

ORIGINAL ARTICLE

Patterns and Timing of Previous Psychiatric Hospitalizations Among Patients with Mental Illness

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ABSTRACT

Repeated psychiatric hospitalization is common among individuals with mental illness and reflects the recurrent of psychiatric disorders. This study described the frequency, pattern, and timing of previous psychiatric hospitalizations among psychiatric inpatients. A retrospective descriptive study was conducted using medical records of patients admitted to psychiatric hospital. Sociodemographic and clinical characteristics, previous psychiatric hospitalizations, and outpatient follow-up adherence were extracted from medical records. The frequency of previous hospitalizations during 2021-2023 period was summarized descriptively, and intervals between consecutive hospital admissions were described using Kaplan–Meier survival analysis. Of 268 patients, 67 (25.0%) had at least one previous psychiatric hospitalization. Short-interval hospitalizations were uncommon, with 2.7% occurring within 30 days and 2.7% occurring between 31 and 90 days. Longer intervals were more frequent, with 5.5% occurring between 91 and 180 days, 7.5% between 181 and 365 days, and 12.7% occurring more than one year after the previous hospitalization. The median interval between the first and second admissions was 345 days, decreasing to 147, 135, and 63 days for subsequent admissions, indicating progressively shorter intervals between consecutive hospitalizations. Schizophrenia was the most common diagnosis, and patients with previous hospitalizations were predominantly young adult males, unemployed, unmarried, had low educational attainment, and frequently demonstrated poor outpatient follow-up adherence. One-quarter of psychiatric inpatients had a history of previous hospitalization. Although longer hospitalization intervals were more common than early previous admissions, intervals between consecutive hospitalizations shortened with increasing numbers of admissions.

Keywords: Mental Illness; Mental Hospital; Psychiatric; Previous Psychiatric Hospitalizations; Repeated Hospitalizations

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Introduction

In 2019, the World Health Organization (WHO) estimated that approximately 970 million people worldwide were living with a mental disorder. Mental disorders account for 15.6% of years lived with disability (YLDs), making them one of the leading causes of disability globally [1]. Recognizing this substantial burden, the international community has committed to addressing mental health through the Sustainable Development Goals (SDGs) since 2015, under Target 3.4 [2]. This target emphasizes promoting mental well-being for all, preventing mental health conditions in vulnerable populations, and expanding access to essential mental health services [3]. In Indonesia, mental health remains an important public health issue. The 2023 Indonesia Health Survey reported that among individuals aged ≥15 years, the prevalence of mental emotional disorders based on the Self-Reporting Questionnaire (SRQ) was 2.0%, while the prevalence of depression was 1.4%. In addition, 1.4 per 1,000 households had a member diagnosed with psychosis or schizophrenia by a physician [4].

Mental illnesses are often characterized by a chronic and recurrent that frequently requires repeated psychiatric hospitalization [5]. Although inpatient care is essential for stabilizing acute psychiatric symptoms, repeated hospitalizations may indicate disease

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relapse, persistent symptom severity, poor treatment adherence, inadequate continuity of care, and limited social support after discharge [6,7]. Furthermore, recurrent hospitalization has important consequences for patients, families, and healthcare systems. For patients, repeated admissions disrupt recovery, reduce quality of life, and contribute to prolonged disability. For healthcare systems, they increase service utilization, consume limited psychiatric resources, and place additional demands on mental health professionals [8,9].

Hospital readmission is commonly used as an indicator for continuity of care and healthcare quality [7,9–11]. It is generally defined as a subsequent hospitalization occurring after discharge from an index admission within a specified follow-up period, commonly 30 days, 90 days, 6 months, or one year [6,7]. Previous psychiatric hospitalization has been identified as one of the predictors of future readmission [12,13]. Patients with multiple prior admissions are more likely to experience readmission because repeated admissions often reflect greater illness severity, recurrent relapse, treatment non-adherence, and ongoing psychosocial vulnerability [7,12,13].

