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Absconding from a Psychiatric Hospital in a Developing Country, Related Factors, and the Consequences

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Abstract

Background: This study aimed to investigate the factors related to absconding and consequences of absconding in a psychiatric hospital in a developing country within 3 years.

Methods: This was a retrograde descriptive cross-sectional study from a psychiatry hospital in a developing country, Iran. The registered data of absconding between March 2018 and February 2021 were extracted. Furthermore, a retrograde follow-up by telephone on what happened after the absconding and the remembered motives was done. The obtained data were analyzed using SPSS statistical software for Windows Version 23 by descriptive statistics. The chi-square test, Fisher exact test, Student t test, or Mann–Whitney U tests were used for data analysis. $P < .05$ was considered statistically significant.

Results: Out of 7069 admitted patients during a 36-month period, 51 (39 men and 12 women) had absconded. The total absconding rate was 0.72%. The mean ± (SD) age of the patients was 29.7 ± (10.46) years, with a range of 10 to 54 years. No statistical difference between men and women emerged in terms of age ($P = 0.89$). Most of the absconders were men (76%), young (mean age, 29.7 years), single (70.6%), and involuntarily hospitalized (78.4%) in an urban area (90.2%), and absconded in the evening shift (58.8%) via the route of the main gate (58.8%) in the early days of admission (5 days). In terms of psychiatric diagnosis, the highest rank belonged to bipolar disorder (33.33%) and substance-related disorders (33.33%). About one-third of absconders had a current substance-related problem and most of them had experienced withdrawal symptoms or cravings days before absconding (75%). Absconders mentioned that "no need for admission" (45.1%), "economic problems" (23.5%), and "substance craving" (13.7%) were the most common reasons for leaving the hospital. Most of the absconders were hospitalized later (70.5%). The risk for self-harm (21%) or harm to others (2%) after absconding was low.

Conclusion: The general profile of absconders was concordant with previous studies. It was highlighted that economic problems in recent years had an evident impact on patients and it could be postulated that consideration of substance withdrawal may decrease absconding. It is advised to adhere to the policies that support community-based psychiatry and place an emphasis on early discharge and continuity of outpatient care.

Keywords: Absconding, Psychiatry, Inpatient Wards, Mental Health

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Introduction

Given that psychiatric wards may be closed or open, and

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↑What is "already known" in this topic:
In previous studies, factors—such as male gender, younger age, substance use disorder, earliness in their admission, involuntary status, higher numbers of comorbid psychiatric illnesses, staff shift time, prior history of absconding, being single, and being unemployed— have been associated with absconding.

→What this article adds:
A significant number of absconders experienced symptoms of craving. Therefore, considering the substance issues is of paramount importance. Some factors that influenced the absconding are not generalizable. For example, work shifts and routes of absconding are among them, which were variable among studies. It seems that these items are more related to the hospital regulations and facilities than the phenomenon of absconding itself. No valuable significant relationship between absconding and diagnosis or medication was obtained in this study.

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admissions can be voluntary or involuntary, various definitions have been proposed for absconding. The definition considered in this paper is " patient leaving the hospital unauthorized and not referring back" (1). The rate of absconding varies among psychiatric hospitals from 0.18% to 34% of the hospital's total admissions (2-5). This variation in the absconding rate is related to the patient's clinical profiles, hospital environment, security system, and other factors that make comparisons in different studies difficult (6, 7).

Absconding may have adverse consequences for the patients including suicide or self-harm (5, 8-11), treatment failure, relapse and/or readmission (3), harm secondary to substance use (3), and becoming "missing" from society (5). Therefore, it is necessary to take measures to reduce absconding. Evidence suggests that increased security measures (such as increasing the height of perimeter fences), locking the doors, and reducing access to potential exit points may reduce the rate of hospital escape, but does not eliminate it (12).

Patients' motives for absconding have been evaluated in several studies, including boredom (4, 13, 14), frustration (13, 14), confinement (14), units perceived as unsafe (4, 15), and feeling of being trapped (4). In a recent qualitative study, 4 subthemes emerged, including seeking freedom to find relief, regain power and control over their lives, address unmet needs, and opportunistically. These subthemes illuminate the main theme "as an act of seeking freedom" (16).

