



Review Article

ISSN : 2277-3657
CODEN(USA) : IJPRPM

Investigating the Prevalence and Causes of Escape in Mental Patients

Veronica Ciocan¹, Manuela Dora Gyorgy^{2*}, Daniela Margareta Varga³, Felicia Marc³, Florica Voită-Mekeres³

¹Department of Forensic Medicine, University of Medicine and Pharmacy "Victor Babes" Timisoara, Romania.

²Department of Psychology, Dimitrie Cantemir University of Targu Mures, Romania.

³Faculty of Medicine and Pharmacy, University of Oradea, Oradea, Romania.

*Email: gyorgy.manuela@gmail.com

ABSTRACT

This study summarizes and evaluates the articles that have been done in the field of mental patient escape to provide a clearer picture of the prevalence, causes, and factors of escape. Electronic resources were searched in the period from 2008 to 2023. A combination of Abscond of mental patient, Abscond of mentally ill, Abscond, Escape of mental patient, and Escape was used to search electronic resources. The results of this review study showed that the highest number of escapes from the hospital are in Australia, England, America, India, and Ireland, respectively. A rate of over 25% absconding has been reported in forensic psychiatry in South Africa. Also, young male patients, single, addicts, people diagnosed with bipolar mood disorder, depression, and schizophrenia and patients who have not been admitted for a long time showed more desire to run away. A review of the conducted studies showed that the prevalence of absconding occurred in which countries, in which age group, with which disease, and which gender. According to the results of the research, it is possible to identify the patients at risk of escaping by taking into account the characteristics of hospitalized patients and preventing them from escaping by monitoring them and taking special measures. Encouraging families to visit and support their patients, reducing the feeling of limitation and deprivation in patients, can help reduce the rate of absconding. The results of this research can be used in planning and designing appropriate measures to prevent mental patients from escaping.

Key words: *Escape, Mental patients, Abscond of mental patient, Abscond*

INTRODUCTION

Mental illnesses have existed since the beginning of mankind, and no person is completely immune to them, and this is a danger that threatens mankind regularly [1]. Providing continuous care and support to patients with mental illnesses is challenging. Mental patients overshadow the social functioning of themselves and their families from the social and educational aspects. One of the important factors in supporting these patients is preventing them from escaping [2, 3]. Escape is an important health and security concern, which causes unfortunate consequences for patients and their families, health professionals, and society, and increases the responsibility and workload of hospital personnel and the executive director to return the patient to the hospital [1, 4].

Escaping includes any case of leaving the hospital without permission or not returning from leave at the agreed time and leaving the hospital against medical advice [5]. Patients who leave the hospital without the permission and order of the doctor and before the treatment is completed may harm themselves and others [6-8]. Runaway patients are at greater risk of self-harm, violence, non-adherence, relapse, drug use, and negative media attention [5, 9-11]. Escaping can potentially lead to risks to the patient himself, public safety, legal and legal consequences.

Absconding can also lead to missing the treatment program, which leads to a longer rehabilitation period and as a result, consumes more resources and costs and expends more energy [1, 6, 12]. Also, from a legal point of view, it can create responsibility for the hospital and harm the image of the hospital and the health system [13, 14], one of the important consequences after escaping is suicide. Suicide in hospitalized patients and escape from hospitalized patients at risk are important challenges for all medical fields, especially psychiatry [15-18].

Suicide is highly correlated with mental illness. Old studies show that about 10% of schizophrenic patients die by suicide. Recent analyses estimate this figure at around 5%. Paranoid phenomena are also related to suicide. Fear and anxiety are associated with an increased risk of suicide. People with schizophrenia and panic attacks are five times more likely to commit suicide than people with panic attacks without schizophrenia. Furthermore, when schizophrenia is accompanied by panic attacks, patients have significantly more paranoid symptoms. Disappointment of mind or mental suffering leads to suicide. The effects of unbearable guilt, humiliation, self-loathing, desolation in abandonment, loneliness, overwhelming anxiety, and hopelessness have all been associated with suicide [19-21]. Suicide prevention by mental health services requires awareness of suicide antecedents among high-risk groups such as psychiatric patients. The findings of studies have confirmed that a significant part of patient suicides happen after escaping from the ward. Any patient suicide can reflect the quality of service. Necessary measures to prevent suicide in patients may include regular risk assessment during recovery and before granting leave, adequate monitoring of patients, staff training programs in the field of risk management, and improving staff communication [22].