Despite the clinical importance of repeated psychiatric hospitalization, evidence from Indonesia remains limited. Existing studies have primarily focused on 30-day readmission among patients with schizophrenia or have examined factors associated with readmission, such as medication adherence and caregiver knowledge [14,15]. A study conducted at RSJ Grhasia in Yogyakarta did not report the readmission rate but instead examined factors associated with readmission, including treatment adherence and caregiver knowledge [15]. Another study at RSJ Radjiman, involving 53 respondents, also focused on patients with schizophrenia and found that 22% were readmitted within 30 days of discharge [14]. In contrast, a study conducted at RSJD Dr. Arif Zainudin Surakarta among 1,136 patients with schizophrenia, reported a higher 30-day readmission rate of 40% [16].

Consequently, little is known about the broader patterns of previous psychiatric hospitalizations across different hospitalization intervals or the timing between consecutive psychiatric admissions in routine clinical practice. Understanding these hospitalization patterns is

important because they provide insight into the recurrent course of severe mental illness and help identify patient groups who may require more intensive follow-up and relapse prevention strategies [12,13]. This study aimed to describe the history of previous psychiatric hospitalizations, the frequency of previous psychiatric hospitalizations, the distribution of hospitalization intervals, and the time between consecutive psychiatric admissions among hospitalized patients.

METHODS

Study design

This retrospective descriptive study was conducted at the Mental Health Hospital of Lampung Province, Indonesia. Data were collected between January and March 2024. All study procedures were approved by the Ethics Committee Faculty of Medicine, University of Lampung (approval number: 2114/UN.26.18/PP.05.02.00/2023).

Population and samples

A total sampling approach was used to include all patients with psychiatric disorders who were hospitalized and discharged in 2023. Patients admitted solely for *visum et repertum* purposes, patients who died during hospitalization, and patients with incomplete medical records were excluded. Five patients were excluded due to *visum et repertum*, while no patients were excluded due to death or incomplete medical records. After exclusion, all eligible patients were included in the analysis.

Data collection

Previous psychiatric hospitalization was defined as any documented psychiatric admission occurring before the index hospitalization. This was assessed by reviewing medical records from 2021 to 2023 to identify documented psychiatric admission before the index hospitalization in 2023. For patients with repeated hospitalizations, intervals between consecutive admissions were calculated based on the admission dates. The timing of repeated hospitalizations was categorized descriptively as ≤ 30 days, 31–90 days, 91–180 days, 181–365 days, and > 365 days between

consecutive admissions.

Adherence to outpatient follow-up was determined based on documented monthly outpatient visits prior to the current hospitalization. Patients who attended regular monthly follow-up visits were categorized as adherent, whereas those who did not attend monthly visits were categorized as non-adherent. This was considered indicative of periods of non-adherence with prescribed medication. Primary diagnoses and comorbidities were coded according to the International Classification of Diseases, Tenth Revision (ICD-10), and comorbidities were classified into two categories: psychiatric and medical comorbidities.

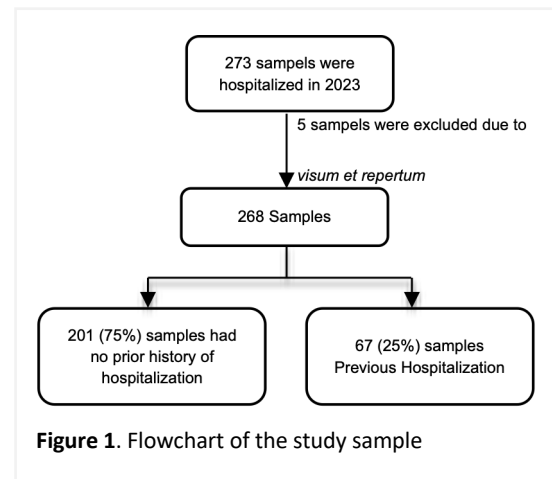
Data Analysis

This study employed a descriptive design. Univariate analyses were performed to interpret the collected data, and the Statistical Package for the Social Sciences (SPSS) was used to generate frequency distributions and describe the characteristics of the study population. Kaplan–Meier analysis was used to describe the distribution of intervals between consecutive psychiatric hospitalizations among patients with repeated admissions.

Geographic distribution of psychiatric inpatients was analyzed using ArcGIS based on patients' residential addresses. The resulting maps illustrated the distribution of inpatient cases across regions. The admission proportion represented the proportion of patients from each region relative to the total study population. The proportion of patients with previous psychiatric hospitalization in each region was calculated as the number of patients with previous psychiatric hospitalization divided by the total number of inpatients from that region.

