

A Study on Prolonged Detention of Civil Certified Cases in a Government Psychiatric Hospital

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Abstract: *Involuntary hospitalization of the mentally ill is an area where the three major bodies of democratic governance are required to work in close coordination. In the background of the new Mental Health Care Bill, experience with the Mental Health Act 1987 is reviewed in this study.*

The Mental Health Act 1987 requires Reception Order by a first class Magistrate or above, for involuntary hospitalization of the mentally ill (Sections 20 -25). Discharge of a patient admitted on reception order is dealt with in sections 40 - 42 of MHA 1987.

Aim: *To review the case records of all patients admitted involuntarily as Civil Certified Cases (CCC) over a five year period and to assess the reasons for prolonged hospital stay in a government psychiatric hospital.*

Methodology: *All the case records of patients admitted over a five year period from 2010 to 2014 into a government psychiatric hospital were reviewed. Socio demographic data and factors associated with prolonged hospital stay were studied. Practical problems encountered were discussed with the help of a case vignette.*

Results & Conclusion: *Illiteracy, low socio economic status, psychosis with comorbid mental retardation, single status, poor social support and ambiguity in reception orders; were observed to be some of the factors associated with prolonged hospital stay.*

Steps to promote awareness and better coordination among all stake holders for better implementation of the law are required to reduce the plight of the mentally ill.

Keywords & Abbreviations: *Mental Health Act 1987 (MHA 1987), Civil Certified Cases, Reception Order, Mental Health Care Bill 2013.*

I. Introduction

450 million people around the world mental, neurological and behavioural problems.⁷ In India, statistics show that 14% of patients stay as inpatients for more than five years, 24% for more than one year and less than five years and 62% for less than a year.¹³

Procedure for involuntary hospitalization is dealt with in sections of 19 to 25 in chapter IV of Mental Health Act 1987.¹ Section 19 deals with involuntary admission of a mentally ill person who does not or unable to express willingness for admission as a voluntary patient by the medical officer in charge of a psychiatric hospital or nursing home upon application made by a friend or a relative of that person, for a period of not extending 90 days.¹ Mental Health Care Bill 2013 has no such provision of involuntary hospitalization. Even admission for a single day requires legal formalities.^{11, 12}

Clause 4 of 19 describes the procedure for discharge or continued admission of such person upon the application of his relative or friend to the magistrate.¹

Sections 20 to 24 of MHA 1987 deals with Reception Orders on application while section 25 deals with the order in case of a mentally ill person cruelly treated or not under proper care and control.

Sections 40 to 44 of MHA 1987 in chapter VI deals with discharge of mentally ill person from the psychiatric hospital. As per section 40 of chapter V of MHA 1987, the medical officer in charge of a psychiatric hospital or psychiatric nursing home may on the recommendation of two medical practitioners, one of whom shall be preferably a psychiatrist, by order in writing, direct the discharge of any such person.

Clause (2) of section 40 of MHA 1987 states that such an order shall be immediately forwarded to that authority by whose order the person has been detained. Section 41 clause (1) states that any person detained in a psychiatric hospital or psychiatric nursing home under an order made in pursuance of an application made under this act shall be discharged on an application made in that behalf to the medical officer in charge by the person, on whose application the order was made. Provided that no person shall be discharged under this section if the medical officer in charge certifies in writing that the person is dangerous and unfit to be at large.

Section 42 of MHA 1987 describes the procedure for discharge on the undertaking of relatives and friends for due care of the mentally ill person. As per the clause (1) of section 42, medical officer in charge of psychiatric hospital and nursing home is required to forward such an application by friend or relative to the authority along with his remarks, under whose orders the mentally ill person is detained.

As per section 43 of MHA 1987, the mentally ill person who feels he/she has recovered, can apply to the magistrate for his discharge, which shall be supported by a certificate either from the medical; officer in charge of the psychiatric hospital or nursing home and the magistrate may, after making inquiry pass an order discharging the person or dismissing the application.

