





A profile of adult acute admissions to Lentegeur Psychiatric Hospital, South Africa

**Authors:**

Herman Franken¹ 
Robert Wicomb^{2,3,4,5} 
Robin Allen^{2,3} 
John Parker^{2,3} 

Affiliations:

¹Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa

²Department of Psychiatry and Mental Health, Faculty of Health Sciences, University of Cape Town, South Africa

³Lentegeur Hospital, South Africa

⁴Capital and Coast District Health Board, New Zealand

⁵The Royal Australian and New Zealand College of Psychiatrists, New Zealand

Corresponding author:

Robert Wicomb,
robert.wicomb@ccdhb.org.nz

How to cite this article:

Franken H, Wicomb R, Allen R, Parker J. A profile of adult acute admissions to Lentegeur Psychiatric Hospital, South Africa. *S Afr J Psychiat*. 2018;24(0), a1282. <https://doi.org/10.4102/sajpsychiatry.v24i0.1282>

Copyright:

© 2018. The Authors.
Licensee: AOSIS. This work is licensed under the Creative Commons Attribution License.

Introduction: The Western Cape Province has the highest documented lifetime prevalence of common mental disorders in South Africa. To ensure the efficient, equitable and effective distribution of current resources, there is a need to determine the profile of patients seeking psychiatric treatment.

Aim: The aim of this study was to describe patients admitted to the Acute Adult Admissions Unit at Lentegeur Hospital (LGH) which is situated in Mitchells Plain, Cape Town.

Methods: This retrospective study involved an audit of all patients (18–60 years of age) admitted between 01 January 2016 and 30 June 2016.

Results: A total of 573 adult psychiatric patients were profiled. The median age of the cohort was 29 years. The majority of patients (63%) were educated to the secondary level. Only 12% of patients were employed and 37% received disability grants. More than 90% of cases presented with psychotic symptoms. Of these, 28% presented with first episode psychosis. Of all patients, 20% were referred with manic symptoms and 7% with depressive symptoms. Many patients (62%) used substances in the period leading up to admission. Significantly more males (73%) used substances compared to females. Cannabis was the most widely used substance (51%), followed by methamphetamine (36%). Violence was a contributing factor to 37% of admissions. A total of 70 patients (13%) tested positive for HIV, while 49 (9%) tested positive for syphilis.

Conclusion: We found the average patient requiring admission to be a young urban male who would likely have a secondary level (grades 8–12) education, but be unemployed. This patient would also likely be a user of illicit substances, would present psychotic and would likely display violent behaviour prior to referral. Substance use and a propensity for violence were identified as significant factors that influence the likelihood of admission. We invite planners in the Department of Health, as well as other stakeholders, to take heed of this burgeoning crisis and to implement specific strategies for addressing these problems before the effectiveness of mental health services as a whole is further undermined.

Read online:

Scan this QR code with your smart phone or mobile device to read online.

Note: A selected abstract from papers presented at the 19th National Congress of the South African Society of Psychiatrists in 'Professional Psychiatric Practice: Medical, Socio-Economic & Cultural Perspectives', 21–24 September 2018, at the CSIR, Pretoria, South Africa. The congress is hosted by South African Society of Psychiatrists (SASOP).

We acknowledge help from Dr Alfred Musekiwa (Centre for Evidence-based Health Care, Stellenbosch University) with data analysis. We also thank Dr Karis Moxley (Department of Psychiatry, Stellenbosch University) for critical feedback, writing assistance and technical editing.