophrenic and depressed patients tend to receive a rather several years, and for this reason, the cost of the medication may be a great concern for those patients and their families, so they might seek treatment, at least follow up and repeat-medication" visit at the University Hospital, where service and drug supply are, all free.

Another major difference lies in the frequency of general anxiety and somatoform disorders, which were found more prevalent in the private hospital. an underlying possible explanation could be

the suggestion that such "neurotic patients are more likely to give a great concern for the "stigma" of being a "mental patients". Of course, they will be more reluctant to see psychiatrists for fear of being "stigmatized". In that sense, they might think of private hospitals as less stigmatization than the public or governmental hospitals. They might expect that in the private hospital, they can hide their names or their illness, something which is less amenable in public hospital. The third difference in psychiatric diagnosis between the two hospitals is the significantly increase in number of substance abuse patients in the private hospital than in the University Hospital one. Such a difference could be understandable, when one takes into consideration the system followed by the mental health authorities in Saudi Arabia for treatment of "drug addiction", where patients are allowed to be treated only in "Specialized Hospitals" for treatment of addiction. For this reason, substance abuse patients are afraid of visiting public hospitals for fear of "notification" to the mental health authorities, something which, they might think, less likely in the private hospitals.

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دراسة مقارنة لخدمة المرضى النفسيين الخارجيين في مستشفى خاص و مستشفى جامعى عام في إحدى المجتمعات العربية

أجريت هذه دراسة فى مستشفيين مختلفتين فى مجتمع عربى واحد. كانت الأولى مستشفى خاصة يدفع المرضى فيها أجرا لكل ما يتلقونه من خدمات أما الثانية فكانت مستشفى جامعى عام حيث لا يطلب أجر من المرضى. وكانت محكات المقارنة هى: عدد العيادات فى اليوم الواحد و مواعيدها - الموظفون - الأطباء - المرضى و الممرضات - الأخصائيون النفسيون و الاجتماعيون - أنواع الفحوصات الطبية و العلاج. و لوحظ أن عدد أكبر من مرضى الفصام و الإكتئاب الجسيم يلجئون الى المستشفى الجامعى بدلا من المستشفى الخاص. و نوقشت النتائج.