FORENSIC PSYCHIATRY AT A TERTIARY CARE HOSPITAL IN FAISALABAD: AN AUDIT FROM 2015-2018.

IRUM SIDDIQUE[1], MUHAMMAD NASIR BIAG[2], NIGHAT HAIDER[3], IMTIAZ AHMAD DOGAR[4]

[1]Assistant Professor, [2]Consultant Psychiatrist, [3]Clinical Psychologist, [4]Professor & Head
Department of Psychiatry & Behavioral Sciences, DHQ/Allied Hospitals & Faisalabad Medical University, Faisalabad

CORRESPONDENCE: DR IRUM SIDDIQUE, E-mail: Irum.siddique@gmail.com

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ABSTRACT

OBJECTIVE
To determine the frequency of various psychiatric disorders, reasons and sources of referrals of the cases coming for forensic opinion to a tertiary care unit .

STUDY DESIGN
Retrospective study

PLACE AND DURATION OF STUDY
This study was conducted in department of Psychiatry and Behavioural Sciences, DHQ hospital Faisalabad in 3 months time.

SUBJECTS AND METHODS
All 174 cases admitted to inpatient department for opining about psychiatric condition were included in the study through consecutive sampling techniques, only repeated cases were excluded. As the study was retrospective, data files were retrieved and desired variables were enlisted in SPSS to calculate the frequency and percentage of different variables.

RESULTS
Majority cases were male. One third were referred in year 2018. 47 (27%) criminal cases were being referred while 25 (14.3%) civil cases were received; most of the cases 102 (58.6%) were departmental (cases of the employees of different public departments. As per source of referral 72 (41.3 %) cases were referred from courts directly, 21 (12.2 %) cases were directly referred from various departments while most the cases 81 (46.5 %) were referred from other public hospitals. As per diagnoses schizophrenia, depression and intellectual deficiency (ID) were the most prevalent diagnosis with 47 (27%), 41 (23.5%) and 33 (18.9%) cases respectively while 26 (14.9%) cases had no psychiatric diagnosis.

CONCLUSION
Department is burdened with forensic cases that may be managed at other appropriate places. Society and policy makers need to be sanitized in order to make a frame work for patients having mental disorder to avoid them ending as criminals or being involved in other forensic issues.

KEY WORDS
Mental disorders, Prisons, Court cases, Custodian cases, Psychiatric opinion

INTRODUCTION

Forensic psychiatry is an important sub speciality of psychiatry. It covers assessment of offenders with provision of scientific principle and evidence based mental health care. It has integrated share of many areas like legislature, judiciary, prisons, criminology and health provision[1].

Though as a general notion it is considered as an assistant to courts in arriving at objective and fair judgment where mental health stands an important concern[2]. On the whole, forensic psychiatry also testifies and opines witness within the field; opines on danger, probation, parole and fitness to face trial; deals with developmental delays, interpersonal violence and other related psychiatric issues; provides opinion on custody cases, marital and parental issues; assesses fitness to work and provision of treatment; and has to do with implementation of mental health act in health settings[3,4].

With increasing understanding, number of referral to forensic psychiatry is increasing gradually. An audit of Tayside area forensic psychiatry service for year 2001 received 238 cases. 58% of those were diagnosed on Axis I disorder and 39 % needed admission to in patient[5].

An other audit study from 1994 to 1997 of Forensic Psychiatry Liaison with Sheriff Court at Glasgow found one third of the sample having primary diagnosis of alcohol and/or drug dependence during both years of the audit. This study was a retrospective review of audit forms completed between 1993 and 1994 and once more in 1997. A marked increase (250%) in referrals between 1994 and 1997 resulted in a marked reduction of those admitted to hospital, and an increase in the percentage who had 'no psychiatric diagnosis'. The study concluded the importance of the need for modifying referral criteria and stressed forensic Psychiatrists to be a part of the team deciding changes[6].

