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Original Article

**AN EXPLORATORY STUDY
OF ESCAPE/ABSCONDENCE
FROM A PSYCHIATRY
HOSPITAL IN EASTERN
INDIA**

P N Suresh Kumar
Josy. K. Thomas
DJ Bagchi
V K. Sinha
S Varma

Abstract

Escape/abscondence from psychiatry hospitals has been recognized as ubiquitous phenomenon and it has important implications at administrative and legal arenas. The purpose of this study was to analyze the pattern of escape behavior, to outline some characteristics of escapees and to compare the data from other psychiatry hospitals in India and the West. Case record files of all patients admitted in Central Institute of Psychiatry, Ranchi, between January 1993 and December 1996 were analyzed using a specially designed proforma documenting the details like socio- demographic and illness profile, characteristics of escape and psychiatric diagnoses as per DSM III R Criteria. The incidence of escape was 1.4 % over 3 years period. Young males who are suffering from manic illness and coming from far away places constituted major part of the sample. Majority escaped during night (16.00-08.00 hrs) and were symptomatic or partially improved. Early escapees (less than 1 month) were symptomatic at the time of escape. This study concludes that the incidence of escape is less in our set-up as compared to earlier studies

*PN Sureshkumar, MD, DPM, DNB, MNAMS, Department of Psychiatry, Medical College, Trivandrum; Josy K. Thomas, M Phil, (Psychiatric Social Work), DJ Bagchi DPM, DNB, Resident, Vinod K Sinha, MD, DPM, Assistant Professor, S Varma, Head Department of Social Work, Central Institute of Psychiatry, Ranchi, Bihar.

*Reprint Request

elsewhere. A preventive strategy to reduce the incidence of escape is proposed.

Introduction

Abscondence from psychiatry hospitals has been recognized as a ubiquitous phenomenon over the years. Thus it seems to be important in the administration of psychiatry hospitals to delineate the absconders from the rest of the hospital community. Absconders have been conventionally labeled as escapees due to the legal implications involved. Muller(1962) and Antebi (1967) have dealt with the subject of escape from mental hospitals. Lal et al (1977) have reported a study of personality and related factors of escape from a psychiatry unit attached to a medical college hospital. Similar observations have been made by John et al (1980) and Mubarak Ali et al (1989) from psychiatry hospital in India (NIMHANS). The problem of escape is common to all psychiatry units and its magnitude depends on a multitude of factors. It has also been noted that the problem of escape is of comparatively recent origin and started along with adoption of closed door policy in psychiatry hospitals. The objectives of

this study were (1) to analyze the pattern of escape behaviour (2) to out-line some of the characteristics of escapees and (3) to compare our data with the data of escapees from other psychiatry hospitals in India and the West.

Materials and Methods

The study was conducted at the Central Institute of Psychiatry, Ranchi. It has a bed strength of 643 with a closed ward set-up. The majority of hospital admissions are voluntary boarders. There are also regular cases sent by magistrates for admission and treatment. Once the patients (voluntary boarders) improve, they are discharged and sent home with the relatives. The certified cases are discharged after decertification by the official board of visitors.

In our study, an escapee is defined as a patient who is suspected to have escaped when he/she has left the ward or hospital premises without informing the ward staff. In all such instances an intimation will be sent to the local police station and also to the relatives of the patients within 24 hours of the escape. Patients going with the relatives without the permission of the ward staff and those not returning from parole (leave) were not considered as escapees in our

study.

The case record files of all patients admitted to the Institute between January 1993 and December 1996 were analyzed. A total of 5772 patients were admitted during this period, of which 89 were escapees as per the criteria mentioned above. The data from the cases files were recorded in a specially designed proforma which included details like socio-demographic profiles, illness and treatment variables, characteristics of the escape and psychiatric diagnoses as per DSM III-R Criteria (APA, 1987). Statistical analysis was carried out using SPSS PC software and the data were compared with previous studies reported from India and abroad.

Results

Socio-demographic characteristics of the escapees are described in Table-1. The incidence of escape was 1.4 % over the 3 year period (1993-1996).

Table -2 shows that majority had no past or family history of psychiatric morbidity. Minor proportion had past history of escape. Almost half of the patients were enrolled in the escape register at the time of admission. A significant proportion of escapees was brought back either by hospital staff or

relatives after the incident. Majority had escaped during night between 16.00-08.00 hrs. Assessment of clinical status at the time of escape showed that a significant proportion was either symptomatic or partially improved. The mean duration of hospitalization of escapees was 22 days.

Diagnostic break-up of escapees showed that manics and schizophrenics had higher incidence of escape than patients of other diagnostic groups (Table 3).

We classified escapees as early (less than one month) and late escapees (more than one month) based on the duration of hospitalization. Analysis of socio-demographic factors, illness and treatment variables did not reveal any significant difference in the two groups except the clinical status at the time of escape. Majority of the early escapees were symptomatic at the time of escape (Table 4).