Factors associated with absconding in previous studies included male gender (3-5, 11, 17-19), younger age (3-5,11,18,19), substance use disorder (5, 13, 17, 19), early in their admission (2, 4, 5, 11, 17, 18), involuntary status (11, 17), a greater number of drugs used, higher numbers of comorbid psychiatric illnesses (17), psychiatric diagnosis of schizophrenia or bipolar mood disorder (3-5, 19), staff shift time (4, 5), prior history of absconding (3, 20), season (2), the special day of the weak (2, 17), being single, and being unemployed (19). Some factors are highly repeated in numerous studies around the world.

Herein, it is necessary to explain the conditions of psychiatric hospitals and psychiatric patients in Iran. There is not any law about involuntary admission in psychiatric wards. Most patients are brought to the hospital by their families. According to the current custom, a psychiatrist can admit a patient against his/ her own will. Hospitalization could be continued until the discharge by a physician. The person who has admitted the patient can discharge the patient against the doctor's opinion, but the patient himself/herself does not have such power. Very few hospitalizations in psychiatric hospitals are ordered by the judiciary system or voluntarily by the patient himself/herself. In fact, in this study, involuntary hospitalization mostly means bringing patients to the hospital by their families.

The aim of this study was to investigate the factors related to absconding in a psychiatric hospital belonging to a developing country and the consequences of this event within 3 years. Due to the fact that many hospitalizations are involuntary in this center and some other psychiatric centers, the possibility of patients absconding increases, and therefore it is important to consider this issue. Despite some similarities, there seems to be a significant difference between factors associated with absconding in different centers. Therefore, knowing these factors will promote a scientific approach to this event and will have a positive effect on the therapeutic relationship by better understanding the absconders. This understanding and changing attitude might be an important factor to reduce absconding (13). The present study explains absconding in a psychiatric hospital in Iran, with its specific conditions, which may be a part of the wider problem.

Methods

Study Design

This was a retrograde descriptive cross-sectional study. After a patient is reported missing from any ward, a comprehensive search of the hospital's premises is carried out, and the local police station is simultaneously alerted. If the patient cannot be traced inside the hospital area and fail to return to the hospital (by themselves or by assistance) before midnight of the same day, the case is considered as absconding.

Setting

This study was conducted in Roozbeh hospital, which is the oldest teaching psychiatry hospital in Iran. The hospital includes 224 beds for admitting patients. The hospital has a perimeter fence and benefits from a large park. Patients have access to a range of recreational and therapeutic activities, including a sports medicine unit, occupational therapy, and a few pavilions in the park to gather and talk. These facilities follow a strict 24-hour locked door policy and include all patients. The hospital has 11 closed wards. Three women-only, 3 men-only, 1 for forensic patients, 2 for child and adolescent psychiatry, 1 for the elderly and neuropsychiatric patients, and an emergency ward for critical new patients. The wards are adequately staffed with nurses and attendants across 3 fixed shifts of duty spanning over 24 hours. With respect to the shortage of psychiatric beds in Iran, the bed occupancy rate of this hospital is 100%, which means that on average all the beds are always occupied.

Participants and Data Source

All absconders from 11 wards between March 2018 and February 2021 (about 3 years) were identified and included in the study. The absconds were recorded by the nursing office report. The data were extracted from the records and documents of these patients. Furthermore, the authors tried to contact the absconder in 2021 to follow up on what happened after the absconding and if they could remember and wish to discuss the motive of absconding.

Statistical Methods

The obtained data were analyzed with SPSS statistical software for Windows Version 23. A $P < 0.05$ was considered statistically significant. The sociodemographic characteristics and clinical profile of the sample were analyzed by descriptive statistics, chi-square, Fisher exact, Student t , or Mann–Whitney U tests.

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Results

Out of 7069 admitted patients during a 36-month period, 51 (39 men and 12 women) had absconded. Hence, the hospital absconding rate was 0.72% (7.2 abscond per 1000 admission). Considering that the total admission of men and women in this period were respectively 3944 and 3012, the absconding rates of men and women were equal to 0.91% and 0.39%, respectively, and the difference was identified as statistically significant ($P < 0.001$). The mean ± (SD) age was 29.7 ± (10.46) years, with a range of 10 to 54 years. No statistical difference between men and women emerged in terms of age ($P = 0.89$).