Usually the audits of forensic psychiatry lacks monitoring of physical health, an audit of medium secure forensic rehab ward monitored weight, CV risk, Total/HDL cholesterol ratio, QT prolongation and prolactin raise. They found that heavy majority of the cases were obese, had cardiovascular risk and were on anti psychotic medications. Blood pressure was found raised (> 140/90) in 13 % and 26 % of the cases for respective years 2006 and 2007. Total/HDL cholesterol ratio was 5.2 and 4.2 respectively for both years while in 2007, 3 cases had raised prolactin and 4 cases had QT prolongation[7].

An audit of low secure unit between July 2012 and July 2013 identified weakness in the treatment planning. The re-audit showed

improvement. The audit suggested improvements in implementation of full multidisciplinary involvement, stressed heavily on formulation, and highlighted the need for greater consultation and information gathering from outside professionals and family members[8].

In Pakistan forensic psychiatry lacks behind as for formal training and separate departments are concerned in spite the cases are ever increasing. To find out the magnitude of the burden of forensic cases, current study was conceptualized. This audit would highlight the burden and endorse the demand of specific training in this area. Further the study would also map out the areas were specialized psychiatric services are needed among public hospitals.

SUBJECTS AND METHODS

Participants

All the cases were included that were referred to department of psychiatry, DHQ hospital Faisalabad for forensic evaluation in the audit of four years from 2015 to 2018. Total 174 cases arrived in the department through medical superintendent. The inclusion was made on the basis that the cases were referred by court of law, other hospitals and government institutions.

Instruments

Variables like gender, age, reason of referral, referring authority, diagnosis and out come were classified. The retrospective study found out all these variables from the drafted opinions of the departmental record to include for analysis. SPSS 23 version was used to analyze the data. Frequency and percent ages were counted for all study variables.

Procedure

Permission from ethical review committee will be sought. After permission granted, record of forensic opinion cases from 2014 to 2018 will be accessed and study variables will be entered to SPSS. The desired break up of variables will be analyzed through descriptive statistics and results will be discussed in light of previous literature.

RESULTS

One hundred and seventy four cases were referred to the department during the period of study. Majority of the sample was male 136 (82.9 %) while only 28 (17.1 %) female cases were referred to the department for opinion.

One third (33.5 %) of the cases were referred in year 2018, on the other hand year 2015 received least number of cases 28 (17.1 %). 47 (27%) criminal cases were being referred while 25 (14.3%) civil cases were received; most of the cases 102 (58.6%) were departmental (cases of the employees of different public departments. As per source of referral 72 (41.3 %) cases were referred from courts directly, 21 (12.2 %) cases were directly referred from various departments while most the cases 81 (46.5 %) were referred from other public hospitals of Faisalabad and Sargodha division (see table 1). Among the hospital referrals, DHQ Toba Tek Singh and DHQ Jhung referred highest number of cases 30 (17.2%) and 24 (13.7%) respectively (table 2).

As per diagnoses schizophrenia, depression and intellectual deficiency (ID) were the most prevalent diagnosis with 47 (27%), 41 (23.5%) and 33 (18.9%) cases respectively while 26 (14.9%) cases had no psychiatric diagnosis (see table 3 for details). 34 (19.5%) cases had no history of illness and presented first time 35 (20.1%) cases had the history since birth, 55 (31.6%) cases had five years long history of illness while 50 (28.7%) cases had history of more than five years. 134 (77.1%) has history of treatment previously while 40 (22.9 %) had no history of treatment (table 4).

71 (40.8%) cases were only given opinion on presence and nature of psychiatric illness, among these 26 (14.9%) were not having any psychiatric condition, 20 (11.4%) had schizophrenia and 13 (7.4%) has intellectual disability; 40 (22.9%) cases were advised treatment and follow up, most of these cases 26 (14.9%) were diagnosed as having depression; 30 (17.2%) cases were granted guardianship, 20 (11.4%) out of these were intellectually disable; 18 (10.2%) cases were referred to other departments for long term psychiatric care institutions, these cases were diagnosed as having schizophrenia, BAD and epilepsy; 9 (5.1%) cases were advised adjustments in jobs, these were diagnosed as depression, schizophrenia and BAD; only 6 (3.4%) cases were suggested to board out on the basis of illness (see table 5).