Discussion

The present study reveals that the incidence is significantly less (1.5% over three years, 1993-1996) compared to studies from India (John et al, 3.3% in 1977-78), Mubarak Ali et al (2.6% in 1987-88) that from the west (Antebi, 1.5% in 1964-64). This could primarily be due to the increasing trend of out-

patient treatment in our hospital and secondly due to the importance given to the community and family participation in recent years.

The high incidence of escape in young male and manic patients, but low incidence in female patients have been reported in earlier studies too (Muller, 1962; Antebi, 1967; Lal et al, 1977). It is likely that manic patients may have a strong desire to get out of the hospital both during illness and recovery. Factors like cheerful mood, higher degree of manipulation and ability to establish good rapport might have contributed to the difference in the incidence rate of escape in mania and other psychiatric conditions. The incidence of escape in neurotic disorders and depression was significantly lower. Unlike Mubarak Ali et al's study (1989), the present study reveals the maximum number of escapees being literates. The higher order of literacy among escapees might have led to a greater confidence of the part of these patients to venture an escape.

Some significant findings which emerged were that the majority were symptomatic at the time of escape, they were coming from far away place and were of low socioeconomic status. A minor proportion had past history of

escape as well. It could be that the resultant of all these factors that had determined whether the patient was likely to escape or not. Present observation shows that half of the escapees were brought back and rehospitalized. The possibility of any hazards which could be detrimental to the society or to the patients himself by the escape might be also a factor complicating the issue of escape. Unfortunately there are no data available on this issue either from this study or from previous studies. The motivation of escape seems to be multifactorial. The major variables which have to be taken in to consideration are the community, the hospital and the patient himself. The nature of the interrelationship between these factors may shed more light on the escapee's motivation. However these factors were not analyzed in this study due to practical difficulties.

The present study tries to give some insight into the measures which have to be adopted to prevent the phenomenon of escape. It seems essential to give thorough education to the patient and family regarding the illness, the need for admission and the type of treatment which she/he is going to receive inside the hospital. Psychiatric social work department can play a pivotal role in the implementation of such measures.

Table 1

SOCIO-DEMOGRAPHIC CHARACTERISTICS

	NO.	%
AGE (YEARS)		
LESS THAN 20	23	25.8
21-30	48	53.9
31-40	12	13.5
ABOVE 40	06	06.8
SEX		
MALE	87	97.8
FEMALE	02	02.2
RELIGION		
HINDUS	80	89.9
NON-HINDUS	9	10.1
OCCUPATION		
EMPLOYED	39	43.8
UNEMPLOYED	50	56.2
SOCIO-ECONOMIC STATUS		
LOW	36	40.4
MIDDLE	28	31.5
HIGH	25	28.1
MEAN EDUCATION (YEARS)		7.7
MEAN DURATION OF HOSPITALIZATION (DAYS)		22.2
MEAN DISTANCE FROM HOSPITAL (KILOMETERS)		386.1

Table 2
CLINICAL CHARACTERISTICS

	NO	%
PAST PSYCHIATRIC ILLNES	26	29.2
FAMILY HISTORY OF PSYCHIATRIC ILLNESS	23	25.8
PAST HISTORY OF ESCAPE	22	24.7
NUMBER OF PATIENTS ENROLLED IN ESCAPE REGISTER	46	51.7
PATIENTS BROUGHT BACK	50	56.2
TIME OF ESCAPE (hrs.):		
08.00-16.00	23	25.8
16.00-08.00	66	74.2
ILLNESS SEVERITY AT THE TIME OF ESCAPE:		
SYMPTOMATIC	71	79.8
ASYMPTOMATIC	18	20.2

Table- 3

PSYCHIATRIC DIAGNOSIS		
	NO.	%
MANIA	46	51.7
SCHIZOPHRENIA	22	24.6
MAJOR DEPRESSION	06	06.7
ALCOHOLISM/DRUG ABUSE	06	06.7
OTHERS	09	10.1

Table 4

CLINICAL STATUS OF ESCAPEES AT THE TIME OF ESCAPE

	SYMPTOMATIC (N=71)	ASYMPTOMATIC (N=18)	SIGNIFICANCE
EARLY ESCAPEES	55	04	X ² =17.20 P<0.001
LATE ESCAPEES	16	14	

Family members should take initiative to visit the patient frequently to reduce the anxiety of staying away from home. They should also take interest in taking the patient home as soon as his/her condition improves. The hospital staff inclusive of doctors and nurses should be vigilant to find out the candidates who are prone to escape and such patients have to be started on vigorous treatment. There is a general tendency to disregard psychotics in hospital since they do not have insight in to their illness, which can cause conflicts between the patient and staff leading to a motivating factor for the escape. Involvement of the patient in treatment decision and humanitarian approach may reduce the factors leading to escape. Since the study shows that the majority of the escapees were from far away places there should be facilities at the primary source itself to treat effectively these patients. Community satellite links in the villages with a major input from the tertiary centres can treat these patients at the earliest, there by reducing the cost of transport, hospitalization and man power.

This study concludes that young male literate voluntary boarders suffering from manic illness who are still symptomatic and coming from far away places are more likely to escape. Being

more vigilant about this group can be of preventive value with regard to this issue

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