RESULT AND DISCUSSION

The Mental Health Hospital of Lampung Province admitted 273 inpatients in 2023. After excluding five patients admitted for visum et repertum purposes, 268 patients were included in the final analysis. Among these patients, 67 (25.0%) had a history of previous psychiatric hospitalization between 2021 and 2023. This finding indicates that repeated psychiatric



hospitalization remains a relevant clinical concern among patients with mental illness. The flowchart of the study sample is presented in **Figure 1**.

Table 1 presents the characteristics of previous psychiatric hospitalizations. Among the 67 patients (25.0%) with a history of previous psychiatric hospitalization, 48 (17.9%) had experienced one previous hospitalization, 15 (5.6%) had experienced two previous hospitalizations, 3 (1.1%) had experienced three previous hospitalizations, and 1 (0.4%) had experienced four previous hospitalizations.

These findings indicate that most patients with a history of previous psychiatric hospitalization had experienced only one prior hospitalization during the

Table 1. Characteristics of Previous hospitalization in Psychiatric Hospital

Variable	N	Percent
Previous Hospitalization		
Never	201	75,0%
Once	48	17,9%
Twice	15	5,6%
Three times	3	1,1%
Four times	1	0,4%
Total	268	100%
Time Since Previous Hospitalization		
Never	201-	68,8%
The 30-day or less	8	2,7%
The 31-90 days	8	2,7%
The 91-180 days	16	5,5%
The 181-365 Days	22	7,5%
More than 365 Days	37	12,7%
Totsl	292	100%

study period, whereas a smaller proportion had multiple previous hospitalizations. Nevertheless, the presence of repeated hospitalizations reflects the recurrent nature of severe mental illness. This pattern is consistent with the "revolving door" phenomenon, which describes patients with psychiatric disorders who experience repeated cycles of hospitalization and discharge [17]. This phenomenon is known to be associated with certain psychiatric diagnoses, particularly schizophrenia and alcohol or substance use disorders, which have higher readmission rates. In addition, factors such as age, marital status, education level, comorbid, and occupation are known to be associated with this pattern [17–19]. Furthermore, other studies have demonstrated that a history of previous psychiatric hospitalization is one of predictors of future psychiatric readmission, highlighting identifying patients with recurrent hospitalization may help clinicians provide targeted follow-up care and implement relapse prevention strategies [12,13,20].

The distribution of the time interval since the previous hospitalization showed that short intervals between consecutive hospitalizations were less common than longer intervals. 2.7% were rehospitalized within 30 days, and another 2.7% were rehospitalized within 31–90 days. In contrast, longer intervals were more frequent, with 5.5% of patients rehospitalized after 91–180 days, 7.5% after 181–365 days, and 12.7% after more than one year. These findings suggest that, although some patients experienced early rehospitalization, repeated psychiatric hospitalizations were more likely to occur after longer intervals following the previous admission.

More of previous studies focus on readmission following an index hospitalization, particularly among patients with schizophrenia, while this study describes previous hospitalization patterns across patients with different psychiatric disorders [9,10,21]. Research conducted at RSJ Radjiman Wediodiningrat reported a rate of readmission 22%, while a study at RSJD Dr. Arif Zainudin Surakarta found a rate of 40%; both studies focused on patients with schizophrenia [14,16]. Internationally, lower rates have been reported in South Korea (4.5) and Italy, including 6.26% within 30 days and 9.77% within 180 days [9,10]. A study in London among patients with various mental

