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ROLE OF WALK-IN-CLINIC IN GENERAL HOSPITAL PSYCHIATRIC UNITS[1]

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Since the time Psychiatry came to general practice from the mental hospitals and institutions, psychiatric units in the general hospitals have been a major facility for providing mental health care in our country. These units have been steadily increasing in the last decade and their importance has been aptly highlighted by Wig (1978). Walk-in-clinics constitute an important part of these units in many centres and are known to be functioning on regular basis in centres like NIMHANS, Bangalore, PGIMER, Chandigarh, and AIIMS, New Delhi. Walk-in-clinic is that point of O.P.D. services where all the patients who are in need of a psychiatric help make their first contact. Patients' needs are assessed in a brief need-oriented evaluation followed by appropriate advice. Usually walk-in-clinic caters to immediate needs of the patients and provide urgent and short term care. The importance of a walk-in-clinic lies in the fact that it provides immediate attention and care to the psychiatric emergencies. Secondly, it reduces the work-load of the main clinic by screening all the patients first and suggesting alternative modes of help to those patients who do not require services of the main clinic. Thirdly, as a direct result of screening, appointment time is reduced increasing the compliance rate consequently.

Some studies have examined the patterns of patients, adherence to advice and referral systems of the walk-in-clinic (Barsky *et al.*, 1979). Results have been variable and contradictory, but it generally appears that about one third of patients deviate significantly from the advice given at the initial assessment. Thus, Murthy *et al.* (1974, 1977) reported that as much as 30 to 40 per cent of the patients who attend psychiatry O.P.D. drop out of the treatment after the first contact for a variety of reasons. This offers an opportunity to recognise this population and thereby take necessary steps to reduce the drop out rates at walk-in-clinics as the patients make their first contact at this point of service. Further, the increasing availability of psychiatric care on a walk-in, crisis and emergency basis in turn has created problems in providing continuity of follow-up and referral following the initial contact. These potential discontinuities in psychiatric care deserve attention. The present study was undertaken with a view to evaluate the usefulness and effectiveness of walk-in-clinics in the context of the above mentioned functions.

The study was conducted in the walk-in-clinic of the Psychiatry O.P.D. at PGIMER, Chandigarh. The clinic remains open from 8 a.m. to 5 p.m. and is staffed by psychiatric registrar, social workers and clerical personnel, and receives approximately 10 new cases every day. These cases come to the clinic by themselves or are referred by other out-patient clinics of the same hospital, from other hospitals, from private psychiatrists or general practitioners. After being examined by the registrar, advice is given according to the

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need of the case. Thus, a patient may be given initial treatment with advice to follow-up in the main-clinic or walk-in-clinic itself, or is directly referred to the main clinic for detailed evaluation, or may be admitted in the ward in case of an emergency, or is referred to other specialities and outside psychiatric services. For smooth and effective functioning, the history of patient's illness, findings of mental state examination and advice given are recorded on a structured Walk-in History-taking sheet.

RESULTS

3067 patients were seen in the clinic between 1st January, 1979 to 31st December, 1979. Their socio-demographic variables are presented in Table I. These data are comparable to the data reported in studies from this department (Wig *et al.*, 1978, Khanna, *et al.*, 1974).

In the clinic, after initial evaluation, patients' immediate needs were assessed and the patients were advised accordingly.

Of the 3067, 2178 (71%) patients were provided immediate help and given appointments for detailed evaluation in the main clinic by psychiatric resident and a consultant. 107 (3.48%) cases were seen in the main clinic for detailed evaluation on the same day for urgent care. These patients usually presented with management problems, diagnostic problems, social problems or medico-legal problems. 23 (0.8%) patients were very disturbed and required urgent admission in the psychiatric ward. This population consisted of acutely disturbed psychotics, acute organic conditions, severe neurotics or life-threatening problems. 453 (14.8%) patients were referred to the other out-patient clinics of the hospital as they were considered to be suffering primarily from a physical disorder. Maximum number of the patients were referred to the Neurology OPD. Remaining 306 (10%) cases were managed by directly referring them to outside psy-

TABLE I—*Socio-demographic variables of Walk-in-Clinic* (N=3067)

			%
Sex :			
Male	..	..	54.00
Female	..	..	46.00
Age (in yrs.) :			
Below 15	..	..	7.69
15-24	..	..	32.31
25-34	..	..	25.33
35-44	..	..	17.86
45-54	..	..	8.80
55-64	..	..	5.51
Above 65	..	..	1.23
Domicile			
Rural	..	..	44.67
Urban	..	..	55.33
Marital status			
Single	..	..	34.95
Married	..	..	59.73
Others	..	..	5.32
Religion			
Hindu	..	..	60.55
Sikh	..	..	35.93
Others	..	..	3.52
Occupation			
Professional	..	..	2.51
Semi-Professional	..	..	5.71
Clerical/shop/Farm	..	..	16.79
Skilled	..	..	8.44
Un-skilled	..	..	7.27
House-hold	..	..	35.47
Student	..	..	11.67
Unemployed	..	..	5.67
Retired	..	..	2.70
Others	..	..	3.65

TABLE II—*Modes of disposal of patients in the Clinic* (N=3067)

	N	%
(i) Immediate help and appointment for detailed evaluation	2178	71.0
(ii) Detailed evaluation on the same day	107	3.48
(iii) Urgent admission in the ward	23	0.8
(iv) Referred to other OPDs of the hospital	453	14.8
(v) Referred to outside psychiatric services	306	10.0

chiatric services. Reasons for this referral were many : (*a*) patients were already under psychiatric care at a different place and came to this clinic for a second opinion; (*b*) the patients from outside Chandigarh having access to nearby psychiatric services; (*c*) patients coming from a very long distance who were unlikely to follow-up with us ; (*d*) patients mainly requiring help of social organisations, counselling services or rehabilitation and occupational services.

The experience shows that the needs of the patients attending the walk-in-clinic are complex and require flexible approach, quick decision making, mobilisation of various resources and contact with other clinics of the hospital and various psychosocial agencies. So far our experience is that these needs can be effectively met with by walk-in-clinic. An additional outcome is the decrease of patients for the main clinic which can utilize its time for those patients who require specialised care or long-term management.

This is just an initial study. Further work is required on various aspects of its functioning. The decisions made at walk-in-clinic were arbitrary. Whether patients benefited from them or complied with the advice remains to be studied in the next phase. This will help us in modifying our decision making and referral policies. It has been said earlier in this paper regarding potential drop outs who require attention. The immediate outcome of the clinic is that the drop out rate has come down to 20%. This consists of that population which failed to turn up on the date of appointment after having made the initial contact. In addition, the increased emphasis upon ambulatory care and deinstitutionalization makes it imperative that we better understand the illness behaviour and decision making of these patients. This will lead to a better compliance rate and follow up services and give us an opportunity to gear out services and efforts towards the patients' needs.

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