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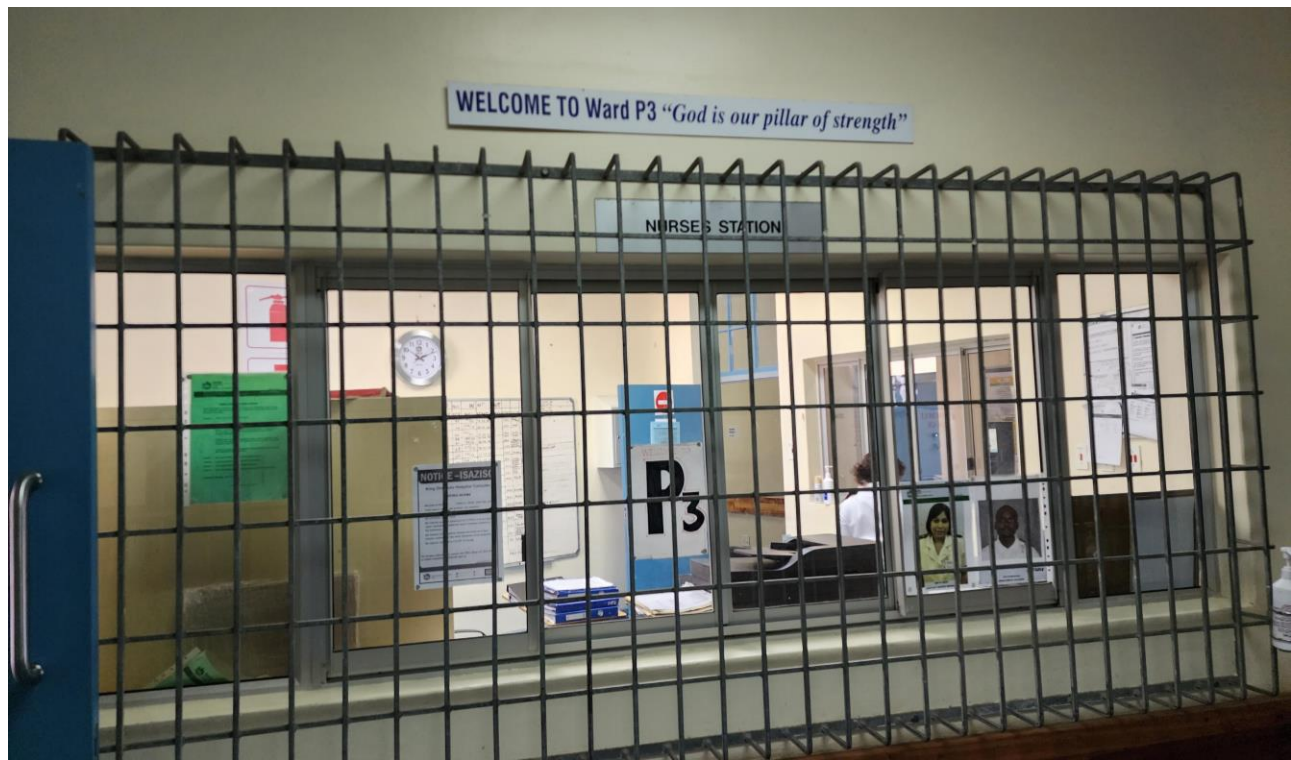


Westville Campus

The Admission Experience of Involuntary Mental Health Care Users in KwaZulu-Natal

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INSPIRING GREATNESS



The South African Context

- Involuntary admission is a common practice in SA - 42-60%
- Dignity related complaints were from single, literate male patients aged 30-39 years who were admitted as involuntary patients (60%) .
- There is a paucity of information in Africa and South Africa.

(Madala-Witbooi & Adeniyi, 2019;Raphalalani et al., 2021).

Negative outcomes of involuntary admission

- Increased self-stigma.
- A negative therapeutic relationship.
- Poorer quality of life, longer length of hospitalization, increased number of aggressive incidents and dissatisfaction with treatment.

Xu et al., 2018, Wyder, Bland, Blythe, et al., 2015, Iudici et al., 2022.

JUSTIFICATION

- It is also important to prevent a negative involuntary admission experience because there is a suggestion that an involuntary admission does not necessarily have to bring about a feeling of coercion.
- Gaining an understanding of the involuntary patient experience in SA will assist in the development of policies to enhance the care and treatment of patients who are coerced into admission.

Golay et al., 2019

Aim

To describe the patients' experience of involuntary admission and to discuss the possible associations of perceived coercion, negative pressures and procedural injustice with sociodemographic and clinical factors.

We also measured patient insight and examined possible associations with experiences of coercion.

Methods

Study design

- Descriptive quantitative, cross-sectional study.

Study location

- King Dinuzulu Hospital Complex and Town Hill Hospital in KwaZulu-Natal (KZN).

