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CHANGING PATTERNS OF ADMISSION IN A STATE MENTAL HOSPITAL

O. SOMASUNDARAM[1], M.B. B.S., D.P.M., M.R.C. Psych.
M. SURESH KUMAR[2], M.D., D.P.M.

SUMMARY

The patterns of admission in a State Mental Hospital during the past decade (Ist January 1973 to 31st December 1932) was studied. It was observed that voluntary admissions gradually increased whereas certified admissions declined over the decade. The certified cases from Madras City showed a decline in the recent years after some fluctuations and the certified cases from Districts of Tamil Nadu remained almost constant throughout the decade. The admissions from Madras City increased whereas the admissions from the Districts of Tamil Nadu showed a tendency to decline. The reasons for the above observations are discussed.

"Patients labouring under mental derangement should be removable to a public or private asylum as to a hospital for ordinary diseases, without certification; the power of signing certificates of lunacy should be withdrawn from magistrates" (Granville, 1877). The words of Dr. Granville who headed the fact-finding commission sponsared by Lancet are strikingly in harmony with the recommendations of the Royal Commission on Mental Illness and Mental Deficiency which provided the impetus for the 1959 Act and it envisaged that compulsion and detention would be unnecessary for the great majority of patients (Royal Commission, 1957). Voluntary admission to a Mental Hospital was first made possible by the Mental Treatment Act of 1930 in England and Wales (Martin and Rehin, 1969). The act of 1959 replaced voluntary with informal admissions—that is to say, admissions on the same legal and administrative basis as any medical or surgical hospital admission but retained certain compulsory powers mainly in connection with admission for observation. In U. K. the proportion of admissions under compulsory powers had declined considerably and by 1959 it was down to a mere 12 percent (Martin and Rehin, 1969). In U.S.A. after the advent of psychiatric drugs, the concept of open hospital became a reality and voluntary admissions increased (Brill, 1981). The state in our country is far from satisfactory. In many centres in India, compulsory admissions account for a good number of admissions even today. The reasons are many including the nature of the Indian Lunacy Act, 1912. Even the proposed Mental Health Bill is not absolutely satisfactory and a critical account of admission procedures is discussed elsewhere (Somasundaram, 1982). The importance of voluntary admissions in a Mental Hospital has been stressed already (Somasundaram *et al.*, 1982).

No systematic study on the admission patterns in a Mental Hospital is found in Indian literature. Hence the present investigation was carried out with the objective of studying the changing admission patterns in Institute of Mental Health, Madras during the past decade.

MATERIAL AND METHOD

The Government Mental Hospital (presently the Institute of Mental Health, at Madras is one of the oldest and largest

1. Formerly, Superintendent, Institute of Mental Health, Madras—600010.
2. Tutor in Psychiatry, Institute of Mental Health, Madras—600010.

in the country. The hospital has a comprehensive out-patient and in-patient care programme. The bed strength of the hospital has not changed appreciably over the past decade and the present bed strength stands at 1800. The hospital, fairly centrally placed and readily accessible by public transport draws patients from a wide catchment area; serves as a referral hospital as well as treats patients coming directly to seek help. Admissions are through voluntary means and certification procedures. The certified cases are from Madras City as well as from the Districts of Tamil Nadu. A small proportion of admissions is contributed by criminal patients.

The Medical Records Section in the hospital containing all the case files of the patients served as the source of statistics.

All admissions to Institute of Mental Health, Madras during the period 1st January 1973 to 31st December 1982 were reviewed with regard to mode of admission and place of residence.

RESULTS

Table—I shows the total number of admissions, total number and percentage of voluntary admissions and certified admissions during the years 1973-82. The total number and percentage of certified admission from Madras City, from districts of Tamil Nadu and other certified admissions are also shown in Table—I for the years 1973-82.

Figure—I shows that the total number of voluntary admissions increase gradually and certified admissions decline over the decade.

Figure—II indicates that certified admissions from Madras City show some fluctuations and decline, particularly after the year 1979. The certified admissions from the districts do not show much change over the decade and the number of admissions tend to remain almost constant.