Patient absconding depends on various factors such as the hospital environment and the type of illness, and the rate of absconding from mental hospitals is higher than other hospitals [6, 23-25]. Patients run away to find peace and regain strength and control over their lives [26, 27]. The rate of absconding in mental health departments differs from 25 to 34% of admissions in general hospitals. Some of the reasons for patient absconding include the following: impatience and boredom, lack of appointments, communication problems, irritability, peer influence, active symptoms such as command hallucinations, trying to obtain drugs, dislike of staff, and dissatisfaction with the ward or hospital food, the feeling of not accepting them, the feeling of restriction and deprivation from leaving or being released, the feeling of fear, separation, homesickness, worry for the family, family responsibilities, lack of privacy, delay in examinations and treatment, defects in the treatment process, expenses Treatment and lack of insurance coverage, lack of insight or correct understanding of the patient or his family about the disease and the complications and consequences of non-treatment, stressful factors, feeling confined in prison, feeling insecure, and doing household responsibilities [5, 28].

Considering the importance of patient absconding, the purpose of this study is to summarize and evaluate the articles that have been done in the field of mental patient absconding to provide a clearer picture of the prevalence, causes, and factors of absconding.

MATERIALS AND METHODS

Electronic resources were searched in the Scopus, Science Direct, ISI Web of Science, Google Scholar, and PubMed databases in the period from 2008 to 2023. A combination of Abscond of mental patient, Abscond of mentally ill, Abscond, Escape of mental patient, and Escape was used to search electronic resources. The article selection process was done in order and based on the protocol. First, the mentioned title was searched in the databases, then the articles were reviewed according to the study criteria. The criteria for inclusion in the study included: all articles related to the escape of mental patients in the period from 2008 to 2023 and at least one diagnosis of a mental illness, and the exclusion criteria included articles that had incomplete information.

After completing the above steps, the articles that covered the criteria of the rate of escape of mental patients and the factors affecting the escape of mental patients were included in the study.

RESULTS AND DISCUSSION

A mental disorder is a clinically significant psychological or behavioral syndrome or pattern associated with distress or disability. The person does not show a consistent, predictable response to specific events, and the person's relationship with society is limited [1]. Running away is a potentially dangerous phenomenon for all stakeholders in mental health and society [2, 29].

A patient is considered an absconder when he leaves the ward unexpectedly and before the treatment is completed, without notifying the clinical staff [15]. Patient absconding from the hospital is an important healthcare issue with economic, social, and health costs. Runaway patients from the mental hospital are examined in terms of etiology

and major social and economic consequences. According to Gowda's study in 2019, the best definition of escape is enjoying life without permission from the hospital or not returning from leave [9, 30]. A better understanding of the factors that influence patients to abscond can reduce the number of these events [31, 32]. This can increase the continuity of care for patients and increase the trust of families and society towards hospital protocols for safe treatment [33].

Escaping causes fear and uncertainty and makes psychiatric services look negative [34]. Incidents after the escape can also cause distress and anxiety to relatives and staff, can lead to the deterioration of relations between staff and relatives of patients, divert nurses from other responsibilities, and cause feelings of guilt, hopelessness, lack of success, and fear of safety. Career, self-blame, and fear of punishment by the hospital become in nurses. The rate of escape is higher on weekends when changing shifts, and in the evening and night hours, because there is the least control over patients during those hours. Leaving the hospital may be easier during the day because at that time more people move or visit almost every hospital [13]. Measures such as establishing consistent therapeutic relationships with patients, patient-centered care, using minimum mandatory punishments, minimizing restrictive environments, and training nurses and families regarding the consequences of running away and more monitoring of patients at risk, can reduce The escape rate of patients should be effective. Relatives of patients should be aware of their essential role in bringing patients back. Nursing staff and social workers play an essential role in this psychological education. Such an approach not only helps to reduce absconding but also improves the overall quality of patient care and reduces medical and legal issues as well [27].

