

# Characteristics of Psychiatric Hospital Absconders

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## ABSTRACT

Absence of patients without leave is common in Psychiatric hospitals, and causes anxiety to staff, relatives and the lay public. This study attempted to identify the characteristics of patients absconding from Mental Hospital Lahore over one year. Absconders were predominantly male, young, compulsorily admitted, and discharged with

a diagnosis of schizophrenia. They tended to single, had many previous admissions, and a longer total length of stay and the police were more often involved in their admission. Reasons for absconding and the implications for management of newly admitted psychiatric patients are discussed.

**Key Words:** Psychiatric, Absconders & Hospital Absconders.

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## INTRODUCTION

A patient absent without leave (AWOL) produces considerable anxiety of the part of staff, relatives and the lay public, it involves a great deal of staff time in reporting, search and inquiry, to the detriment of the care of other patients.

The present study set out to define the characteristics of patients absconding from hospital, and to assess the implications for management.

## Method

A retrospective study of all patients reported as AWOL from Government Mental Hospital Lahore during one calendar year (1993) was carried out. Government Mental Hospital Lahore is a psychiatric hospital providing the bulk of the psychiatric services in adult mental illness and has 1400 beds, served by six consultant teams.

Absence of a patient from a ward, sufficient to cause concern on the part of attendant and nursing staff is reported and forwarded to administrative staff. These were scrutinized and the case notes analyzed.

Patients discharged against medical advice and those failing to return from authorized leave from hospital were excluded from the study.

## RESULTS

There was a total of 1085 admission, giving rise to 65 AWOL incidents involving 48 patients during the year of the study. Eight absconded on more than one occasion, including five patients who were admitted twice during the year and absconded during both admissions. Excluding second and subsequent incidents on each admission there was a

total of 40 first incidents. The pattern of incidents throughout the year did not match the pattern of hospital admissions.

## Demographic Characteristics

The 48 admissions resulting in absconding represented approximately 4.4% of all admission that year. Of the 48 absconders, 27 (56.3%) absconders were single, 17 (35.4%) married and two (4.1%) divorced or separated. There was one widower and one was of unknown status (Table I).

## Admission Characteristics

Two third admissions (66.7%) were on weekdays. Thirty (62.5%) admissions were via the consultant team day admission and 10 (21%) via the emergency hours while 5 (10.5%) absconders were initially admitted via the police or courts. Three absconders (6%) were admitted formally under the Mental health Act 1912, (Table II).

Thirty eight cases (79%) had previous admission to hospital. Diagnosis assigned at discharge by the patients' consultants covered virtually the whole of the diagnostic range, from organic psychoses through functional mental illness to personality disorders (Table III).

There was a tendency for absconders to have a longer total length of stay in hospital than others, with six (23%) staying longer than two weeks as against 33 (3%) of the others.

## Characteristics of "First Incidents"

Fourteen patients (33%) absconded within three days of admission, 11 (27.5%) within the next

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four days, and 09 (22.5%) within the second week. Thus within 2 weeks a total of 34 patients (85%) had left the hospital. Six patients were (15%) in the hospital for two to eight weeks before they absconded (Table IV). The time of abscondence is difficult to interpret because of the tendency to note incidents at the end of each nursing shift, but wherever possible the time the patient was last observed on the ward was taken as the time of abscondence. There was no diurnal variation. Of interest is that only five patients (12.5%) left during the night shift and all of them before midnight. Relatively few patients absconded during the main nursing handover. Only six (15%) patients absconded from a ward other than their ward of admission. Seventeen incidents (42.5) were from the "too disturbed" wards as against 23 incidents (57.5%) evenly distributed between the remaining wards.

A total of 24 incidents (60%) were reported to the administration. These included all except one of the detained patient, and eight of the only 11 (27.5%) patients who had a precipitant recorded in the nursing notes, of whom six were held to be angry three upset, and with suicidal ideation. In 11 (27.5%) first incidents no special action was taken relatives and the nursing officer were informed as a matter of course.

Table V: Shows that 8 patients (20%) did not return at all. Of 32 returnees, 13 (32%) returned within three days, a further eight (25%) within next 3 days and other three (9.3%) within next 6 days, thus 75% of the returnees, returned within 12-days. Only two patients (6%) remained at large for over 24-days before returning.