As per Mental Health Care Bill 2013, in similar situations clause (vii) of section 46, if the medical officer or psychiatrist in charge of the Mental Health establishments, shall terminate the involuntary admission and inform the person and his/her nominated representative accordingly.¹² The person may continue to remain in the mental health establishment as an independent patient, in appropriate circumstances.¹²

Clause (ii) of section 46 of the Mental Health Care Bill states that ‘mere absence of community based services by itself does not provide sufficient justification for continued admission in the mental health establishment.¹²

Aim

The present study is to review all the case records of patients admitted as civil certified cases and to assess the reasons for prolonged hospital stay.

II. Methodology

Government Hospital for Mental Care is a 300 bed facility exclusively for psychiatric patients. Situated in Visakhapatnam established in the year 1852 as a 30 bed exclusive psychiatric hospital.

After bifurcation of the state of Andhra Pradesh in 2014, it remains the only government psychiatric hospital in the residual state of AP constituting 13 districts and also caters to patients from neighbouring states of Odisha, Jharkhand and even Bihar. Being an important railway zone, some patients hailing from far off states in India who reach the city, in their mentally ill condition are found wandering within the jurisdiction of the metropolitan magistrate courts of Visakhapatnam. Being a coastal city, Visakhapatnam has several establishments of the Navy and Defence, with surveillance for trespassers in restricted zones.

Government Hospital for Mental Care (GHMC) is a teaching institute attached to Andhra Medical College, Visakhapatnam under Dr. N. T. R. University of Health Sciences, Andhra Pradesh.

Case records of all the in patients admitted in GHMC from 2010 to 2014 as civil certified cases were reviewed. Data from case records was collected about the patients’ socio demographic factors, admission process, Reception Order, discharge instructions and finally how the discharge was effected.

III. Results & Discussion

Sample Characteristics	Sample Population (N = 72)	Percentage %	Mean duration of stay after HDC discharge (in days)
I. SEX	Male = 48	67	57.2
	Female = 24	33	56.7
II. LITERACY	Literate = 26	36	30.5
	Illiterate = 46	64	145.7
III. MARITAL STATUS	Married = 38	53	67.5
	Single* = 34	47	107.1
IV. EMPLOYMENT	Yes = 28	39	30.6
	No = 44	61	179.6
V. SOCIO ECONOMIC STATUS	High = 2	3	31.7
	Middle = 4	6	61.5
	Low = 66	91	195.7
VI. RESIDENCE	Within A.P = 67	93	60.6
	Outside A.P = 5	7	178.5

*Single includes both unmarried and currently single (divorced/separated/widowed).

DIAGNOSIS	ICD-10 CODE	CASES (N = 72)	Percentage %	Mean duration of stay (days) #
I Schizophrenia	F 20	40	56	100
II. Mental Retardation	F 70	9	12.5	180
III Bipolar Affective Disorder	F 31	5	7	60
IV. Manic Episode	F 30	4	5.5	30
V. Alcohol*	F 10	4	5.5	60
VI. Others	F 06,07,12,23, 25,29,63	10	13.5	100

*Mental and behavioural disorders due to use of alcohol. # Approximate values.

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MODE OF DISCHARGE (N = 72)	Males (N = 48)	%	Females (N = 24)	%
Handed to Police Escort	22	46	17	71
Handed to relatives	23	48	7	23
Absconded	3	6	Nil	Nil
Discharged as free citizen	Nil	Nil	Nil	Nil

RECEPTION INSTRUCTIONS	ORDER	CASES (N = 72)	%
I. Magistrate letter without reference to MHA*		26	36
II. to detain & treat; no further instructions		30	42
III. for periodic reports		7	10
IV. to handed over to relatives		3	4
V. To present before the court		32	44

*MHA – Mental Health Act 1987

A total of 72 (N= 72) mentally ill patients were admitted from January 2010 to December 2014.

67% (N = 48) were male and 33% (N = 24) female.

67% (N = 48) belong to the age group 19-40 years.

52% (N = 38) were married, 33% (N = 24) unmarried and 15% (N = 10) were either divorced/separated - currently single.

36% (N = 26) were literate and 64% were illiterate.

92% (N = 66) patients were of low socio economic status.

All the patients were admitted on the instruction from a Class I Magistrate according to Mental Health Act 1987(MHA 1987).

After the patient recovered, the ward psychiatrist presents the case to Hospital Discharge Committee (HDC) for review as a policy matter of Government Hospital for Mental Care (GHMC).

