

# Incidence of Successful Escape among Patients Who Attempted to Abscond from Federal Psychiatric Hospital, Calabar

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**Abstract:** The striking difference between general and psychiatric patients is acceptance of symptoms and diagnosis. In a psychiatric setting, escape is a recurrent incident which directly reflects the sign of patient's refusal or rejection of offered treatment. It can pose serious challenges to staff especially nurses who are the custodian of the patients, as well as the hospital management responsible to provision of security apparatus in the hospital. The purpose of this study was to determine the incidence of successful escape among patients who attempted to abscond from Federal Psychiatric Hospital, Calabar within the period covering January, 2016 to July, 2020. The study adopted an ex post facto design as data were collected from Nurses' Reports, Incidence Report and folders of all patients with history of attempted escape. Data collected were presented in frequency table and charts, and descriptive statistics of frequency counts and simple percentage were employed in describing the secondary data collected for this study. Findings revealed that within the period under study, a total of 136 incidence of attempted escape occurred in the Facility with the highest occurrence of 52 (38.2%) witnessed in 2016. Among these patients, 86 (63.2%) successfully escaped from the facility. The highest proportion of 29 (21.3%) patients successfully absconded from hospital in 2016, while the Ward that witnessed the highest incidence of 27 (19.9%) successful escaped within the period was Ward 3. However, the incidence of successful escape within the period was highest among male with diagnosis of substance abuse, bipolar affective disorder and schizophrenia; and among those patients who were forcefully admitted with denial of symptoms. Considering the outcome of this study, the researchers recommended among other things that there should be adequate number of nursing staff on duty with quick attention to patients' overt and covert complaints.

**Key words:** Incidence, psychiatry patient, attempted escape and successful escape

## I. INTRODUCTION

The striking difference between general and psychiatric patients is acceptance of symptoms and diagnosis. Escape is recurrent incident in psychiatric setting making management to declare facility insecure to relatives hence requiring signing of disclaimant form that if their relative escape due to un-reliance of available security measures, they should not be held liable.

Psychiatric patients are the kind of patients whose behavior does not conform to acceptance of others in the society. According to Townsend (2011), they are individuals who are

unable to make informed decision over their treatment, could cause harm to self or others, and could not perform basic roles necessary to provide personal needs to sustain health and safety. Desire to resolve above feature warrants family or corporate body to elect psychiatric treatment for the individual whereas he/she has no concern. Abscondment or escape is a sign of patient's refusal or rejection of offered treatment in a psychiatric setting. Gowda, Thamby, Basavaraju, Nataraja, Kumar and Math (2019) defined escape as a patient's absent from hospital for ever a period of 24 hours which he or she was meant to be under treatment and management of psychiatric disorder. It is also regarded as instances where a patient has chosen to leave the care environment and their whereabouts are unknown (Emmanuel, et al., 2017).

Exworthy and Wilson (2010) define patient escape as a situation where a patient leaves the hospital without informing staff. It can pose serious challenges to staff especially nurses who are the custodian of the patients and the hospital management who control the security apparatus of the hospital. Patients who leave the hospital without doctor's permission before completing courses of treatment may cause harm to themselves and others (Guru, Gowda, Abel, Vinay, Nataraja, Kuma&Bada, 2019). Kumar, Gowda, Kondapuram and Math (2016) suggested that patients escape causes additional cost to the hospital, patients and patients' relatives. Such cost includes police statement, phone calls and legal action by patient relatives. All escapees are opportunity takers and opportunity makers. They create a scene and then take advantage of the situation to escape.

In escape, three important reasons are considered: intent, legal and clinical. Intent refers to whether the patient has indicated to the caregivers that him or her dislikes management plan and wants to leave the ward. Legal status refers to whether the patient voluntarily accepts symptoms, diagnosis and hospital admission or not. If he/she was tricked or forcefully brought for admission there is likelihood of escape. Clinical status refers to both the level of risk the person poses to self or others as well as the person's ability to care for his/herself (Emmanuel, et al, 2017).