Study population and sampling strategy

- Patients admitted over a 6-month period using nonprobability purposive sampling.
- Involuntary adults over 18yrs, under section 33 of the MHCA 17 of 2002.
- Willing to participate in the study and provide informed consent
- Interviews conducted at point of discharge from MHCA and hospital.
- Neurocognitive disorder or intellectual disability were excluded.

Data collection tools

- The MacArthur Admission Experience Survey- short is a 16-item questionnaire.
- The MPCS (perceived coercion) is scored on a scale from 0–5, a score of ≥ 3 was classified as high.
- The MNPS (negative pressures) is scored from 0–6, a score of ≥ 4 was considered as high.
- The MPJS (procedural justice) is scored from 0–3 a score of 0–1 was considered as high procedural injustice as lower scores indicate higher injustice.

Data collection tools

- Birchwood Insight Scale(BIS) was used to measure insight.
- The Birchwood insight scale (BIS) is an 8-item scale measuring insight with a total possible score of 0–16 (Birchwood et al., 1994).

Ethical considerations

- University of KwaZulu-Natal Biomedical Research Ethics Committee, approval number BREC/00000208/2019.
- All participants provided written, informed consent.

Data analysis techniques

- STATA SE version 17 was used to analyze data.
- Descriptive statistics are presented using frequencies, percentages, and measures of central tendencies.
- Pearson's Chi-squared test
- The Fischer's exact test.
- The Wilcoxon rank-sum.

Results

137 patients approached, 131 participants.

- High perceived coercion: 73% scored ≥ 3 .
- High negative pressures: 84 % scored ≥ 4 .
- High procedural injustice: 46.6% scored 0-1.
- Affective reactions: sad (52%), angry (43%) and confused (41%).

- 62% recognized the need for hospitalization.
- Significant association between good insight and a feeling of relief ($p=0.001$).
- Significant association between poor insight and feelings of anger ($p=0.041$).

TABLE 1

TABLE 1 Demographic information.

Variable		N (131)	%
Age, median (IQR)		28.45 (23.99, 37.25)	
Gender	Female	44	33.59%
	Male	87	66.41%
Ethnicity	African	102	77.86%
	Mixed-race	11	8.40%
	White	5	3.82%
	Indian	12	9.16%
	Asian	1	0.76%
Home language	IsiZulu	94	71.76%
	English	27	20.61%
	Afrikaans	2	1.53%
	Other	8	6.11%
Marital status	Single	112	85.5%
	Married	10	7.69%
	Divorced	7	5.38%
	Cohabiting	1	0.77%
	Other	1	0.77%
Number of children, median (IQR)		1.00 (0.00, 2.00)	
Type of housing	Informal	17	12.98%
	Formal	114	87.02%

Highest level of education	No education	3	2.29%
	Primary school education	11	8.40%
	High school education	46	35.11%
	Matric	37	28.24%
	Tertiary incomplete	17	12.98%
	Tertiary completed	17	12.98%
Employment status	Unemployed	95	72.52%
	Student	7	5.34%
	Employed	21	16.03%
	Self-employed	8	6.11%
Disability grant	No	107	81.68%
	Yes	24	18.32%
Previously arrested	No	103	78.63%
	Yes	28	21.37%
Use of substances	No	32	24.43%
	Yes	99	75.57%
Type of substance used	Tobacco	20	20.41%
	Alcohol	14	14.29%
	Cannabis	32	32.65%
	Other	32	32.65%
Diagnosis	Psychotic disorders	104	79.39%
	Mood disorders	14	10.69%
	Other	13	9.92%

Table 2

TABLE 2 Experience of the current admission using the MAES.

Question	Participant answer	N=131	%
Angry	False	75	57.3%
	True	54	41.2%
	Do not know	2	1.5%
Sad	False	62	47.3%
	True	68	51.9%
	Do not know	1	0.8%
Pleased	False	81	61.8%
	True	48	36.6%
	Do not know	2	1.5%
Relieved	False	51	38.9%
	True	76	58.0%
	Do not know	4	3.1%
Confused	False	73	55.7%
	True	56	42.7%
	Do not know	2	1.5%
Frightened	False	82	62.6%
	True	48	36.6%
	Do not know	1	0.8%

