

Escape from a Mental Hospital - Comparison of Escaped Patients during 1977 and 1987

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~~R Mubarak Ali~~

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, K Shekar, A Kazi, M A Kavitha, I A Shariff,

- *Department of Psychiatric Social Work, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India*

Abstract

The escapes from a mental hospital have been compared between 1977 and 1987. Out of 3421 admissions made during the year 1987, 60 patients were found to have escaped when compared to 128 out of 3892 in 1977. The other results were compared with the 1977 data and the implications are discussed. Chi-square test of goodness of fit has been used wherever required.

Key words -

**Mental hospital escape,
Family participation,
Group meeting,
Home care management**

Abscinding of patients from mental hospitals is technically termed as "escape". Various medico-legal issues arise out of this which have been a challenge to the mental health professionals. Escape of a mental patient disturb has the normal functioning of the hospital and the delivery of professional services. The area has been already explored by many authors [1], [2], [3], [4].

While the former three studies were conducted in psychiatric units attached to general hospitals, the fourth study was the only one conducted exclusively in a major psychiatric setting in India at the National Institute of Mental Health & Neuro Sciences, Bangalore (NIMHANS). According to this study, out of 3892 cases admitted during the year 1977, 128 cases were escapees. The incidence of escape is 3.3%. The incidence was found to be significantly high in the below 30 years age group, males, free voluntary boarders, manics and schizophrenics and the maximum escapes occurred from closed wards. The recent years have seen advances in the field of psychiatry and in the treatment facilities and procedures at NIMHANS, Bangalore. The present study which compares a decadal difference highlights the impact of the recent advances on the escapes from the mental hospital and analyses the problem of escape after a decade at the same centre. The study enables one to understand the magnitude of the problem following a period of 10 years.

Material and Methods

According to the present study an escapee is an inpatient of a hospital who leaves the hospital without informing the hospital staff and does not return for a minimum period of 24 hours.

The cases files of all the patients admitted in the psychiatric wards between January 1987 and December 1987 were analysed. The total number was 3241, out of which 60 patients were escapees. This list was compared with the "escape register" maintained by the hospital, the ward census books maintained in the various wards and also at the local police station where a register for mental hospital escapees is maintained. It was found that all the three registers gave the same information.

Escaped patient's details like age, sex, marital status, number of admissions, diagnosis and duration of hospitalization were collected through a specially designed schedule. The results were analysed and compared with those of John et al [4].

Results

Out of the 3241 patients admitted during the year 1987 there were 60 escapees. The incidence rate of escape was 2.6%. Among the escapees, 53% were married.

Table I - Distribution of escapees with reference to age, sex, status and number of admissions

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Table I shows that majority of escapees were below 30 years of age. The difference is statistically significant ($p < 0.05$). More number of male patients were found escaped showing an incidence rate of 2.3% ($p < 0.01$). Unlike John et al's [4] study, the status of admission, whether paying or free voluntary boarders, was found to have minimal influence on the escapes which was statistically not significant. Majority of the patients escaped were admitted for the first time to the psychiatric wards ($p < 0.01$). Ninety per cent of them were symptomatic during escape.

Table II - Diagnostic groups and escape

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$p < 0.01$

Table II shows that maximum patients escaped were manics followed by schizophrenics (incidence rate was 4% and 2.4% respectively). The difference is statistically significant ($p < 0.01$).

As in John et al's [4] study, the escape patients in the present study were grouped as follows for analysis:

Group I: Patients admitted to closed wards and escaped from there (n=26).

Group II: Patients admitted to closed wards and escaped after being transferred to open wards (n=5).

Group III: Patients admitted directly to open wards and escaped from there (n=29).

Table III shows that 5 of the escapees (8.33%) had improved before escape. Two of them escaped from closed wards after an average stay of 20 days and 3 of them from open wards after an average stay of 60 days.

Table III - Duration of hospitalization

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Maximum number of patients (29 out of 60) escaped from open wards followed by 26 from closed wards and 5 from open wards after getting transferred from closed to open wards. The table also shows that a very minimal number of patients had overstayed. However, it is clear from the table that majority (90%) of the patients escaped were symptomatic and had a very short duration of hospital stay before the escape.

The follow-up data of the escapees as seen in the case files indicate that 25 (42%) patients had not reported to the hospital following their escape. Among the rest, 3 (5%) patients came back on their own immediately, 9 (15%) were brought back by the family members and 23 (38%) were brought back by the family members after a long gap to the outpatient department for follow-up. The reasons for their escape were not available in the case files.

Discussion

The current study reveals that the incidence of escape after a decade had decreased considerably from 3.3% to 2.6%. This could be due to the decrease in the admission made which vary from 3892 in 1977 to 3241 in 1987 and secondly due to the importance given to the community and family members' participation in the hospital treatment in the recent years [5].

Another significant finding is that majority of the patients escaped from open wards unlike in John et al's [4] study which revealed that the maximum number of patients escaped from closed wards. This could be due to the present trend of maximum patients being admitted in open wards where they are to be accompanied by one of the significant family members. Open wards assure the possibility of lesser duration of hospital stay and more involvement of the family in the treatment with the limitation of higher possibilities for escape. Escape from open wards could be due to the family members' lower level of participation in terms of taking care of the patient, not being with term throughout their stay and a non-significant family member staying with the patients.

The other findings like increased frequency of escape in younger patients, low incidence of escape in female patients, maximum number of escape of manic patients, more number of first admission patients escaping had been reported in the earlier studies [1], [3], [4].

Unlike John et al's [4] study, the present study reveals maximum number of escapees being illiterates (45%). This shows the lack of awareness among the escapees about the importance of hospital stay during the treatment. The follow-up data pertaining to escapees needs to be studied in detail.

Conclusions

Thus the present paper has brought to focus that the phenomenon of escape is still prevalent though the incidence rate is comparatively lesser over the decade. Though it is mandatory for a family member to stay with a patient in an open ward, the family members have to be prepared for such a stay. An educational session by the psychiatric social worker to the family members on the course and outcome of the illness, the probable days of stay in the hospital and their roles and tasks during such time needs

to be explained at the time of admission.

Secondly, regular group meeting of the patient's family members during the course of treatment in the hospital would prove much more effective [6], [7], [8], [9]. Thus, education to the family members along with periodical involvement of the family in the treatment of the patient would bring down the escape rate of the mentally ill patients.

Thirdly, looking at the alternative of providing care to the patient in his own setting through the satellite clinic [10] or at the PHC [11] by a trained medical officer or home care management [12] for the patients prone to escape would bring down the rate of escape from the mental hospitals.

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