In United Kingdom, BBC Radio 4 reported on 9<sup>th</sup> September, 2008 about 116 psychiatric patients escaping from psychiatric units. In a retrospective study at India, a Chi-Square test

revealed 128 escapees with high significance among patients below 30 years, mainly males, from free voluntary boarders, and diagnosed with mania and schizophrenia. Cases were found to occur due to the type of wards, duration of their stay since admission, and their clinical status before the incident (John, Gangadhar&Channabasavanna, 1980). Moreover, Gowda et al. (2019) also report of several reasons for escape of 200 admissions from psychiatric open ward. In their study with descriptive statistical design to analyze demographic, clinical and coercion and outcome, result revealed absconding rate of 4.5 incidents per 100 admissions. Among the absconder were mostly males, admitted unwillingly, lack insight, diagnosed schizophrenic, mood disorder, co-morbid substance use disorder, and the patient observed being managed with high coercion.

In another study conducted by Taylor et al., (2013) to determine factors responsible for inpatients escape from psychiatric admission, it was found that male gender with diagnosis of psychoactive substance related disorder with past history of escape in treatment setting had 75% escape rate compared to 15% of male gender with other diagnosis and no past history of escape from treatment setting. The most common reasons identified by Gowda et al., (2018) in 210 absconding incident were treatment failure, family issues, alcohol/substance use, finances and influence of other patients, medication noncompliance and hallucinations. Raji (2017) also identify factors associated with absconding to include lack of operational definition of absconding, type of security measures, type of hospital care, presence of forensic patients, legal measures and multiple other factors. Escape is expected among the newly admitted without insight but seldom occurs with the stabilized and awaiting collection due to overstay or abandonment. Emmanuel, et al, (2017) observed incidents among patients with boredom, fear of other in-mates, poor privacy, poor recreational and leisure facilities, lack of confidence on the caregivers and segregation from friends and relatives.

Form the area of study, it is a recurrent event reported almost every month getting Caregivers accustomed till they declare the facility as 'tolerance of every type of behavior'

Escape can be successful and unsuccessful. The successful are patients who abscond from the ward and facility and make his way to any destination of his desire. He may be returned back for treatment or not depending on the concern and ability of family members. Unsuccessful escape occurs when patient made effort to run out of ward but prevented by Caregivers and Security officers. Same effort may also be prevented by high fence, iron protectors, secured ceiling and gate locks.

Management of escape in psychiatric nursing requires high sense of expertise and experience. It also involves organization of mental health team and emergency/incident response team. Ember (2017) said, escape prevention requires 24/7 guards, use of physical force as necessary by Nurses, their Assistants and Technicians on call, restraint to any escaping tendency,

detention in the 'quiet room' for continual resistant by patients, and use of sedatives as a last resort for stubborn patients.

Emmanuel, et al, (2017) suggested the following steps in managing and preventing escaping intent in mental health care: inquiring from the patient on how he/she should be addressed, supplying the necessary explanation of nurses' role and objective of assessment to reduce thoughts of uncertainty and anxiety, paying attention with empathy to understand patient's feeling, experiences and goals, considering patient's request and needs, ascertaining his/her strength and weakness, and creating effective nurse-patient relationships.

Prevention and management of escape described by many psychiatric nurses as the riskiest role for a nurse and might endanger a nurse' life. It involves direct and indirect observation of patient's activities, engagement and supply of necessary needs. The hospital management comes into play by providing needed facilities and equipments to ensure home away from home. It also requires strengthening of protectors, appropriate locking of windows and doors, repairs of dilapidated roof and ceilings and provision of enough caregivers on duty to be on the watch.

Stewart and Dowers (2013) suggested various ways to prevent inpatients from absconding, such ways include rule clarity, identification of potential escapee, locking of the ward door and strengthening of the security apparatus in the ward. Stewart et al., (2010) also identified some measures to prevent inpatients from absconding which include targeted nursing care time for those at high risk, dealing with home worries and treating patients' relatives' not as meddling interlopers but as members of the therapeutic milieu.

## II. STATEMENT OF PROBLEM

Patient's attempt to escape in psychiatric wards is very rampant and common that clinical staff consider it as routine. In any of the attempt other patients are encouraged to develop a desire. Effect of escape poses discredit to nursing service and ineffectiveness of hospital management. It's also associated with risk of suicide, homicide, falling prey into hands of criminals in the society, and prosecution (Guru et al., 2019). In most incidences it causes great lost and destruction to facilities, constructions and installations in the ward requiring Management extra cost to fix and repair damage items. Adverse impact befalls the duty nursing officer who may be unprepared and in-experience in attempt to restrain attempting patient.