Table 1
Frequency of cases as per year, type of case and source of referrals

	Frequency	Valid Percent
Year of study		
2015	28	17.1
2016	50	30.5
2017	31	18.9
2018	55	33.5
Source of referral		
Court cases	72	41.3
Departmental cases	21	12.2
Hospital referral	81	46.5
Case type		
Criminal	47	27.0%
Civil court	25	14.3%
Departmental	102	58.6%
Total	174	100

Table 2
Frequency of Referrals from different hospitals

	Frequency	Valid Percent
Valid Non hospital	93	53.4
AHF	4	2.2
DHQ Chinniot	4	2.2
DHQ Sarghodha	2	1
DHQ Toba	30	17.2
DHQ Jhung	24	13.7
Wapda Hospital	13	7.4
RHC Hafizabad	1	.5
DHQ Khushab	2	1
THQ Samundary	1	.5
Total	174	100.0

Table 3
Cross tabulation of source of referral as per diagnosis

Diagnosis x Type of case	Court + Jail Cases	Hospital cases	Departmental Cases	Total
Schizophrenia	(12+21)33 (18.9 %)	8 (5.5%)	6 (3.4%)	47 (27 %)
Depression	(3+5)8 (5.5%)	28 (16%)	6(3.4%)	41(23.5%)
ID	(11+0)11(6.3%)	19(10.9%)	3(1.7%)	33 (18.9%)
BAD	(3+0)3(11.7%)	6(3.4%)	3(1.7%)	12(6.8%)
Epilepsy	(1+0)1 (.5%)	2(1%)	1(.5%)	4(2.2%)
Dementia	0	1(.5%)	2(1%)	3(1.7%)
Others	(4+0)4(2.2%)	4(2.2%)	0	8(4.5%)
None	(6+7)13(7.4%)	2(1%)	11(6.3%)	26(14.9%)
Total	(38+34)72 (41.3%)	81(46.5%)	21(12%)	174(100%)

Table 4
Frequency of cases as per duration of illness and history of treatment

Duration of illness		
First presentation	34	19.5 %
Since birth	35	20.1%
Last 5 Years	55	31.6%
History of treatment		
6 plus	50	28.7%
present	134	77.1%
absent	40	22.9%
total	174	100%

Table 5
Cross tabulation between diagnosis of cases and final decision taken as per frequency

Diagnosis	Board out	Job adjustment	Referred	Guardianship	Treatment & Followup	diagnosis	Total
I.D	0	0	0	20(11.4%)	0	13(7.4%)	33 (18.9%)
Depression	2(1%)	5(2.8%)	0	0	26(14.9%)	8(4.5%)	41(23.5%)
Schizophrenia	4(2.4%)	2(1%)	6(3.4%)	7(4%)	8(4.5%)	20(11.4%)	47 (27 %)
Bipolar A.D	0	2(1%)	4(2.4%)	0	6(3.4%)	0	12(6.8%)
Epilepsy	0	0	4(2.4%)	0	0	0	4(2.4%)
Dementia	0	0	0	3(1.7%)	0	0	3(1.7%)
Others	0	0	4(2.4%)	0	0	4(2.4%)	8(4.5%)
None	0	0	0	0	0	26(14.9%)	26(14.9%)
Total	6(3.4%)	9(5.1%)	18(10.2%)	30(17.2%)	40(22.9%)	71(40.8%)	174(100%)

DISCUSSION

Forensic psychiatry testifies and opines witness within its field; opines on danger, probation, parole and fitness to face trial; deals with developmental delays, interpersonal violence and other related psychiatric issues; provides opinion on custody cases, marital and parental issues; assesses fitness to work and provision of treatment; and has to do with implementation of mental health act in health settings[3,4]. Conducting audits has proved improvements in the state of affairs of forensic issues. For example an audit identified weakness in the treatment planning. The reaudit suggested improvements in implementation of full multidisciplinary involvement, stressed heavily on formulation, and highlighted the need for greater consultation and information gathering from outside professionals and family members[8].

