

## **ASSESSING MORTALITY PATTERNS IN A TERTIARY CARE SETTING FOR PSYCHIATRIC INPATIENTS**

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### ***Abstract***

*This study aims to assess mortality patterns among psychiatric inpatients in a tertiary care setting, shedding light on the factors contributing to mortality within this vulnerable population. We conducted a comprehensive analysis of medical records and clinical data from a tertiary care hospital, spanning a significant duration. Our findings reveal key insights into mortality risk factors, causes, and potential areas for improvement in psychiatric inpatient care. Understanding these patterns is crucial for enhancing patient safety and care quality in psychiatric inpatient services.*

### ***Key Words***

*Psychiatric inpatients; Tertiary care; Mortality patterns; Risk factors; Causes of mortality; Vulnerable population; Patient safety.*

## **INTRODUCTION**

Psychiatric inpatients, a particularly vulnerable segment of the population, often require specialized care within a tertiary care hospital setting. However, the mortality rates and patterns among these patients have received relatively less attention compared to other medical populations. Understanding mortality in psychiatric inpatients is of paramount importance, as it can guide improvements in patient care, safety, and the overall quality of psychiatric services.

Psychiatric patients face unique challenges, with underlying mental health conditions that can complicate physical health issues. Moreover, they often contend with stigma and misconceptions that can impact the provision of care and access to appropriate medical interventions. Consequently, a comprehensive assessment of mortality patterns within a tertiary care setting for psychiatric inpatients is essential to identify areas for potential intervention and improvement.

This study seeks to address this critical gap in research by conducting an in-depth analysis of mortality patterns in a tertiary care hospital's psychiatric inpatient service. By examining the factors contributing to mortality, including demographic, clinical, and environmental variables, we aim to provide a clearer understanding of the challenges and risk factors associated with psychiatric inpatient care. Ultimately, the insights gained from this investigation can inform evidence-based strategies for enhancing the safety and well-being of psychiatric patients in tertiary care settings.

In this context, we will explore the various facets of mortality patterns in psychiatric inpatients, from the causes of death to the demographic characteristics of the patient population. Our research strives to offer a more comprehensive view of the challenges inherent in providing care for this unique patient group and to pave the way for targeted improvements in psychiatric inpatient services.

## METHOD

A retrospective analysis of medical records and mortality data was conducted in a tertiary care hospital. The study focused on psychiatric inpatients who were admitted over a specified period. Data on patient demographics, including age, gender, and length of hospital stay, were collected. Information regarding the primary psychiatric diagnosis, co-occurring medical conditions, and treatments received during the hospitalization period were also recorded.

Mortality data, including the cause of death and the timing of death relative to admission, were extracted from medical records. Causes of death were categorized based on the International Classification of Diseases (ICD) codes. The mortality rate among psychiatric inpatients was calculated by dividing the number of deaths by the total number of psychiatric admissions during the study period.

Descriptive statistics were used to summarize the demographic characteristics of the patient population and provide an overview of the mortality rates and causes of death. Subgroup analyses were conducted to explore potential associations between demographic factors, psychiatric diagnoses, and mortality. Statistical tests, such as chi-square tests or t-tests, were employed to assess the significance of these associations.

Ethical considerations were taken into account during the study, ensuring the confidentiality and anonymity of patient information. Institutional review board approval and appropriate permissions were obtained before conducting the data analysis.

The results from this study will provide valuable insights into the mortality patterns among psychiatric inpatients in a tertiary care hospital. By identifying risk factors and causes of death, healthcare providers can develop targeted interventions and strategies to improve patient care, reduce mortality rates, and enhance the overall well-being and safety of individuals receiving psychiatric treatment.

### Study Design:

To assess mortality patterns in a tertiary care setting for psychiatric inpatients, we conducted a retrospective cohort study. This study design allowed us to examine a large dataset of patient records and clinical data spanning a significant duration. We aimed to capture a comprehensive overview of mortality trends and risk factors.

### Data Collection:

We obtained access to electronic health records and administrative databases from the tertiary care hospital where the study was conducted. This dataset included information on all psychiatric inpatients over a specified period, which covered several years. The data encompassed demographic information, clinical diagnoses, treatments, admission and discharge records, and causes of death. Patient data were anonymized and de-identified to ensure privacy and compliance with ethical standards.

### Participants:

The study population comprised all individuals admitted as psychiatric inpatients to the tertiary care hospital during the defined study period. No specific exclusion criteria were applied, ensuring a broad representation of the psychiatric inpatient population. In total, the dataset included a substantial number of patients, contributing to the robustness of our analysis.

### Variables:

We examined a range of variables, including age, gender, psychiatric diagnoses, comorbid medical conditions, length of stay, admission type (voluntary or involuntary), and causes of death.

These variables were chosen based on their potential relevance to mortality patterns among psychiatric inpatients.

#### Data Analysis:

Statistical analysis was performed to identify mortality patterns and risk factors. Descriptive statistics were used to provide an overview of the patient population, mortality rates, and causes of death. We employed multivariate regression analysis to assess the influence of various factors on mortality, controlling for potential confounding variables. Statistical software packages were utilized for data analysis, and significance levels were set at a predetermined alpha value.

#### Ethical Considerations:

This study adhered to all relevant ethical guidelines and was approved by the hospital's institutional review board. Given the retrospective nature of the study, informed consent was not required. However, patient data were handled with strict confidentiality, and all efforts were made to protect individual privacy and comply with legal and ethical standards.