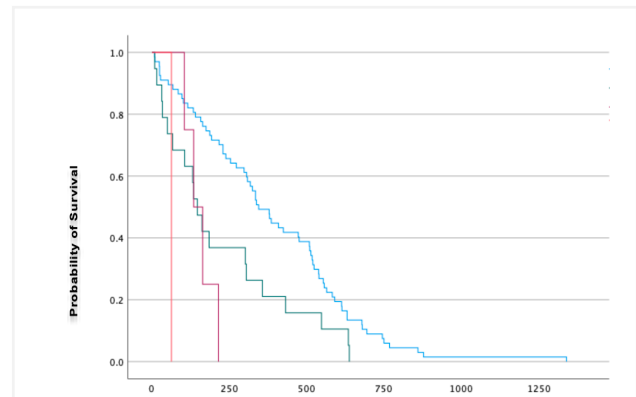
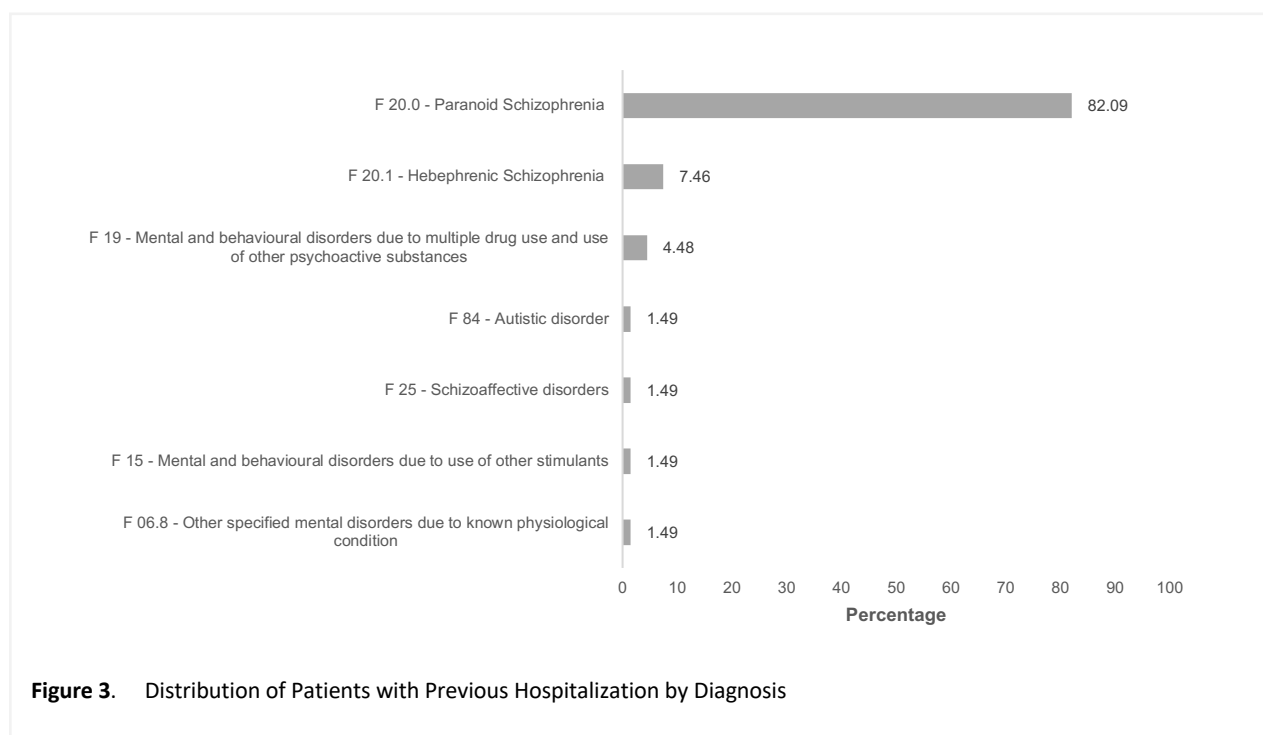


Figure 2. Kaplan-Meier survival curves for Previous Hospitalization
Blue line: first previous hospitalization; Green line: second previous hospitalization; Red line: third previous hospitalization; orange line: fourth previous hospitalization

illnesses reported 30-day readmission rates ranging from 3.7% to 4.2% [22]. In contrast, higher rates were observed in Beijing (16.69% within 30 days and 33.79% within 365 days) and Finland (11% within 30 days and 33% within 365 days) [10,21].

