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The appropriateness of certification of patients to Sterkfontein hospital .

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CHAPTER ONE

1. INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Sections 9 and 12 of the South African Mental Health Act 18 of 1973, as amended, defines standards and procedures related to the involuntary commitment of mentally ill persons to mental institutions or care and rehabilitation centres. Section 14 of this Act provides for police apprehension and detention of mentally ill persons who pose a danger to themselves or others. (Apprehension and detention must immediately be reported to a magistrate in the magisterial district where the person/s live.) Police officers, moreover, are required to apply for a reception order if they have reason to believe that a person, though not wandering about, is mentally ill, neglected and not receiving proper supervision and care, or if the mentally ill person is unable to care for himself or herself and is wandering at large. The Act also provides for the imposition of penalties for offences arising from violation of these standards and procedures or from neglect or inappropriate treatment of patients in mental institutions or care and rehabilitation centres (1).

The standards and procedures for civil commitment laid down in this Act are broad enough to cater for different categories of mentally ill people. They cover those in need of treatment and care, those who pose a danger to themselves or others and those who are seriously disabled and unable to care for themselves. On paper these provisions would seem straightforward but in day to day practice with real patients, real families and real crises, clinicians are faced with a number of

challenges. One such challenge is the appropriateness of certification of mentally ill persons committed to psychiatric hospitals.

It is not uncommon, especially in state psychiatric hospitals, to find clinicians who may regard certain categories of patients as having been, for various reasons, inappropriately certified. The causes of this are unclear but reasonable speculation can be made about them. The clinician at the receiving psychiatric hospital may feel that though a person may have a mental illness, he or she may not be ill to a degree that justifies certification and could be treated adequately in a general hospital or another facility. Another possible view is that the patient might not benefit in the institution to which he or she has been referred, because it cannot provide the appropriate service; for example, it may not offer a drug rehabilitation programme. It might also be considered that a patient of a certain diagnostic category, such as one suffering mental retardation and dementia, because of his/her vulnerability may receive more benefit if treated appropriately in a care and rehabilitation centre instead of in a psychiatric hospital.

Sometimes, to avoid a contempt of court allegation because a reception order for detention has been issued, a clinician at the receiving institution may admit a patient even though of the clear opinion that the patient is stable and not ill. Another possibility is reluctance on the part of the receiving clinician to contradict colleagues at the referring institution and fear of possible legal liability if the person is not admitted and is subsequently involved in a tragic event. In institutions with limited resources, including bed capacity, clinicians may be more stringent in

applying their admission criteria and may be biased towards admitting severely ill and dangerous patients.

Clinicians at a referring facility, on the other hand, may be experiencing problems of their own. Families and escorts of a mentally ill person may provide inaccurate information about him or her. When the patient is said to have acted dangerously or threatened people, the clinician concerned, having no opportunity to verify the facts in a casualty situation, may end up certifying the person on the basis of the dramatic nature in which his or her alleged abnormal behaviour is described. The clinician's decision may also be influenced by fear of legal liability should the patient not be committed and subsequently endanger himself or others. In some instances administrative and resource-related factors may contribute to inappropriate certification. These could include factors such as the availability of beds or the availability of personnel and their competency in dealing with mental ill people. In these situations other staff members, who feel that they cannot cope with the patient, may pressure a clinician into certifying the person.

This study was undertaken to establish the number of patients regarded as inappropriately certified and admitted to Sterkfontein Psychiatric Hospital over one month during 2003. The clinical and demographic characteristics of this group of patients were investigated. Its impact on hospital resources was assessed and commitment standards were compared.