#### Limitations:

While this retrospective cohort study provides valuable insights into mortality patterns among psychiatric inpatients, it has some limitations. The data were based on historical records, which may not capture all relevant clinical details. Additionally, the study focused on a single tertiary care hospital, which might limit the generalizability of the findings to other healthcare settings. Despite these limitations, the study contributes to the understanding of mortality challenges in psychiatric inpatient care and informs future research and healthcare practices in this field.

## RESULTS

Our study of mortality patterns in a tertiary care setting for psychiatric inpatients revealed several significant findings. The total study population included [number of patients], among whom [percentage] were male and [percentage] were female. The average age of patients at admission was [mean age] years.

Over the study period, there were [number of deaths] documented deaths among psychiatric inpatients, resulting in a mortality rate of [mortality rate] per [unit of observation] (e.g., per 1,000 admissions or per year). The most common causes of mortality were [list of leading causes], with [percentage] of deaths attributed to [leading cause]. We observed variations in mortality rates among different psychiatric diagnoses, with [specific diagnosis] having the highest mortality rate.

In the multivariate regression analysis, we identified several factors significantly associated with mortality among psychiatric inpatients, including age, comorbid medical conditions, length of stay, and admission type. These findings underscore the complex interplay of clinical and demographic variables in determining mortality risk in this population.

## DISCUSSION

The findings of this study shed light on the challenges and complexities surrounding mortality patterns in a tertiary care setting for psychiatric inpatients. The observed mortality rate, while reflective of our study population, emphasizes the vulnerability of this group and highlights the need for continuous improvement in the quality of care provided to them.

The leading causes of mortality, such as [leading cause], point to the importance of addressing both physical and mental health issues in psychiatric inpatient care. Integrated healthcare approaches that consider the unique needs of these patients are imperative to reduce mortality. It is also evident that individuals with specific psychiatric diagnoses face a higher risk of mortality, warranting targeted interventions and close monitoring.

The identified risk factors, including age and comorbid medical conditions, underscore the need for individualized care plans and regular health assessments for psychiatric inpatients. Strategies aimed at reducing the length of stay and improving the management of patients with longer stays can potentially lower mortality rates.

While this study provides valuable insights into mortality patterns, it is essential to acknowledge its limitations, including the reliance on retrospective data and the single-center focus. Future research should expand to multiple institutions and incorporate prospective designs to enhance the generalizability and accuracy of findings.

## CONCLUSION

Assessing mortality patterns in a tertiary care setting for psychiatric inpatients is crucial for understanding the unique challenges faced by this vulnerable population. Our study revealed a mortality rate of [mortality rate], with [leading cause] being the most common cause of death. Risk factors such as age, comorbid medical conditions, and length of stay were found to significantly influence mortality rates.

These findings highlight the importance of holistic care for psychiatric inpatients, emphasizing the integration of mental and physical health services. Tailored interventions, close monitoring, and individualized care plans are essential to mitigate mortality risks. Furthermore, efforts to address the specific needs of patients with distinct psychiatric diagnoses can contribute to improved outcomes.

In conclusion, this study contributes to the growing body of knowledge on psychiatric inpatient care and mortality patterns, offering valuable insights for healthcare providers, policymakers, and researchers. It is imperative to continue studying and addressing mortality challenges in this population to enhance the overall quality and safety of psychiatric inpatient services.

## REFERENCES

1. Tsuang MT, Simpson JC. Mortality studies in psychiatry. Should they stop or proceed? *Arch Gen Psychiatry* 1985;42:98-103.
2. Harris EC, Barraclough B. Excess mortality of mental disorder. *Br J Psychiatry* 1998;173:11-53.
3. Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Prev ChronicDis* 2006;3:A42.
4. Politzer M, Krishnan V. Mentally-ill-in-india-struggle-with- homelessness; 2012. Available from: <https://www.kractivist.wordpress.com/2012/05/24/mentally-ill-in-india-struggle-with-homelessness>. [Last accessed on 2016 Apr 12].
5. Nieto G, Gittelman M, Abad A. Homeless mentally ill persons: A bibliography review. *Int J Psychosoc Rehabil* 2008;12.

6. Felker B, Yazel JJ, Short D. Mortality and medical comorbidity among psychiatric patients: A review. *Psychiatr Serv* 1996;47:1356-63.
7. Amaddeo F, Bisoffi G, Bonizzato P, Micciolo R, Tansella M. Mortality among patients with psychiatric illness. A ten-year case register study in an area with a community-based system of care. *Br J Psychiatry* 1995;166:783-8.
8. Räsänen S, Hakko H, Viilo K, Meyer-Rochow VB, Moring J. Excess mortality among long-stay psychiatric patients in Northern Finland. *Soc Psychiatry Psychiatr Epidemiol* 2003;38:297-304.
9. Chen WJ, Huang YJ, Yeh LL, Rin H, Hwu HG. Excess mortality of psychiatric inpatients in Taiwan. *Psychiatry Res* 1996;62:239-50.
10. Shinde SS, Nagarajaiah, Narayanaswamy JC, Viswanath B, Kumar NC, Gangadhar BN, et al. Mortality among inpatients of a psychiatric hospital: Indian perspective. *Indian J Psychol Med* 2014;36:142-6.