Consequences of running away include physical injuries, prolonged treatment duration and discontinuation, high treatment costs, self-neglect, exposure to violence, aggression and irritability, homicide, loss of communication and self-confidence, suicide, and sexual abuse [35]. Nursing staff and social workers play an essential role in this psychological education [32]. In another study, the most important reasons for fleeing from Yemen included the following: treatment failure (50 percent), family problems (17 percent), alcohol addiction (12 percent), being influenced by other patients (8 percent), and Economic problems were (4 percent) [35, 36]. The existence of hospital wards whose entry and exit are uncontrolled or have so-called open doors is also one of the factors of escape [37].

Consequences of running away include physical injuries, prolonged treatment duration and discontinuation, high treatment costs, self-neglect, exposure to violence, aggression and irritability, homicide, loss of communication and self-confidence, and suicide [35]. In the study of Ajalli *et al.* 21.5% of people aged 15 and above in urban areas of Tehran had mental disorders [38]. Previous studies have shown that running away is more common among men (5.94%), single people (58.9%), and patients with schizophrenia (41.9%) [39, 40].

Also, the escape rate from the emergency department is higher than that from inpatient departments [41]. The highest number of hospital escapes is in Australia with 20.82, England with an average of 16.45, America with 8.62, India 5.58, and Ireland or 4.28 people per 100 hospital admissions. A rate of more than 25% absconding has been reported in forensic psychiatry in South Africa [42, 43]. In a study in a hospital in Tehran, the escape rate was reported as 2.4% [44]. In the study of Memarian and colleagues in Tehran Hospital, the escape rate was 1% and in a study in Shiraz, this rate was reported as 5%. A study in Hong Kong also mentioned the absconding rate of patients at about 0.3% [45, 46]. The escape rate among male patients is 64-94%; also, in another study in Hong Kong, 84% of absconding patients were men. The average age of absconding patients in this study was about 31 years, and similar results have been obtained in different studies [38, 47]. In Khammarnia study, a significant relationship between the rate of escape and the place of residence has been obtained. It seems that the lack of accommodation facilities outside the hospital for non-native patients is one of the reasons for the low prevalence of this behavior among this group [40]. In Verma's study in 2020, it was found that the highest rate of escape happened in the early morning and at night, and the patients were from the young age group and had schizophrenia [33].

Considering the high prevalence of escape and its consequences, it is necessary to reduce this occurrence by making correct decisions and plans.

CONCLUSION

In this study, the prevalence of escape in mental patients was shown, and the dangers that threaten them after escape were investigated. The results of this review study showed that the highest number of escapes from the hospital are in Australia, England, America, India, and Ireland, respectively. A rate of over 25% absconding has been reported in forensic psychiatry in South Africa. Also, young male patients, single, addicts, people diagnosed with bipolar mood disorder, depression, and schizophrenia and patients who have not been admitted for a long

time showed more desire to run away. A review of the conducted studies showed that the prevalence of absconding occurred in which countries, in which age group, with which disease, and which gender. This study has some limitations. Our search was limited to the contents of only a few databases, so we may have missed publications that were not indexed in these databases. At the same time, the search was conducted only in the English language, which can prevent the achievement of all the studies conducted in the field of the prevalence and reasons for the escape of psychotic patients.

According to the results of the research, it is possible to identify the patients at risk of escaping by taking into account the characteristics of hospitalized patients and preventing them from escaping by monitoring them and taking special measures. Encouraging families to visit and support their patients, reducing the feeling of limitation and deprivation in patients, can help reduce the rate of absconding. The results of this research can be used in planning and designing appropriate measures to prevent mental patients from escaping.