A patient intending to escape may fight, wound or push down any staff hindering his ambition. In one incidence, two escaping patients stone a nurse to fall and lost consciousness while they ran out of the gate. In other effort to escape patient break ceilings, pull out protectors in windows and gates and spoil gate locks to have their way out of the ward. Some tricky patients who pretend to be stable deceive nursing staff to authorize them take fresh air outside, pick dried wears

from outside or fetch water within the hospital arena and thereafter ran away from their reach outside the gate.

Though Hospital Management through Maintenance Unit is proactive of sealing off every open route that may permit human body size for unauthorized movements, patients are apt to crack and bore patent space for their escape. Still to tighten security, Management employ more nurses, health assistants and Emergency Staff to be in readiness of attending to emerging fight and patient non-compliance, incidence still occur beyond their ability to curb. Based on above bedrock and rare data to researchers' knowledge, they are poised to conduct this study to ascertain the incidence of successful escape among patients among patients who attempted to abscond from Federal Neuro-Psychiatric Hospital, Calabar.

*Aim of the study*

The aim of the study is to ascertain the level and frequency of escape from 2016 over 2020

III. METHODOLOGY

Expostfacto research design is useful for the study. Population involves all escapees from the facility from January 2016 to July 2020 amounting to 136 incidents. Purposive sampling technique is used to study all cases who escape from all the wards/units in the facility. Data were collected from Ward Reports, Compound Reports, Incident Report Book in the wards and Compound office and eye witness reporters. A departmental Check list drawn by Research Committee was drawn for the study. Same was screened and approved by Nursing Administrators and Heads Units in the department. Descriptive analysis involving percentages, frequency counts and charts are useful in the study.

Summary of Escape for the Period

	Jan.	Feb.	Mar.	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total
2016	7	1	5	14	8	4	2	2	3	2	3	1	52
2017	2	3	2	1	16	3	4	3	6	1	0	0	41
2018	2	10	1	0	0	0	0	5	0	0	0	1	19
2019	1	0	0	2	4	2	0	2	0	0	3	1	15
2020	2	1	0	2	1	0	3	-	-	-	-	-	9

*Summary of Attempted and Successful Escape per Months*

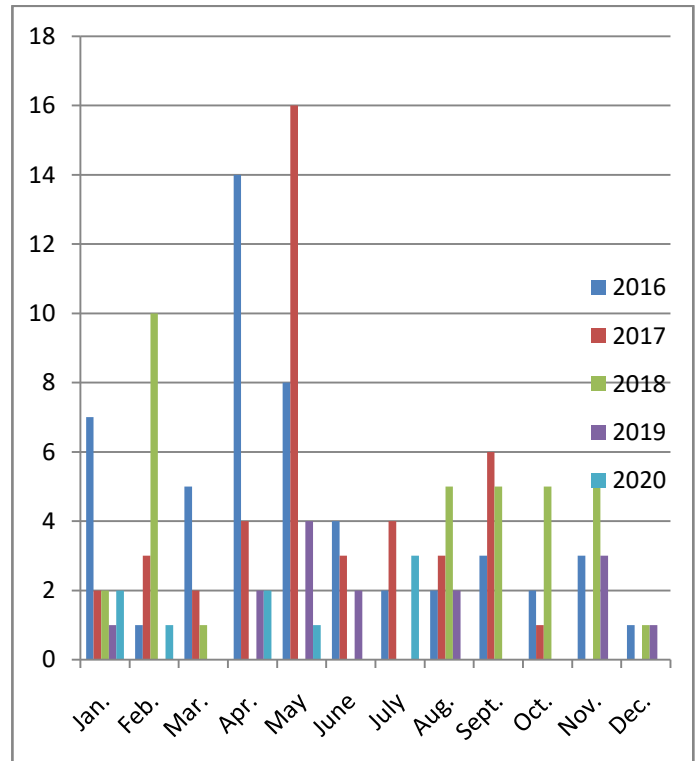
Year / Months	Successful	Unsuccessful	Total
2016 January	5	2	7
February	1	0	1
March	5	0	5
April	10	4	14
May	3	5	8
June	2	2	4
July	1	1	2
August	0	2	2
September	0	3	3
October	1	1	2
November	1	2	3
December	0	1	1
Total	29	23	52
2017 January	1	1	2
February	1	2	3
March	1	1	2
April	1	0	1
May	14	2	16
June	2	1	3