Table 1 displays the absconding condition and characteristics of absconders. Most of the absconders were single or divorced, living in urban areas, and involuntarily hospitalized. More absconding occurred in the evenings than at nights. The median length of hospital stay of absconders was 5 days with a range of 1 to 57 days. Most abscond took place via the main gate. Bipolar disorder and substance-related disorder were the most prevalent diagnosis. Most of the absconders had a history of substance use. Also, 12 out of 16 absconders with current substance-related diagnoses (75%) experienced withdrawal symptoms days before absconding. The most frequent substances were opioids (47%) and stimulants (45%). About half of the absconders had a history of absconding in past or current hospitalization. Antipsychotics were the most frequently prescribed medication. Perceived no need for admission (lack of insight), economic problems, and substance was the most frequent motive for absconding. Most absconders were admitted later and no completed suicide or homicide took place. Table 2 summarizs the motives and subsequent events of

Table 1. Characteristics of absconders and absconding condition

Variable		Number	Percent
Gender	Male	39	76
	Female	12	23
	Total	51	100
Marital status	Single	36	70.6
	Divorced	6	11.8
	Married	9	17.6
Residential location	Urban	46	90.2
	Rural	5	9.8
Hospitalization	Voluntary	11	21.6
	Involuntary	40	78.4
Work shift in which absconding took place	Morning	18	35.3
	Evening	30	58.8
	Night	3	5.9
Route of abscond	Main gate	30	58.8
	Wall	16	31.4
	During consultation outside the hospital	2	3.9
	Missed data	3	5.9
Diagnosis	Bipolar disorder	17	33.33
	Substance related disorder	17	33.33
	Schizophrenia	6	11.7
	Personality disorder	6	11.7
	Major depression	3	5.8
	adjustment disorder	1	1.96
	Other psychotic disorders	1	1.96
Substance	No history of substance use	13	25.5
	History of prior substance use	19	37.2
	Current substance user	16	31
	Missed data	3	5.8
History of abscond	No history of abscond	27	52.9
	History of abscond in prior admission	12	23.5
	History of abscond in current admission	9	17.6
	Missed data	3	5.8
Prescribed medication	Second generation antipsychotics	23	45.1
	Mood stabilizer	16	31.4
	First generation antipsychotics	13	25.5
	Drug free	2	3.9

Table 2. Data extracted from retrograde follow up

Variable		Number	Percent
Motive for abscond	Mentioned that their admission was wrong because they had no mental illness (lack of insight)	23	45.1
	Economic problems	12	23.5
	To use substances	7	13.7
	Did not mention specific reason	9	17.6
Subsequent events	Readmitted to the hospital	36	70.5
	Referred to the clinic	24	47.1
	Re-abscond	8	15.6
	Self-harm or committed suicide	10	21
	Harm to the Others	1	2
	Completed suicide or homicide	0	0

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absconding.

Discussion

Herein, we tried to demonstrate the characteristics of absconders, the condition of absconding, prevalent psychiatric diagnoses, and the role of substances, motivations, and consequences of this event over 3 years in a psychiatric hospital. The absconding rate was among the lowest rates of absconding from a psychiatric hospital that was reported in the literature (1, 19). This may mostly relate to the hospital policy of closed wards.

Some studies report the common psychiatric signs of absconders, like irritable effect, impaired judgment, and absent insight (4, 5). We considered that these are not appropriate factors to be reported in our study, as in this hospital most of the admitted patients have critical signs such as irritability, aggression, impaired judgment, and absent insight. Therefore, signs were not differentiating. However, we focused on demographic characteristics and psychiatric diagnosis. The general profile of absconders (being young, male, single, diagnosis of mood disorder or substance-related disorders, involuntary hospitalization) was concordant with previous studies (1, 2, 4, 13, 19-21).

History of absconding from the hospital has been mentioned as an associated factor (1, 3, 14, 20, 21). In line with this, 11% re-absconding was reported in a study (5) and 16.67% in another study (19). In our study, consistent with other reports, the re-absconding rate was also high. It could be assumed that people who have absconded are risk takers due to their personality or as characteristics of their illness, and therefore are more likely to re-abscond.

