"A STUDY OF THE ATTITUDE OF NEWLY HOSPITALISED MENTAL PATIENTS TOWARDS THEIR HOSPITALISATION AND HOMES."

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In the recent years, psychiatric literature has reflected the keen interest of researchers in identifying various aspects of hospitalization. There is no dearth of studies on the long-stay mental patients, the adjustment of ex-mental patients in the community, factors contributing to hospitalisation etc., though, Indian psychiatric literature feels this gap acutely. The researchers' main concern has been to delineate those socio-psychological factors associated with hospitalisation which affect the therapeutic efforts of the hospital positively or negatively. And here it is worth pointing out that exploration into the experiences of newly admitted psychiatric patients and its possible overall effects on their treatment has remained almost neglected, more so in Indian psychiatric field.

Szasz (1963) has taken the position that forced hospitalisation is antithetical to treatment. Much of resistance to treatment efforts may be traced to doctor–patient disagreement regarding the patient's sick role (Sobel and Ingalls—1964) which is largely influenced by his attitude to hospitalisation, his image of and experience with the hospital. The more the patient rejects hospitalisation, the more bigger management problem he poses to the staff of the hospital. And this is more likely to occur when we know that a newly hospitalised patient feels bewildered amongst the psychiatric patients of various types. He hardly finds any similarity between the wards of this and that of a general hospital. He is anxious to quit the hospital as quickly as possible. He does not know how to live into this "new world". And only for these reasons, the skills of psychiatric social workers have been widely used in mental hospitals to help such patients in adjusting to and cooperating with the treatment efforts of the hospitals.

And certain studies (Brady et. al. 1959, Reznikoff et. al. 1960) have shown that the attitude of the newly admitted patients towards hospitalisation, and their worries about home, etc., in the first weeks of their stay, set their mode of adaptation to and cooperation with the hospital staff in their treatment efforts. And this mode, reinforced by the hospital environment, remains almost unchanged throughout their stay and ultimately affects the recovery process of the patient.

In view of these facts, the present study

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proposes to test the following hypotheses :—

(a) Most of the hospitalised mental patients sought admission against their will.

(b) Patients admitted against their will, are generally uncooperative with the ward-personnel of the hospital.

(c) Most of the patients are anxious to leave the hospital in the very first week of their hospitalisation.

This study focuses on only these two settings-home and hospital, since the patients have been observed to be talking about and showing concern for these two frequently.

MATERIAL AND METHOD

This study was carried out at the Hospital for Mental Diseases, Ranchi, Bihar. This hospital, under the control of Director General of Health Services, Govt. of India, is a paying hospital where the minimum charges for maintenance of a patient is rupees two hundred per month. Consequently, the patients, generally, belong to the middle and upper classes.

The hospital during 1969-70 admitted 472 patients out of which 337 were males. Subjects of this study were only males numbering 100, selected on the basis of purposive sampling. "Newly admitted patients" included only those within two weeks of stay in the hospital. The patient had minimum of one week's stay before they were interviewed. This was adopted because, by this time, they were fairly exposed to hospitalisation, their ideas about the hospital were fairly crystallized and at the same time, they had not yet adjusted to the hospital. The youngest and eldest ones included in the sample were 14 and 61 years old, though 93% of the patient were in the age range of 20 to 45 years. Unmarried ones in the sample numbered only 35% of the total number of subjects studied.

The study primarily depended upon interview schedule with open end questions which was subjected to pre-testing. The final schedule consisted of eleven questions (though the present paper deals only with a part of the work). The patients were interviewed in their respective wards at their own convenience. All the patients admitted during the first four months were interviewed except those who were non-cooperative and disturbed during the period of enquiry. Thus 40 patients were excluded for the reasons of their non-cooperation and for diagnostic reasons. Thus the sample does not consist of cases of paranoid group and organic psychosis. In case of doubts, or contradictions, the patient and, or the ward personnel were interviewed to clarify the points.

FINDINGS

The results of the study are reported in the following tables.

TABLE NO. 1

Attitude to Admission

N= 100

Willing	Uncertain	Unwilling			Total
		Persuaded.	Cheated	Forced	
36 (36%)	4 (4%)	19 (10%)	6 (6%)	35 (35%)	60 (60%

Attitude to being hospitalised has been analysed in terms of how many patients were willing to seek hospitalisation. Patients unable to give their opinion clearly were put into 'uncertain' category of the table. The unwilling group of patients have been further analysed into 'persuaded', 'cheated', and 'forced' categories. This further categorisation was necessitiated by our observations that patients, though quite unwilling, agree to being hospitalised under family and, or, other pressures. Many ones are cheated, and still many others are threatened with dire consequences if they resist hospitalisation and are physically forced to seek hospitalisation.

The patients who sought admission willingly were only 36% whereas those who came to the hospital against their wish numbered 60% of the total sample, which is quite meaningful.