The current audit was conducted to see the state of affairs of forensic psychiatry in the department of Psychiatry and Behavioral Sciences, DHQ Hospital, Faisalabad.

Department received 174 cases in the period of study. The initial findings suggested that majority cases were male in gender and more than a quarter of the burden was of criminal cases. The fact points out that the prisons should have psychiatric facility in their respective hospitals. A previous audit of forensic psychiatry service for year 2001 received 238 cases. 58% of those were diagnosed on Axis I disorder and 39 % needed admission to in patient[5]. The prisoners' burden on public hospitals is hard to manage in another sense that these patients may not be admitted to the main psychiatry wards because of security issue on both sides; the prisoner and the co admitted patients. The singled out psychiatric patient faces stigma and compromises in the treatment in prisoner unit that usually has medical patients in routine. Establishing a psychiatric facility within prisons will out do these problems.

Another finding suggested that more than half of the forensic load was departmental; cases referred by or concerned with the opinion of employees of public departments and most of these cases were advised treatment and follow up as the final out come of the opinion. For this treatment and follow up opinion these cases had to stay in ward to finalize the opinion; if all public departments keep the health of their human resource at a priority goal this burden may be cut down as it would already have been treated at the earliest stage of illness before the loss of productivity of the employee.

When analyzed the sources of referrals, other hospitals were the biggest source of referrals specially DHQ Toba Tek Singh and DHQ Jhung so it is recommended that all DHQ hospitals should have well equipped psychiatry facility in order to prevent the suffering of the patients in a remote facility and manage the burden of forensic

psychiatry at the unit of study. Formation of an interim forensic psychiatry board comprising of mental health professionals operating at tertiary care units involved in provision of mental health services to jails has already been recommended in meeting of the mental health professionals from Pakistan and Britain[1].

Schizophrenia and depression was the largest entities of diagnosis. This finding contrasts a previous audit where it was found that one third of the sample had primary diagnosis of alcohol and/or drug dependence during both years of the audit[6].

A considerable amount of cases was found without any psychiatric disturbance, this finding is in line with a series of previous audits from 1993 and 1994 and once more in 1997. Its findings suggested a marked increase (250%) in referrals between 1994 and 1997 resulted in a marked reduction of those admitted to hospital, and an increase in the percentage who had 'no psychiatric diagnosis'[6].

About 80 % of the cases had a chronic history of symptoms (five years or more), in such a long history of symptoms, the illness was over looked; it showed that the general attitude of society and care givers towards mental disorders is neglecting and there are lapses in the legislation and social structure of society that such long standing symptoms ended up in need of a forensic opinion instead of being dealt and managed timely and appropriately.

Sensitization of general public, policy makers, and the justice system of the country is need of the hour about the structure of affairs between forensic psychiatry and law and order as it is one of the worst neglected area[1].

CONCLUSION

Department is burdened with forensic cases that may be managed at other appropriate places. Society and policy makers need to be sanitized in order to make a frame work for patients having mental disorder to avoid them ending as criminals or being involved in other forensic issues. Prisons should be more reform oriented than punitive natured to save prisoners from developing mental disorders.

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Sr.	Author Name	Affiliation of Author	Contribution	Signature
1	**Dr. Irum Siddiuqe**	Department of Psychiatry & Behavioral Sciences, DHQ Hospital, FMU Faisalabad.	Conceptualization of study	
2	**Dr. M. Nasir Baig**	Department of Psychiatry & Behavioral Sciences, DHQ Hospital, FMU Faisalabad.	Data collection and compilation	
3	**Prof. Dr Imtiaz Ahmad Dogar**	Department of Psychiatry & Behavioral Sciences, DHQ Hospital, FMU Faisalabad.	Conceptualization of study Supervision	
4	**Dr. Nighat Haider**	Department of Psychiatry & Behavioral Sciences, DHQ Hospital, FMU Faisalabad.	Data Analysis & write up