Some factors that might have influenced the absconding are not generalizable. Work shifts and routes of absconding are among them (4, 5). It seems that these items are more related to the hospital regulations and facilities than absconding. Most of the absconding in studies were in the morning, while most of the absconding in the present study have taken place in the evening shift. In a similar study, regarding hospital regulation, patients often did not use the hospital yard in the evenings and stayed in closed wards, but in this hospital, patients had access to the yard in the evening, and simultaneously the number of staff was reduced; therefore, most of the absconding in the hospital have taken place in the evening. The route of the majority of absconding was the hospital wall in another study, while in the present study, most absconding was from the main door. This is simply because high buildings surrounded the hospital, which reduces the possibility of escape from the wall (4, 5). According to previous studies, there is a link between involuntary admission and absconding (21, 22), which was replicated in the present study.

In the retrograde follow-up, the majority of absconders stated that the reason for leaving the hospital was "no need for hospitalization" or "craving for substances." This finding was in line with the findings of a systematic review and thematic synthesis of absconders' experience, which explained that the major theme is "seeking freedom" (16). On the other hand, it is highlighted that a significant number of absconders experienced symptoms of cravings a few days before absconding, indicating that the symptoms of cravings at the hospital might not be well managed. Moreover, about one-fourth of absconders stated that they absconded because of economic issues. This may represent Iran's downturn, inflation, currency depreciation, and widespread poverty in recent years. Due to factors such as the variety of drugs, different doses, multiple drugs received by the patients, and the small sample size, there was no significant and reportable relationship between the type and amount of prescription drugs and the results obtained. Most of the patients admitted to the hospital had diagnoses of bipolar mood disorder and substance use disorder; thus, it can be predicted that most of the patients who abscond had 1 of these 2 disorders; nonetheless, according to this sample size, there was not a significant relationship between the diagnosis and the abscond.

According to the evidence, the policy of closing psychiatric wards does not prevent absconding (23, 24). On the other hand, upgrading the security system of hospitals will have a temporary effect on absconding and will challenge patients' autonomy (16). It seems that in addition to increasing the care of people who are prone to escape due to their profile and improving mechanisms in the hospital, it is necessary to aim for changing the approaches and attitudes. Perhaps it would be better to follow the policies, including promoting community-based psychiatry, emphasizing continuity of outpatient care, and early discharge (16). This requires fundamental changes in approaches, regulations, and rules. Some of these required changes are related to upstream governance. For example, there is still no forensic psychiatric hospital in Iran, and the judiciary orders to admit accused or convicted patients to academic hospitals. Changing these conditions requires discussion and negotiation at different society and government levels about the rights and care of psychiatric patients. At the same time, psychiatric hospitals could try to decrease absconding by improving the quality of hospital recreational and entertainment facilities, improving the therapeutic alliance, promoting patient-centered care, and emphasizing community-oriented care (15-17).

The study was limited by its retrospective method. However, clinical documentation allowed for adequate data collection. In addition, some aspects of the study may be impacted by recall bias, according to the retrograde follow-up by telephone that was completed several months after absconding. Some results were repeated in other trials, while others may not generalize to different clinical contexts (such as private hospitals, general admission, and forensic). Our study adds to the existing literature on the profile and pattern of absconding from a psychiatric hospital. Collecting these data might help change the discourse about psychiatric inpatient care in developing countries like Iran.

Conclusion

The general profile of absconders was concordant with previous studies. It was highlighted that economic problems in recent years had an evident impact on patients and it could be postulated that consideration of substance withdrawal may decrease absconding. It is advised to adhere to the policies that support community-based psychiatry and

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place an emphasis on early discharge and continuity of outpatient care.

Implications for Psychiatric Nursing Practice

To reduce the challenge of absconding in a psychiatric hospital, it is recommended to improve the quality of hospital entertainment facilities, manage the craving symptoms, and the therapeutic alliance, follow the policies and promote community-based psychiatry, and put emphasis on the continuity of outpatient care and early discharge.

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Ethical Considerations

This research was approved by our medical school ethical committee (ethical code: IR.TUMS.MEDICINE.REC.1400.248). Following ethical concerns, patients admitted to a psychiatric institution were asked to give consent for the use of their medical information for the study. For the follow-up call, patients consented to answer the questions.

Conflict of Interests

The authors declare that they have no competing interests.

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