The analysis of hospitalization intervals (**Figure 2**) showed that the median interval between the first and second psychiatric hospitalizations was 345 days. However, the interval became progressively shorter with each subsequent hospitalization, decreasing to 147 days between the second and third hospitalizations, 135 days between the third and fourth hospitalizations, and 63 days between the fourth and fifth hospitalizations. This pattern suggests that patients with repeated psychiatric hospitalization may experience increasingly frequent episodes of relapse or clinical deterioration over time. Similar findings have been reported among patients with schizophrenia, in whom the interval between relapses tends to decrease as the number of episodes increases [12,13]. These findings highlight the importance of early intervention and continuous outpatient management to prevent recurrent hospitalization [5].

Regarding diagnosis, schizophrenia (82.09%) was the most common condition among patients with a history of previous psychiatric hospitalization, with paranoid schizophrenia being the predominant subtype, followed by hebephrenic schizophrenia (7.46%). **Figure 3** shows the distribution of patients with previous psychiatric hospitalization according to diagnosis.



Previous studies have consistently shown that schizophrenia is the most common diagnosis among psychiatric inpatients in Lampung Province, making it a major contributor to hospitalization rates [23]. This finding is also consistent with previous studies demonstrating that schizophrenia contributes substantially to psychiatric hospitalization because of its chronic course, high risk of relapse, and associated functional impairment [6,13]. However, diagnostic factors alone may not fully explain repeated hospitalization, as previous research has also identified the influence of social support, treatment adherence, comorbidities, and healthcare accessibility [9,24–26].

The characteristics of patients with a history of previous psychiatric hospitalization are presented in **Table 2**. Most patients were young adults aged 19–44 years (92.5%), and the majority were male (85.1%). More than one-quarter (28.4%) had completed only elementary school or a lower level of education. Most patients were unemployed (74.6%) and unmarried (71.6%). Nearly all relied on health insurance to cover treatment costs (89.6%), and 97.0% had no reported family history of mental illness.

Regarding clinical characteristics, 28.4% of patients had at least one comorbid condition. **Figure 4** illustrates the distribution of comorbidities, showing that medical comorbidities were more common than psychiatric

comorbidities. Typhoid fever was the most frequently recorded comorbidity, followed by unspecified fever and leukocytosis. A notable finding was that 91.0% of patients had not adhered to the recommended outpatient follow-up or treatment before their admission in 2023. In addition, more than half of the patients (59.7%) were hospitalized for more than 30 days in 2023, and all patients (100%) were discharged in a clinically stable condition.

Although this study did not evaluate predictors of future psychiatric readmission, these findings provide valuable insights into the characteristics of patients with a history of previous psychiatric hospitalization. In particular, poor adherence to outpatient follow-up was highly prevalent, suggesting that continuity of psychiatric care after discharge may play an important role in reducing the risk of recurrent hospitalization.

These findings are consistent with previous studies reporting that adult age, male sex, lower educational attainment, unemployment, health insurance coverage, comorbidities, and unmarried status are associated with an increased risk of psychiatric readmission [7,22,25–27]. In addition, poor adherence to outpatient treatment has consistently been identified as an important predictor of psychiatric readmission among patients with mental illness [6,26,28]. One study reported that patients who did not attend an outpatient

Table 2. Characteristics of Patients with Previous Hospitalization Based on Sociodemographic Factors

Variabel	Previous Hospitalization	
	N	Percent
Aged		
10 - 18 years	2	3%
19 - 44 years	62	92.5%
45 - 59 years	3	4.5%
> 60 years	0	0%
Gender		
Female	10	14.9%
Male	57	85.1%
Education		
Elementary School or less	19	28.4%
Junior High School	14	20.9%
Senior High School	28	41.8%
Diploma/Bachelor degree or more	6	9%
Occupation		
Unemployed	50	74.6%
Students/Employed	17	25.4%
Marital status		
Single	48	71.6%
Married	18	26.9%
Separated/Widowed	1	1.5%
Payment		
Insurance	60	89.6%
Out-of-Pocket	7	10.4%
Having psychiatric family history		
Yes	2	3.0%
No	65	97.0%
Comorbid		
Yes	19	28.4%
No	48	71.6%
History of medical adherence		
Adherence	3	4.5%
No-adherence	61	91.0%
No history of prior outpatient treatment	3	4.5%
Length of Stay		
≤ 30 days	27	40.3%
> 30 days	40	59.7%
Clinical outcome		
Clinically stable	67	100%
Referred to another facility	0	0%
Discharged against medical advice	0	0%

follow-up visit within 30 days after discharge had a significantly higher risk of readmission within 90 days of their previous hospitalization [29].