Hospital Discharge Committee is constituted by the heads of six units in the GHMC. The committee meets once a month to review the treatment options and to take decisions regarding discharge of civil certified and criminal cases.

After review by HDC, the legal authority on whose order the admission was made was informed by post requesting for sending the police escort team to take away the patient as his discharge recommended by the HDC from the hospital as per MHA 1987.

Thereafter, reminders were sent to the legal authority by post at every two week interval or sooner depending on emergencies of situation until arrangements for discharge were made.

From the time of admission efforts were made to locate the patients' family based on details given by patient. Where the family members could be contacted, they were informed of the admission and encouraged to visit the patient. According to MHA 1987, a Reception Order (R.O) is required for initial involuntary hospitalization and a new R.O in case patient needs further hospitalization beyond 90 days.

From the data collected, it is observed that sometimes patient is brought to the hospital with police escort after travelling for 1-2 days most of the time from other districts without a reception order as per MHA 1987. Sometimes patient is brought along with a letter from a Magistrate which does not make any mention of MHA 1987; less often it is a letter from a police officer without producing the patient before a magistrate!

When the patient is brought along with only a letter from a police officer, the hospital authorities were forced to send the patient back along with escort to be presented before a magistrate to obtain a reception order, as per MHA 1987, with a request to specify the section and mode of discharge, even though it might be difficult for the escort to travel to & fro along with the patient, particularly if the court is in another district.

When the patient is brought along with a letter from the Magistrate instead of a R.O as per MHA 1987 to be detained and treated the patient is admitted, particularly if the patient is aggressive and unmanageable, and a request is sent to the legal authority for issuance of a R.O. as per MHA 1987, specifying the section and mode of discharge. While a new Reception Order is required for hospitalization beyond 90 days, the correspondence shows that in some instances the hospital authorities did not receive even the first Reception Order as per their request, despite several reminders sent by post.

In such cases efforts were made to contact the patients' relatives, if the patient was able to give their address and telephone/mobile numbers after partial recovery. The family organization plays a critical and extremely active role in all issues related to mental health.⁵

Once they were contacted, and if the patient has recovered sufficiently, he/she was discharged and handed over to relatives according to section 40 of MHA 1987 and the same was communicated to the Magistrate. In some cases where patient was able to give only partial information about his/her address, help

of NGOs like the Indian Red Cross Society was sought to obtain further information in order to contact their relatives. There are some patients who have comorbid mental retardation, who cannot provide any details regarding their relatives even after their psychosis is resolved. According to MHA 1987, mental retardation is not considered to be a mental illness.³

The correspondence reveals that despite the best intentions of the authorities, implementations were thwarted by lack of awareness, red tapism, and lack of coordination between various stakeholders involved in the case of these patients. In most of the instances, the patient was handed over to the police by the citizens for causing public nuisance and in a few instances by family members who sought reception order and hence was presented before the Magistrate. In 26 cases (36%) the words 'Reception Order' and 'MHA 1987' were not mentioned. Many times it was a detention order instructing the Superintendent of the GHMC to detain the patient and "report to the undersigned in a week" or "treat the patient and send periodic medical reports", which was complied with, along with a request sent for reception order as per MHA 1987. In 32 cases (44%), it was instructed that the patient must be produced before the court after treatment. Only in 28 cases (39%), a medical examination was conducted prior to issuing a Reception Order.

Only in 19 cases (26%) discharge instructions were given. Many times no discharge instructions were given. In a single case, explicit instructions were "not to discharge the patient until further orders". In 3 cases instruction was given to "hand over the patient to blood relatives after recovery". In no instance instructions were given to discharge the patient as a free citizen.

Median duration of hospital stay is 115 days. Ranging from 30 days to 560 days.

Median duration range of hospital stay after recommendation for discharge by HDC is 56 days.

30 patients (42%) were handed over to the care of their family members who had given a written request for discharge and a commitment to take care of the patient and to produce before the Magistrate as and when ordered and this information was communicated to the magistrate.

In some instances, the family members objected to get the patient discharged as they interpreted that it would be against the instructions in the Reception Order to produce the patient before the court after recovery from illness. The diagnosis of Schizophrenia (F20) is seen in 40 cases (56%) followed by Mental Retardation with psychosis (F70) in 9 cases (12.5%) and Bipolar Affective Disorder (F31) in 5 cases (7%). 3 patients (4%) absconded while on treatment. In such cases a complaint was lodged in the nearest Police Station and the matter was communicated to the Magistrate. No deaths of C.C. cases occurred during the study period.