Figures III shows that admissions from Madras City increase gradually over the decade, whereas the admissions from the Districts of Tamil Nadu have a

TABLE I

Year	Voluntary Admissions		Certified Cases from Madras		Certified Cases from Districts		Other Procedures		Total Certified Admissions		Total Admissions
	N	%	N	%	N	%	N	%	N	%	
1973	706	53.36	378	28.57	201	15.2	38	2.87	617	46.63	1323
1974	819	60.13	333	24.45	139	10.21	71	5.21	543	39.87	1362
1975	759	54.81	376	27.17	210	15.17	39	2.82	625	45.16	1384
1976	969	67.43	251	17.47	181	12.6	36	2.51	468	32.57	1437
1977	1043	61.86	288	17.91	211	13 12	66	4.1	565	35.14	1608
1978	1148	64 35	398	22.31	197	11.04	41	2.3	636	35.65	1784
1979	1254	66.42	421	22.3	168	8.9	45	2.38	634	33.58	1888
1980	1410	72.87	344	17.73	129	6.67	52	2.69	525	27.13	1935
1981	1361	75.23	271	14.98	130	7.19	47	2.6	448	24.77	1809
1982	1467	75.93	276	14.29	139	7.19	50	2.6	465	24.07	1932

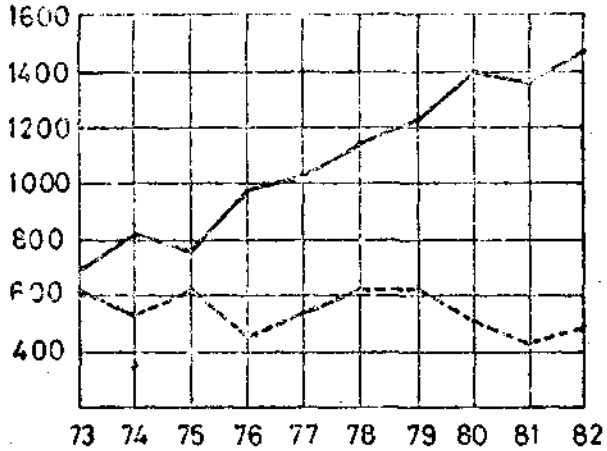

FIGURE-I

——— VOLUNTARY ADMISSIONS

– – – CERTIFIED ADMISSIONS

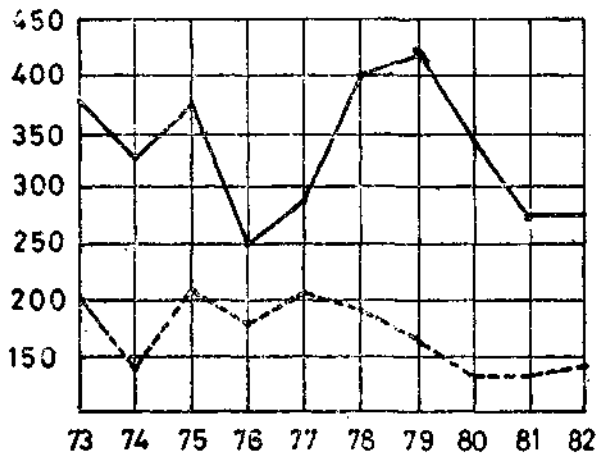

FIGURE-II

——— CERTIFIED CASES FROM MADRAS

– – – – CERTIFIED CASES FROM DISTRICTS

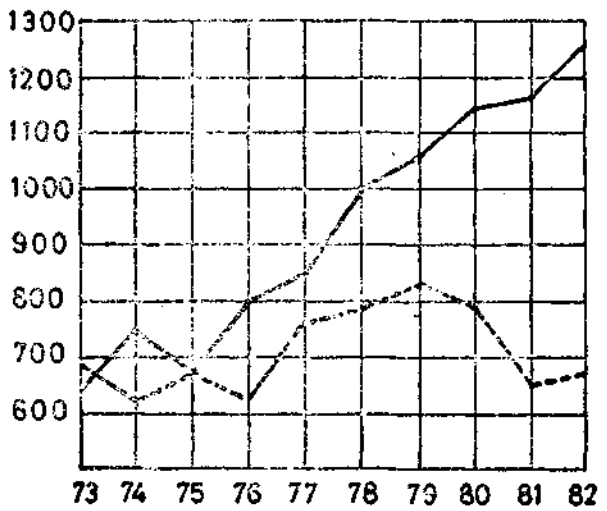

FIGURE-III

——— ADMISSIONS FROM MADRAS

– – – – ADMISSIONS FROM DISTRICTS

tendency to come down particularly after the year 1979.