July	2	2	4
August	0	3	3
September	5	1	6
October	0	1	1
November	0	0	0
December	0	0	0
Total	27	14	41
2018 January	1	1	2
February	10	0	10
March	1	0	1
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	4	1	5
September	0	0	0
October	0	0	0
November	0	0	0
December	0	1	1
Total	16	3	19
2019 January	0	1	1
February	0	0	0

March	0	0	0
April	2	0	2
May	3	1	4
June	1	1	2
July	0	0	0
August	2	0	2
September	0	0	0
October	0	0	0
November	1	2	3
December	1	0	1
Total	10	5	15
2020 January	2	0	2
February	1	0	1
March	0	0	0
April	1	1	2
May	0	1	1
June	0	0	0
July	0	3	3
August	0	0	0
September			
October			
November			
December			
Total	4	5	9

2017	27	14	41
2018	16	3	19
2019	10	5	15
2020	4	5	9

Graphical Representation of Escape Incidents



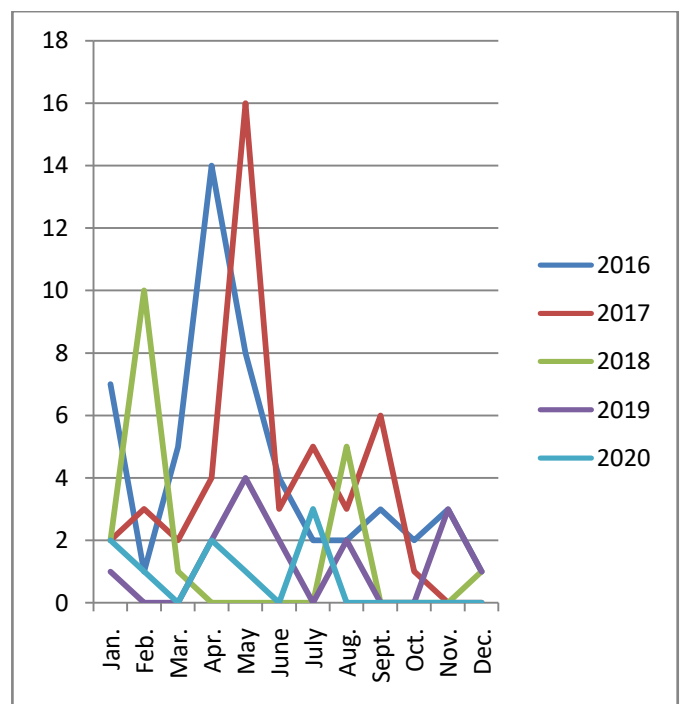
Comparison of Events in Bar Chart

Form above incidence, distribution among affected wards and units are as follows:

WARDS/UNITS	CASES	Successful	Unsuccessful
OPE	6	5	1
Ward 1	27	13	14
Ward 2	40	24	16
Ward 3	39	27	12
Ward 4	15	10	5
Ward 5	8	6	2
Ward 6	0	0	0
Ward 7	1	1	0
Total	136	86	50

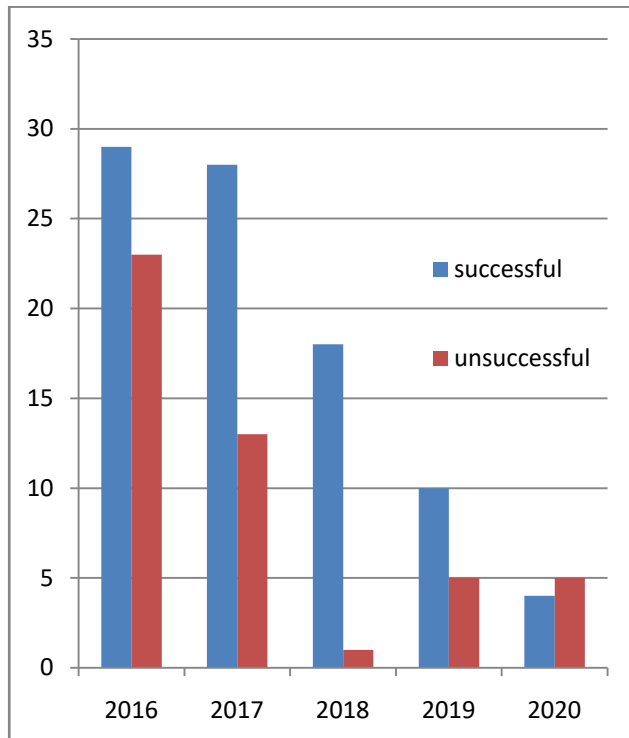
Comparison between Successful and Unsuccessful Escape