Figure 5 illustrates the ArcGIS spatial analysis of the geographic distribution of psychiatric inpatients and patients with a history of previous psychiatric hospitalization. Bandar Lampung City contributed the largest proportion of psychiatric inpatients (21.13%), of whom 26.78% had a history of previous psychiatric hospitalization. Lampung Selatan Regency accounted for 13.58% of admissions and had a lower proportion of patients with previous psychiatric hospitalization (11.11%). In contrast, Tanggamus Regency accounted for 10.94% of admissions but had a notably higher proportion of patients with previous psychiatric hospitalization (44.83%). A similar pattern was observed in Lampung Tengah Regency, which accounted for 10.57% of admissions, with 42.86% of patients having a history of previous psychiatric hospitalization.

As the primary referral for psychiatric inpatient care in the province, the Mental Health Hospital of Lampung Province receives patients from diverse geographic areas. Regional differences in the proportion of patients with previous psychiatric hospitalization may reflect variations in population size, accessibility of mental health services, transportation barriers, referral patterns, and the availability of community-based mental health care. Districts with a higher proportion of patients with previous psychiatric hospitalization may benefit from strengthened discharge planning, improved continuity of outpatient care, and expanded community mental health services to reduce the risk of recurrent hospitalization [6,30,31].

This study has several limitations. The retrospective design relied on medical records, which may not have captured all clinical, psychosocial, and behavioral factors associated with repeated psychiatric hospitalization.

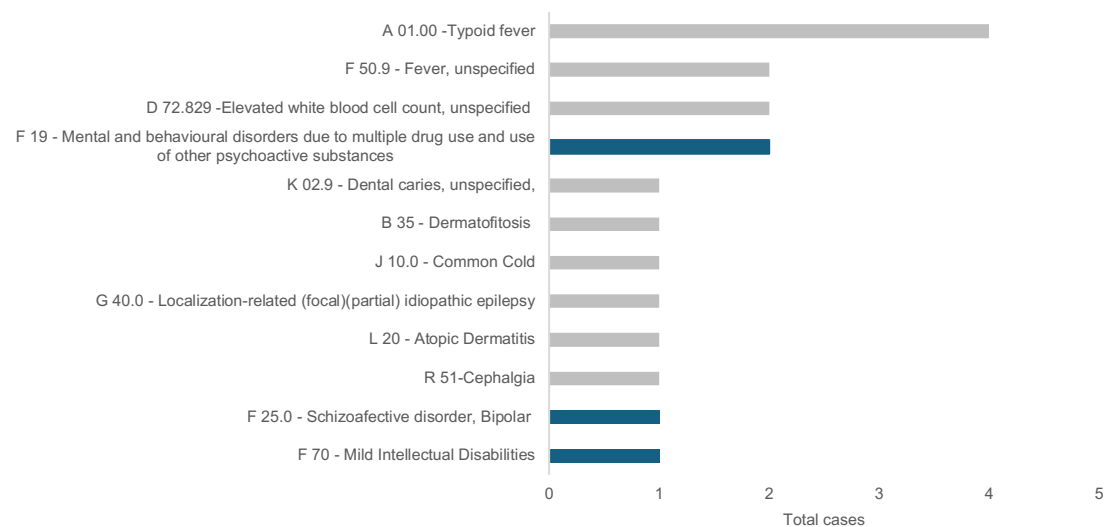


Figure 4. Distribution of Comorbid Conditions among Patients
Blue represents psychiatric comorbidities; gray represents medical comorbidities