TABLE NO. 2

Relationship between Attitude to Admission and mode of Admission.

Categories	Voluntary Boarders	Certified
Unwilling group of patients N = 60	50 (83.3%)	10 (16.7%)
Willing group of patients N = 36	29 (80.6%)	7 (19.4%)

In the table No. 2, the attempt has been to see how many voluntary boarders are really voluntary as stipulated in the Indian Lunacy Act. And for this very purpose, the groups of "willing" and "unwilling" patients have been further analysed in terms of their mode of admission.

It is clear from this table that 83.3% of unwilling group of patients have been admitted as voluntary boarders through corcive methods. And another significant finding revealed by this table is that 19.4% of 'willing' group of patients have been admitted as certified patients.

TABLE NO. 3

Categories	Favourable	Ambivalent	Unfavourable
Unwilling group of patients N = 60	18 (30%)	6 (10%)	36 (60%)
Willing group of Patients N = 36	24 (66.7%)	2 (5.5%)	10 (27.8%)

In this table No 3, 60% of the patients who were against their admission, showed unfavourable initial attitude to the staff. And 66.7% of the patients who sought admission willingly, were favourable to the staff. This confirms the hypothesis that favourable attitude of patients to staff is closely associated with their attitude to hospitalisation.

TABLE NO. 4

Number of Patients willing to go home.

N = 100

Anxious	Ambivalent	Indifference
75 (75%)	11 (11%)	14 (14%)

There are many hospitalised patients who are constantly haunted by the idea of going back home, and such patients in this study are 75% (Table No. 4). The table further shows that 14% of the subjects do not show any worry for home and are satisfied with the hospital life.

TABLE NO. 5

Relationship between Attitude to Admission and Desire to go home.

Categories of patients	Worried to go home	Ambivalent	Indifferent
Unwilling group of patients N = 60	48 (80%)	6 (10%)	6 (10%)
Willing group of patients N = 36	22 (61.1%)	8 (22.2%)	6 (16.7%)

On further analysis (Table No. 5), it was found that patients worried to go home in the "willing" and "unwilling" group of patients, were 61.1% and 80% respectively which leads one to infer that the patients who came to be hospitalised on their own are relatively less worried about home and hence they are more likely to cooperate with the therapeutic efforts of the hospital compared to the patients forcibly admitted.

Discussion

Admission of a patient into mental hospital always remains a problem to the guardians. This problem is invariably associated with the resistance of the patients to being hospitalised. The present study shows that 60% of the subjects were against their hospitalisation and only 36% of the sample sought admission willingly. This resistance of patients can be said to be closely associated with social stigma, legal implications, "jail" like life of mental hospitals and negative attitude of the family and relatives towards mental hospitals.

The social stigma, of all the reasons for the patients' resistance to being hospitalised, is the strongest. This is evident from the fact that 10% of unwilling to be admitted group of patients do not bother about home, in other words, they did not like to come to the hospital even when they did not have any concern for home. This problem is faced more acutely by the rural compared to the urban population. The reasons for it lie in our socio-cultural beliefs which have stigmatised the mental patients. This social stigma is not characteristic of Indian settings only but also of country like America (Freemon & Simmons 1961). It is not limited to the patients only, it has contaminated the hospitals also where these stigmatised and "unfortunate" psychiatric patients are treated. This process of stigmatisation of mental hospitals has been reinforced by the legal implications of the hospitalisation. This proposition is supported by the fact that psychiatric patients prefer hospitalisation in psychiatric units of the general hospitals than in mental hospitals. And social stigma attached to mental hospitals has been clearly brought out in a study by Srivastava (1968). This stigma is less perceptible in the educated community members. This was confirmed by Sahay (1971) who found that educated community members had more favourable attitude compared to the less educated ones to mental hospitals. Cumming and Cumming (1968) write that stigma associated with hospitalisation for mental illness is a form of ego damage—the loss of a valued attribute; that stigma unlike some ego damaging losses, is reversible; and that the circumstances necessary for its reversal can eventually be specified.

Admission to a mental hospital gives the person a formal 'status' of a mental patient with its legal implications. Nunnally (1961) puts it, "to the average man a person ordinarily becomes a mental patient only when he enters a psychiatric hospital." The image of mental hospital in general, is similar to that of a "jail". It is usually observed that visitors to mental hospitals expect to see something queer. And once they see and find our hospitals contrary to their expectations, their image of mental hospital changes instantly.

Thus it is clear that patients in such circumstances, are very much likely to resist hospitalisation which adversely affects the therapeutic process. This has been confirmed by the study of Brady et. al. (1959) who found that a favourable response to treatment is associated with initially positive attitude to hospitalisation.