Years	Successful	Unsuccessful	Total
2016	29	23	52

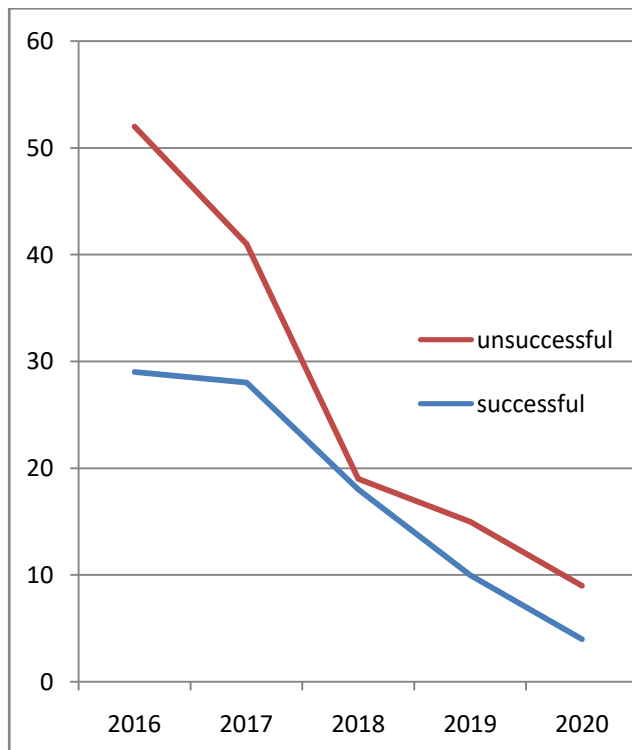


Comparison of Events in Lines

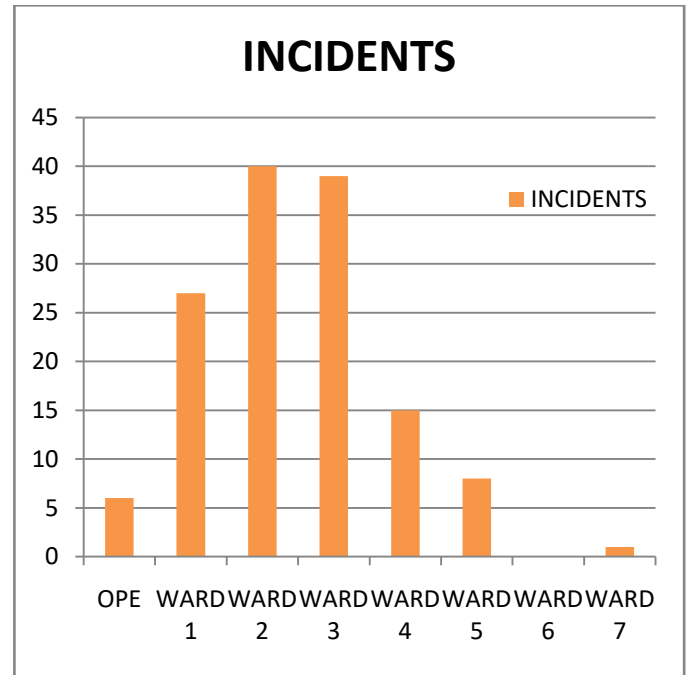
Representation of Successful and Unsuccessful Escape Grapic



Linear



Events of Escape in the Wards



IV. ANALYSIS

- Total escape within the period was *one hundred and thirty six (136) incidents*
- *Ward 2 and 3* records the highest incidents of escape at 40 and 39 respectively, followed by *Ward 1* with 27 incidents
- By gender high incidence occurs in male than female at 106 and 30 respectively, with diagnosis of Substance Abuse, Bipolar Affective Disorder and Schizophrenia.
- Highest frequency are observed among these forcefully admitted with denial of symptoms
- Among these *one hundred and thirty six (136)* cases eighty six (86) cases successfully got home not returned or later returned for continued management
- Other *fifty (50)* patients were unsuccessful being that they were caught and prevented from reaching home