DISCUSSION

The observation that in the Institute of Mental Health, Madras there is a gradual increase of voluntary admissions and a decline of certified admissions is in harmony with western trends. In U. K. the trend has been downwards for compulsory admissions. 18.3% of all admissions in 1964 involved the use of Section 25 or 29, followed by 17.2% in 1965, 16.6% in 1966 and in 1967, 15.1% (Martin and Rehin, 1969). In 1971, 84% of the total admissions to British Hospitals were informally admitted (Department of Health and Social Security, 1972). Glenside Hospital population surveys during 1960-80 show that the percentage of people detained under all sections of Mental Health Act 1959 in 1960—5%; 64·6%; 70·6%; 75·2% and in 1980—4% (Early and Nicholas, 1981). The rate of involuntary hospitalisation in Israel's Mental Hospital is relatively low and is about 25% of all admissions (Aviram, 1981). Though more than 90% of the newly admitted patients to California Mental Hospitals in the late 1940's were involuntarily committed (Hume, 1957), after the enactment of Lanterman Petris Short Act in California involuntary commitments reduced (Segal and Aviram, 1978).

The admission pattern reflects the administrative policy of the hospital. Voluntary admissions received momentum in Madras in the early 1940s by the efforts of Dr. Thairiam, the then Superintendent (Subramaniam, 1971). Of late the policy has been such that nothing shall prevent a patient who requires treatment for a mental disorder from being admitted to the hospital informally. The increase in voluntary admissions may also be due to increased public awareness about mental illness and management.

The reasons for the decline in the certified admissions are many. With active co-operation from the police administration we made it possible to reduce the certified admissions. During the admission discharge committee meetings, the higher officials including the Commissioner of Police were appraised of the importance of reducing the certified cases. The Psychiatric Social Workers held educative discussions with the police officers in many police stations and they were requested to exercise their powers only when the person is violent and of imminent danger to himself or others or gravely disabled or totally neglected. The police officers were also requested to bring persons who are already being treated in our hospital to the out-patient department for further management and advise. Again, people behaving abnormally and or violently under the influence of alcohol or ganja were requested to be brought to the out-patient services for treatment than as certified cases.

It is to be noted that whereas the certified cases from districts tend to remain almost constant or in fact decline of late, the certified cases from Madras City show fluctuations. The fluctuations may possibly be attributed to the floating population and the 'wandering lunatics' from other neighbouring places.

In spite of the effort, compulsory admissions form about 24% of all admissions in 1982 and it should concern us. Even though the compulsory admissions form only a small percentage in U.K. it has been criticised and it is proposed that formal admission to hospital be based only upon behavioural criteria of dangerousness and or grave disablement (Gostin, 1975). Mental Health (Amendment) Bill is concerned with the small number patients—some 19,000 admissions a year out of 2,00,000 who had to be

detained (BMJ, 1982).

That the admissions from outside the city are declining could well mean that people are beginning to utilise the Psychiatric Services in District General Hospitals headed by Psychiatrists who have graduated and taken over from 1974 onwards.

It is to be appreciated that compulsory admissions are coming down in our hospital, inspite of the nature of the existing law relating to mental health. 1982 Mental Health Act of Britain envisages least restrictive alternative : compulsory admission must be the last course of action taken (Gostin and Bingley, 1983). We hope to achieve a stage where compulsory admissions are avoided whereever possible. These changes will probably result in larger numbers being discharged into the community and emphasize the need for aftercare. The Mental Hospitals should obviously be in liaison with Psychiatric Services in District General Hospitals and local social welfare organisations.

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