How the legal complications stand in the way of admission is clearly depicted by the fact that 83.3% of "unwilling" patients have been admitted as Voluntary Boarders. Had the rules for admission been simple, there would have been no need for by-passing and over-riding these rules. It is very difficult to get patients admitted through courts on reception orders, and, at the same time, admission on reception order poses many other legal and administrative problems to the hospital, patients and their

guardians. Had there been rules whereby the guardians could admit their patients on the advice and approval of the head of the mental hospitals, these difficulties would have no more bothered the guardians. The overriding of these rules appear to be related to the lack of psychiatric services in the community also. In this direction our Governments efforts to open district psychiatric clinics is quite appreciable. These psychiatric units can also disseminate informations on mental health and thus help in rooting out the stigma attached to mental illness.

The table (No. 2) reveals another important aspect of the problem. There are 19.4% patients of the "willing" group who have been admitted on reception order issued by the magistrates. This is a typical example of guardians whose main interest is to dump their patients into mental hospitals for ever which is quite apparent from the fact that there are many patients in our hospitals whose guardians do not take them home even after they have been recommended for discharge. From this one may also infer that in the admission and release process, purely medical considerations are often "overshadowed" by social and interpersonal factors. There are some other guardians, though small in number, who get their patients certified simply with the ulterior motive of grabing their properties or, for seeking Govts contributions towards their patients' maintenance charges. All these can be safely said to be because of the provisions of the Indian Lunacy Act. The change and simplification of the Act will certainly bring a perceptible change in all these aspects of hospitalisation which will ultimately lessen the resistance of psychiatric patient to being hospitalised.

According to the Annual Reports of the Hospital for Mental Diseases, Ranchi, voluntary boarders were much more compared to the certified patients admitted during any year, whereas in a study by Upadhyay (1972) 81.7% of long stay patients are certified patients. This seems to predict that certified patients tend to be chronic. In addition to other reasons, it can be explained by this fact also that patients once legally labelled as "lunatic", reinforced by the hospital environment, try to fulfill the roles of a lunatic, and thereby resist all the attempts at recovery and continue to be chronic (Denzin & Spitzer 1968).

The attitude of patients towards hospitalisation is likely to affect negatively the relationship of patient with the staff. And we can clearly visualise the effect of such relationship on the treatment of patients. The fact that 60% of patients forced to seek admission (unwilling group) showed negative response to the staff (mostly attendants and nursing staff who are constantly interacting with them) and 66.7% of patients from the willing group showed favourable attitude to the staff, seems to be hardly confirming the hypothesis that patients having unfavourable attitude to hospitalisation had unfavourable attitude to its staff which is likely to affect efficacy of the treatment

adversely. However, this needs further verification in another similar place of work.

One of the non-psychiatric professor from an university visited our hospital and was astonished to know that majority of patients, from the very first day of their admission, try to seek their release from the mental hospitals. It is well known to us that patients show maximum concern for their families, perhaps, this is accentuated by the monotonous and constricted life of the hospital. In this study 75% of patients are anxious and only 14% are indifferent to go home. The 80% of subjects from unwilling to be hospitalised group of patients showed anxiety about home whereas only 61.1% of subjects seeking hospitalisation on their own, showed concern for home. This is indicative of the fact that concern for and attachment with home is an important factor to be considered while helping such patients therapeutically. It has been observed that patients, unco-operative, hostile to hospitalisation, and anxious to go home, tell lies about their conditions to seek early release, abscond and/or create management problems to the staff who, in turn, usually, react negatively. And thus the whole therapeutic process is reduced in its efficacy. The patients, indifferent to home, may ultimately like to settle in the hospital itself. Hence our rehabilitative services should start from the time of admission itself.

The psychiatric team, specially, social workers working in mental hospitals should focus on these problems of the newly hospitalised mental patients and help them to maintain a congenial relationship with staff (in particular, nursing staff and attendants) and their desire to go back home, at a certain level. They must also attempt to lessen their anxiety about home, to a certain extent, to enable them to seek the treatment effectively.

Summary and Coclusion.

One hundred newly admitted mental patients from the Hospital for Mental Diseases, Ranchi, have been studied. The focus of this descriptive study was to elicit their attitude to hospitalisation and homes, which affect the therapeutic efforts of the hospital. The findings of this study lend strong support to almost all the hypotheses and allow me to infer further that the patients' resistance to hospitalisation can be explained on the basis of social stigma, negative attitude of the relatives towards mental hospitals, legal implications and lack of socio-physical facilities in the mental hospitals. Patients who sought admission on their own are more likely to benefit from the therapeutic efforts of the hospital compared to those who were forcibly admitted. It has also been stated that certified patients tend to be chronic.

So, it is suggested that the psychiatric team specially psychiatric social workers should help such patients to overcome their difficulties in relation to hospitalisation to enable them to seek and undergo treatment effectively. It has also been suggested that rehabilitative services should start from the very time of admission to

minimise the number of "unwanted patients" into mental hospitals.

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