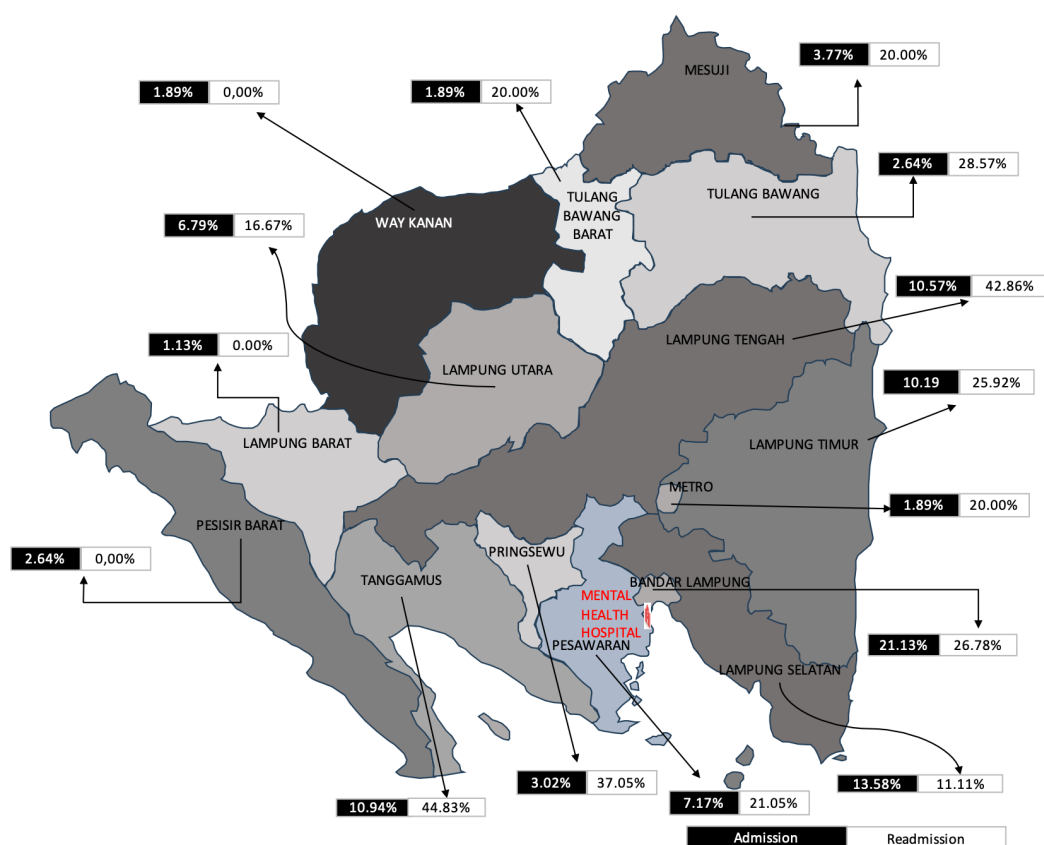


Figure 5. Geographic Distribution of Mental Health Hospital Admissions and Previous Hospitalization According to Patients' Region in Lampung Province.
a. Admission is the percentage of total inpatients contributed by each region,
b. Previous Hospitalization the percentage of inpatients who were readmitted relative to the total number of inpatients in each region

Moreover, true psychiatric readmission rates and predictors of future readmission could not be determined because index admission were not identified. Despite these limitations, this study provides important information regarding previous psychiatric hospitalization patterns and intervals between admissions, which may support continuity of care and relapse prevention strategies. Future prospective studies with larger populations are needed to evaluate factors associated with psychiatric readmission and identify predictors of recurrent hospitalization.

CONCLUSION

This study found that one-quarter of psychiatric inpatients had a history of previous psychiatric hospitalization. Although short intervals between consecutive hospitalizations were relatively uncommon, the interval between hospitalizations became progressively shorter among patients with multiple admissions, suggesting a pattern of recurrent hospitalization over time. Schizophrenia, particularly paranoid schizophrenia, was the most common diagnosis among patients with previous psychiatric hospitalization. These patients were predominantly young adult males, unemployed, unmarried, and had lower educational attainment. Poor adherence to

outpatient follow-up was frequently observed, highlighting the importance of strengthening continuity of psychiatric care after discharge. Geographic variation in hospitalization patterns was also identified, suggesting that differences in access to and availability of mental health services may contribute to variations in recurrent hospitalization patterns.

These findings emphasize the need to improve outpatient follow-up, strengthen relapse prevention strategies, and expand community-based mental health services to reduce recurrent psychiatric hospitalization and support long-term recovery among individuals with mental illness.

CONFLICT OF INTEREST

The authors have no conflicts of interest regarding this investigation.

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