V. RECOMMENDATIONS

From above result the following recommendations are suggested to further forestall incident of escape:

- ❖ Return of clinical staff from Covid-19 schedules to routine roistering
- ❖ Fixing of expanded security wire on the hospital wall fence especially at the back behind the ward 4 to discourage patients from jumping out in their effort to escape.
- ❖ Demarcation of Ward Three from Wards Two to prevent incessant de-escalation of aggression

- ❖ Resolution of union issues at primary level to prevent industrial actions
- ❖ Providing quick intervention to patients overt and covert complaints
- ❖ Providing enough nursing staff on duty

#### ACKNOWLEDGEMENT

I appreciate the following factors being responsible for low escape rate:

- Regular and constant water supply into every wards and units for use at all time of need
- Existence of therapeutic environment where the securities, emergency staff, health assistants and nurses work in collaboration at preventing escape, and also intercept and return attempted escape back to ward
- Compliance of management in approving and providing required facilities and construction to forestall patients escape
- Compliance of maintenance staff at installing required appliances in place and ceiling routes of patients escape at nurses' request

#### REFERENCE

- [1] Emanuel LL, Taylor L, Hain A, Combes JR, Hatlie MJ, Karsh B, Lau DT, Shalowitz J, Shaw T, & Walton M, (2017). Module 13b: Mental Health Care: Preventing and Responding to Absconding and Missing Patients. The Patient Safety Education Program–Canada (PSEP – Canada) Curriculum. [www.patientsafetyinstitute.ca](http://www.patientsafetyinstitute.ca), @ PSEPCanada@cpsi-icsp.ca
- [2] Exworthy, T. & Wilson, S. (2010). Escapes and absconds from secure psychiatric units. *European Journal of psychiatry*. 10 (6), 74-82, *Psychiatrist* 34(3):81-82, DOI: 10.1192/pb.bp.108.024372
- [3] Gowda, GS, Thamby, A., Basavaraju, V., Nataraja, R., Kumar, CN & Math, SB (2019). Prevalence and Clinical and Coercion characteristics of patients who abscond during inpatient care from psychiatric hospital. *Indian J Psychol Med*. 2019 Mar-Apr; 41(2): 144–149.doi: 10.4103/IJPSYM.IJPSYM\_188\_18, PMID: PMC6436412, PMID: 30983662
- [4] Guru, S., Gowda, GS., Abel, T., Vinay, BR., Nataraja, CN., Kuma, VM., &Bada, M (2019). Prevalence, clinic and coercion characteristics of patients who abscond during in-patients care from psychiatric hospital *intern j psycho med*.41 (2): 144-149
- [5] John, C J., Gangadhar, Bn. &Channabasavanna, SM (1980). Phenomenology of 'Escape' from a mental hospital in India. *Indian Journal of Psychiatry* 22(3):247-50, PubMed
- [6] kumar, CN; Gowda, GS; Kondapuram, N and Math, SB (2016). Patients escape from mental health hospital: A comparison of escaped patients during 2015 and 2016. *Nimhens J*. (7(2): 23-26
- [7] Raji, S. O (2017) prospective study of patients absconding from a psychiatric hospital in Iran. *Med. Glas Journal*. 105 (24), 1016-1019.
- [8] Stewart, D and Dowers, L. (2011): Absconding and locking ward doors'. Evidence from the literature. *Journal of psychiatric mental health nursing*. 18 (8), 89-93.
- [9] Stewart, D., Davis, B., Bowers, L., Jarret, M., Clark, N and Kiyimba, F. 2010. Absconding: why patients leave. *Journal of psychiatric mental health nursing* 12 (8) 199-205.
- [10] Taylor, L., Hain, S., Karsh, B.F. and Emmanuel, L (2013) Module 13b mental health care: preventing and responding to absconding and missing patients. The patient safety education programme. *Canadian health journal*. 6 (2), 72-79.
- [11] Townsend, MC (2011). *Psychiatric Mental Health Nursing*. 10<sup>th</sup> ed. Davis, FA 1915 Arch Street, Philadelphia PA 19103. Pp83-85 ISBN 10:0-8036-1451-9