ACKNOWLEDGMENTS : None

CONFLICT OF INTEREST : None

FINANCIAL SUPPORT : None

ETHICS STATEMENT : None

REFERENCES

1. Bailey J, Page B, Ndimande N, Connell J, Vincent C. Absconding: Reducing failure to return in adult mental health wards. *BMJ Qual Improv Rep.* 2016; 5(1):u209837-w5117.
2. Saberi SM. Initiatives to create a protected psychiatric hospital in Iran look to clause 2 of article 150 of the Islamic penal law. *Iran J Forensic Med.* 2014;20(4 and 1):409-16.
3. Mezey G, Durkin C, Dodge L, White S. Never? Characteristics, outcomes, and motivations of patients who abscond or escape: A 5-year review of escapes and absconds from two medium and low secure forensic units. *Crim Behav Ment Health.* 2015;25(5):440-50.
4. Cabarkapa S, Sadhu R, King J, Dowling N, Radhakrishnan R, Akinbiyi A, et al. Profiling absconders from public and private inpatient psychiatric units: A comparative analysis. *Psychiatr Q.* 2020;91(2):299-307.
5. Meehan T, Mansfield Y, Stedman T. Development of a checklist to aid in the assessment of failure to return from approved leave by acute inpatients. *Int J Ment Health Nurs.* 2019;28(4):989-96.
6. Arbee F, Subramaney U. Absconding from a psychiatric hospital in Johannesburg, South Africa: Are we seeing a decrease since the implementation of the Mental Healthcare Act? *S Afr J Psychiatry.* 2019;25(1):1338.
7. Zarei E, Marzban S, Rajaei R, Najafi M. Patient absconding from the emergency department and its financial burden: A study in a large public hospital, Tehran. *J Health Feild.* 2015;3:1-6.
8. Davidescu L, Chanez P, Ursol G, Korzh O, Deshmukh V, Kuryk L, et al. Late breaking abstract – masitinib in severe asthma: Results from a randomized, phase 3 trial. *Eur Respir J.* 2020;56(64):4612.
9. Gowda GS, Thamby A, Basavaraju V, Nataraja R, Kumar CN, Math SB. Prevalence and clinical and coercion characteristics of patients who abscond during inpatient care from psychiatric hospital. *Indian J Psychol Med.* 2019;41(2):144-9.
10. Kianimoghdam AS, Arani AM, Mohraz M, Bakhtiari M, Manshadi SAD, Alinaghi SAS, et al. Psychometric properties of the Persian version of patient health questionnaire (phq-9) in Iranian HIV-infected patients. *J Organ Behav Res.* 2021;6(2):46-57.
11. Bowers L, James K, Quirk A, Simpson A, Stewart D, Hodsoll J. Reducing conflict and containment rates on acute psychiatric wards: The Safewards cluster randomized controlled trial. *Int J Nurs Stud.* 2015;52(9):1412-22.
12. Omer AE, Muddathir AR, Eltayeb LB. Measurement of fibrin degradation products (FDPs) among patients with cardiovascular diseases: A significant target for prognosis. *J Biochem Technol.* 2021;12(4):23-8.
13. Alharthi SS, Altalhi HH, Alzahrani AS. Validation and psychometric evaluation of the Arabic version of the prejudice towards people with mental illness (PPMI) scale. *Arch Pharm Pract.* 2021;12(1):44-9.
14. Gerace A, Oster C, Mosel K, O’Kane D, Ash D, Muir-Cochrane E. Five-year review of absconding in three acute psychiatric inpatient wards in Australia. *Int J Ment Health Nurs.* 2015;24(1):28-37.