Case Vignette:

A case vignette is given to show the practical issues faced in implementing the law in a mentally ill patient admitted as a civil certified case, where it took more than a year for discharge.

Mrs K, a forty five year old woman who was found disrupting the traffic and pelting stones at passers-by was reported to the police by a naval officer. She was presented before the Judicial Authority who had issued a detention order.

She was diagnosed to be suffering from paranoid schizophrenia according to ICD – 10 criteria. A report was sent to the legal authority and treatment started accordingly. She had recovered over a period of five weeks. Ward psychiatrist recommended her for review by Hospital Discharge Committee for discharge. The discharge recommendations had been approved by HDC and the same was intimated to the legal authority on whose order she was admitted.

Meanwhile attempts were made to contact her family members residing in the state of Uttarakhand based on a few details given by her, while awaiting the police escort for her discharge.

Unfortunately, the state of A.P faced a series of events like serial cyclones, division of state, which probably caused the delay in detailing the escort.

The patient spoke only in Hindi in her native dialect which made communication with her difficult. Having recovered, she remembered the rules of her caste which she wanted to adhere to, making her even more alienated from other inpatients. Attempts were made to place her in one of the several homes run by NGOs like 'Nirmal Hriday' of Missionaries of Charity.

Requirement by some of these organizations of a 'no criminal record' certificate from the police department delayed the process and even after procuring such a certificate the patient herself was unwilling to go to an unknown place fearing she wouldn't find anyone who could understand her language.

Her constant argument was, "...police ne yahaantaklekeaya, tohgharbhipahuhaana" (police brought me here, so they had to take me home).

This case was reported to a member of the National Human Rights Commission who happened to visit the hospital at that time. Help of Indian Red Cross Society, Uttarakhand branch was sought to contact her sister and brother in law.

Patient is made to talk to her sister and her sister was informed that she could get the patient discharged. She pleaded helplessness as she or her husband could not afford to travel the long distance but would try to come if financial arrangements were made. Volunteers of a local religious organization offered to reimburse the train fares if they could come on their own.

Meanwhile periodic communications were sent to the legal authorities to arrange for police escort. The patients' sister, at one stage went to the extent of changing her mobile SIM card since she was apprehensive that the process might bring her into contact with law enforcing authorities, whom she feared.

Again the Indian Red Cross Society came to the rescue and were successful in obtaining her new mobile number. After much reassurance and counselling, patients' brother in law contacted the patients' husband, who had been separated from her for more than ten years due to his alcohol problem. With the help of local village panchayat, he was persuaded to take back his wife.

When he arrived, she identified him. She was discharged after he had given an assurance in writing that he would take good care of her and present her before the legal authorities if summoned. Their travel expenses were arranged by the volunteers of a local religious organization.

This case shows several aspects of the plight of mentally ill persons. In addition to the suffering caused by their illness, they are burdened by illiteracy, poverty, superstition, lack of awareness of mental illness and treatment facilities, poor social support systems, undue fear and apprehension about coming in contact with officials and authority figures.

IV. Conclusions

The results of this study reveal that the detention in closed wards of a psychiatric hospital is prolonged for those with a longer duration of illness, mentally ill persons with comorbid mental retardation, patients hailing from far off places and those whose reception orders contain ambiguous phrases.

Mentally ill patients are at risk as they may cause harm to themselves or to the others in the society. While it is necessary to have legislation for their treatment and it is imperative to comply with regulations; greater awareness, proper communication, more coordinated and concerted effort by various stake holders in the care of the mentally ill goes a long way in alleviating the suffering and misery of these individuals.

Though it appears that there is a happy ending in the above case vignette, it seems to be only the tip of the iceberg. There seem to be deeper roots to the problem. There are other patients, who were admitted prior to the period of present study, awaiting discharge in the closed wards. The families of these patients could not be traced and the patients need total care in a highly structured environment. They could not adjust in any of the available community based services. More studies are require to bring out the problems and possible solutions for such mentally ill patients.

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