The commonest destination of 11 absconders (34.4%) was the original place of living. Nine (28.1%) went to their relatives and three (9%) returned from an unknown destination. The other nine returned from various locations in and around their own city of residence.

Nine patients (28.1%) returned of their own accord, nine (28.1%) were brought back by the attendants while 12 (37.5%) returned with family members, and 2 (6.2%) were recovered by Social Welfare Staff in hospital ambulance (Table VI).

### **Characteristics of "Repeaters"**

Eight patients absconded on more than one occasion, including the five who were in-patients on two separate occasions during the year. The frequency

of absconding ranged from 2 to 5 incidents. Three patients absconded on more than three occasions.

Profiles of each individual, except with respect to the place of recovery, i.e. those who returned from home tended always to go home rather than go elsewhere, precipitants were often not recorded.

One man failed to return one occasion, only to be readmitted subsequently. Absence for longer than 72 hours occurred in 19 incidents. The hospital staff was involved more often in returning the patients.

### **DISCUSSION**

Absence without leave, as defined in this study, accounts for only a proportion of those patients who leave hospital treatment prematurely. The significant findings that absence without leave is associated with a predominantly male population, younger age, compulsory admission, and a diagnosis of schizophrenia, plus the trends toward more previous a longer total length of stay and single status. Interestingly, the high rate of absconders tended to be psychotics or schizophrenics.

The repeaters gave rise to the greatest time commitment from the various professional involved, but they have little in common on the variables studied. Their only common characteristics are higher level of staff involvement in search and return, and the fact that they have an individually favored destination.

Overall, AWOL, although common, involves relatively few patients, and the bulk of incidents arise because of repeaters. AWOL is difficult to predict on the criteria studied, the reasons for absconding are unclear and yet presumably relate to some dissatisfaction with the treatment process, which may in turn relate to the mode of admission. Personal knowledge of the absconders suggests that this group is more often involved in other disruptive behavior (violence, poor treatment compliance, self-harm etc.) although it is purely a subjective impression. Dissatisfaction with hospital environment and staff attitude is unusual in hospitalized psychiatric patients, which raises the possibility that the study population will share certain personality characteristics or attitudes to treatment, but this needs further research. In terms of practical management, there is a clear need for better recording of each incident and for more selective reporting of incidents to the police. In view of the rate of early return from home, it is probably worth conducting a search of the place of origin before informing the police and in the case of repeaters first

looking in the areas of their favored destination. In the light of this and the high rate of non-return, with subsequent risks of suicide and violence, it behoves hospitals to review their reporting policies for prevention of abscondence. Young male, psychotics, schizophrenics or personality disordered, compulsorily admitted should be considered as being at high risk of absconding.

**Table-I:  
Absconders and their marital status (n=48)**

Single	27	56.3%
Married	17	35.4%
Divorced	02	04.1%
Widower	01	02.0%
Unknown	01	02.0%

**Table-II  
Mode of admission to hospital (n=48)**

Consultant team day of admission	30	62.5%
Emergency out-patient	10	21.0%
Brought by police	05	10.5%
Formal admission	03	06.0%

**Table-III  
Diagnostic Category of Absconders (N=48)**

Schizophrenia	32	67.0%
Manic Dep. Psychosis	08	16.4%
Personality disorder	06	12.4%
Others	02	04.2%

**Table-IV  
Length of stay before escape of 'first incidents'  
(n=40)**

With in 3 days	14	35.0%
3-7 days	11	27.5%
8-14 days	09	22.5%
2-8 weeks	06	15%

**Table-V  
Outcome of Escape (N=40)**

On their own	09	28.1%
Brought by attendants	09	28.1%
With family members	12	37.6%
Social welfare staff	02	06.2%

**Table-VI  
Mode of Return of Absconders to Hospital (N=32)**

Did not remain at all	08	20%
Returned within 3 days	13	32%
Return from 4 <sup>th</sup> - 6 <sup>th</sup> day	08	20%
Return from 7 <sup>th</sup> - 12 <sup>th</sup> day	03	08%
Return after 12 <sup>th</sup> day	08	20%

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