15. Cullen AE, Jewell A, Tully J, Coghlan S, Dean K, Fahy T. A prospective cohort study of absconion incidents in forensic psychiatric settings: can we identify those at high risk? *PloS one*. 2015;10(9):e0138819.
16. Mekereş F, Voiță GF, Mekereş GM, Bodog FD. Psychosocial impact of scars in evaluation of aesthetic prejudice. *Rom J Leg Med*. 2017;25:435-8.
17. Komov M, Panko J, Spector A, Stepanyan T, Tumanov E. The Aaeu potential and the interests of member-states in cooperation to ensure sustainable foreign economic strategies. *J Organ Behav Res*. 2021;6(1):166-72.
18. Hoang TTV, Nguyen TH, Nguyen TTT, Hoang LPT, Ho TTT, Nguyen THT, et al. Research factors affecting students' academic results in learning project subjects oriented CDIO in vinh university. *J Organ Behav Res*. 2022;7(1):14-28. doi:10.51847/SntPtYuASo
19. Yıldırım S, Yılmaz C. Triplet or doublet chemotherapy regimens in metastatic gastric cancer. *Clin Cancer Investig J*. 2022;11(3):41-5. doi:10.51847/rpfscAinS5
20. Huber CG, Schneeberger AR, Kowalinski E, Fröhlich D, von Felten S, Walter M, et al. Suicide risk and absconding in psychiatric hospitals with and without open door policies: A 15 year, observational study. *Lancet Psychiatry*. 2016;3(9):842-9.
21. Imanova SS. Comparative study of surgical treatment with abdominal and perineal approaches in patients with rectal prolapse. *J Biochem Technol*. 2022;13(4):35-9.
22. Goldblatt MJ, Ronningstam E, Schechter M, Herbstman B, Maltzberger JT. Suicide as escape from psychotic panic. *Bull Menn Clin*. 2016;80(2):131-45.
23. Bibi N, Wara B, Morrissey H, Ball P. Impact of mental ill health on medication adherence behaviour in patients diagnosed with type 2 diabetes. *Arch Pharm Pract*. 2021;12(4):6-16.
24. Hunt IM, Windfuhr K, Swinson N, Shaw J, Appleby L, Kapur N. Suicide amongst psychiatric in-patients who abscond from the ward: A national clinical survey. *BMC Psychiatry*. 2010;10(1):1-6.
25. Patil S, Patil D, Gondhali G. Adenocarcinoma lung diagnosed as a 'synchronous primary double malignancy' in treated case of carcinoma of breast: Case report. *Clin Cancer Investig J*. 2022;11(2):21-5. doi:10.51847/iZpfn8bve2
26. Latysheva N, Ovchinnikov A, Okhotnikov I, Shvedov L, Vashkova N. Organizational behavior of entities engaged in the Aaeu foreign economic activity. *J Organ Behav Res*. 2021;6(1):1-5.
27. Kasmi Y, Duggan C, Völlm B. A comparison of long-term medium secure patients within NHS and private and charitable sector units in England. *Crim Behav Ment Health*. 2020;30(1):38-49.
28. Albrahim HA, Alnabulsi AK, Assiry MM, Aloqbi MM, Abdel-Alim HM, Al-Sebaei MO, et al. Confidence of dental post-graduates and general practitioners on performing surgical tooth extraction. *Ann Dent Spec*. 2022;10(4):101-8. doi:10.51847/PAPfyfTevC
29. Ruin VA, Kistina AA, Prytkov YN. Use of the bioprimum sukhoy feed additive in cow feeding. *J Biochem Technol*. 2022;13(1):41-4. doi:10.51847/pAjB6Szo9z
30. Postol OL, Shchadilova IS. Using neuro-stimulating physical exercises to restore cognitive functions in the correction of the post-COVID Syndrome. *J Biochem Technol*. 2022;13(3):26-31. doi:10.51847/ugVSTNJDMP
31. Taha MS, Elbasheir ME, Abakar MA, Ibrahim E, Abdallah MM, Omer AE, et al. The impact of COVID-19 on blood coagulation profile among sudanese hospitalized adult patients. *J Biochem Technol*. 2022;13(3):67-70.
32. Powers RA, Kaukinen C, Khachatryan N. Risk factors for absconding among adult parolees in colorado. *Int J Offender Ther Comp Criminol*. 2018;62(14):4622-41.
33. Verma DK, Khanra S, Goyal N, Das B, Khess CRJ, Munda SK, et al. Absconding during inpatient care from a tertiary psychiatric hospital: A comparative study. *Indian J Psychol Med*. 2020;42(5):456-63.
34. Shamsaei F, Mahmoodi Z, Cheraghi F, Haghighi M. The relationship between social support and general health in family caregivers of patients with mental illnesses. *J Nurs Educ*. 2017;5(1):40-6.
35. Martin K, McGeown M, Whitehouse M, Stanyon W. Who's going to leave? An examination of absconding events by forensic inpatients in a psychiatric hospital. *J Forens Psychiatry Psychol*. 2018;29(5):810-23.
36. Pop GN, Bodog FD, Christodorescu R, Voita-Mekeres F, Tudoran C, Tudoran M, et al. Psychosocial factors and patterns of alcohol consumption in young adults from Western Romania. *Rom J Leg Med*. 2020;28:269-77.
37. Voss I. Containment is not the cure: Least restrictive approaches to the management of absconding. *J Psychiatr Ment Health Nurs*. 2019;26(9-10):287-8.

38. Ajalli A, Khodae M, Goodarzi M, Tamizi Z, Dibae M. Assessment of the relationship between characteristics of psychiatric patients escaping from Razi Psychiatric Hospital. *J Nurs Educ.* 2015;2(4):59-67.
39. Alqahtani NM, Alqahtani AMM, Alqahtani HMS, Jathmi AYJ, Alqahtani BMS, Alshehri AA, et al. physicians' knowledge and practice of nutrition education in health care centers of Saudi Arabia: Systematic review. *Arch Pharm Pract.* 2022;13(4):30-4. doi:10.51847/nHisQ9DMhY
40. Khammarnia M, Kavosi Z, Karimi Jaberi Z, Shirvani M, Sadeghi A. Investigation of the rate of patients' escape from a general hospital in Shiraz, Iran. *Sadra Med Sci J.* 2014;2(1):65-73.
41. Reddy KR, Kumar GS, Vijayalakshmi D. A study on reasons for absconds from inpatient ward in government hospital for mental care visakhapatnam. *IOSR J Dent Med Sci.* 2015;14(2):12-4.
42. Andoh B. The mental health acts 1983 and 2007 and the offender-patient who absconds from hospital. *Med Sci Law.* 2017;57(4):205-10.
43. Coroi MC, Bakraoui A, Sala C, Țica O, Țica OA, Jurcă MC, et al. Choroidal melanoma, unfavorable prognostic factors. Case report and review of literature. *Roman J Morphol Embryol.* 2019;60(2):673-8.
44. Hunt IM, Clements C, Saini P, Rahman MS, Shaw J, Appleby L, et al. Suicide after absconding from inpatient care in England: An exploration of mental health professionals' experiences. *J Ment Health.* 2016;25(3):245-53.
45. Grotto J, Gerace A, O'Kane D, Simpson A, Oster C, Muir-Cochrane E. Risk assessment and absconding: Perceptions, understandings, and responses of mental health nurses. *J Clin Nurs.* 2015;24(5-6):855-65.
46. Filfilan NNA, Alhibshi AH, Khan MA, Alsukhayri DA, Alzhrani AJ. Measuring the factors influencing the acceptance of COVID-19 vaccines in the western region of Saudi Arabia. *Arch Pharm Pract.* 2022;13(4):11-6. doi:10.51847/NPwBdT5ENR
47. Holhoş LB, Coroi MC, Lazăr L. Observations on refractive status and risk factors for visual impairment in children with disabilities. *Medicina.* 2021;57(5):403.