Coercion				Negative pressure			Procedural injustice			
Level <i>n</i> (%)	Low	High	<i>p</i> -Value	Low	High	<i>p</i> -Value	High	Low	<i>p</i> -Value	Test
	35 (26.7%)	96 (73.2%)		21 (16.0%)	110 (83.9%)		61 (46.6%)	70 (53.4%)		
Age	26.0 (23.0, 28.0)	27.0 (24.0, 33.0)	0.51	24.0 (20.0, 30.0)	27.0 (24.0, 33.0)	0.30	24.0 (23.0, 30.0)	27.0 (24.0, 33.0)	0.53	Wilcoxon rank-sum
Gender: Female	11 (31%)	33 (34%)	0.75	7 (33.3%)	37 (33.6%)	0.98	21 (34%)	23 (33%)	0.85	Pearson's chi-squared
Male	24 (69%)	63 (66%)		14 (66.7%)	73 (66.4%)		40 (66%)	47 (67%)		
Ethnicity: African	26 (74%)	76 (79%)	0.35	16 (76.2%)	86 (78.2%)	0.93	47 (77%)	55 (79%)	0.58	Fisher's exact
Mixed-race	5 (14%)	6 (6%)		2 (9.5%)	9 (8.2%)		6 (10%)	5 (7%)		
White	0 (0%)	5 (5%)		1 (4.8%)	4 (3.6%)		1 (2%)	4 (6%)		
Indian	4 (11%)	8 (8%)		2 (9.5%)	10 (9.1%)		7 (11%)	5 (7%)		
Asian	0 (0%)	1 (1%)		0 (0.0%)	1 (0.9%)		0 (0%)	1 (1%)		
Marital status: Single	30 (86%)	82 (85%)	1.00	18 (85.7%)	94 (85.5%)	0.50	50 (82%)	62 (89%)	0.13	Fisher's exact
Married	3 (9%)	7 (7%)		3 (14.3%)	7 (6.4%)		5 (8%)	5 (7%)		
Divorced	2 (6%)	5 (5%)		0 (0.0%)	7 (6.4%)		6 (10%)	1 (1%)		
Cohabiting	0 (0%)	1 (1%)		0 (0.0%)	1 (0.9%)		0 (0%)	1 (1%)		
Other	0 (0%)	1 (1%)		0 (0.0%)	1 (0.9%)		0 (0%)	1 (1%)		
Employment status: Employed	27 (77%)	68 (71%)	0.22	16 (76.2%)	79 (71.8%)	1.00	50 (82%)	45 (64%)	0.11	Fisher's exact
Student	1 (3%)	6 (6%)		1 (4.8%)	6 (5.5%)		1 (2%)	6 (9%)		
Employed	3 (9%)	18 (19%)		3 (14.3%)	18 (16.4%)		7 (11%)	14 (20%)		
Self-employed	4 (11%)	4 (4%)		1 (4.8%)	7 (6.4%)		3 (5%)	5 (7%)		
Diagnosis: Psychotic disorder	28 (80%)	76 (79%)	0.076	16 (76.2%)	88 (80.0%)	0.83	48 (79%)	56 (80%)	0.44	Fisher's exact
Mood disorder	1 (3%)	13 (14%)		3 (14.3%)	11 (10.0%)		5 (8%)	9 (13%)		
Other	6 (17%)	7 (7%)		2 (9.5%)	11 (10.0%)		8 (13%)	5 (7%)		
Educational level: No education	0 (0%)	3 (3%)	0.99	0 (0.0%)	3 (2.7%)	0.38	0 (0%)	3 (4%)	0.17	Fisher's exact
Primary school education	3 (9%)	8 (8%)		0 (0.0%)	11 (10.0%)		8 (13%)	3 (4%)		
High school education	13 (37%)	33 (34%)		10 (47.6%)	36 (32.7%)		23 (38%)	23 (33%)		
Matric	10 (29%)	27 (28%)		8 (38.1%)	29 (26.4%)		18 (30%)	19 (27%)		
Tertiary education incomplete	5 (14%)	12 (13%)		1 (4.8%)	16 (14.5%)		5 (8%)	12 (17%)		
Tertiary education complete	4 (11%)	13 (14%)		2 (9.5%)	15 (13.6%)		7 (11%)	10 (14%)		

Table 3: Associations between MAES and insight scores

	Level	Poor insight	Good insight	p-Value	Test
N (131)		48 (36.6%)	83 (63.4%)		
Coercion	Low	10 (21%)	25 (30%)	0.25	Pearson's chi-squared
	High	38 (79%)	58 (70%)		
Negative pressure	Low	11 (23%)	10 (12%)	0.10	Pearson's chi-squared
	High	37 (77%)	73 (88%)		
Procedural injustice	High	17 (35%)	44 (53%)	0.052	Pearson's chi-squared
	Low	31 (65%)	39 (47%)		
Affective Reactions					
Angry	False	22 (46%)	53 (64%)	0.041	Fisher's exact
	True	26 (54%)	28 (34%)		
	Do not know	0 (0%)	2 (2%)		
Sad	False	19 (40%)	43 (52%)	0.23	Fisher's exact
	True	29 (60%)	39 (47%)		
	Do not know	0 (0%)	1 (1%)		
Pleased	False	36 (75%)	45 (54%)	0.037	Fisher's exact
	True	12 (25%)	36 (43%)		
	Do not know	0 (0%)	2 (2%)		
Relieved	False	28 (58%)	23 (28%)	0.001	Fisher's exact
	True	19 (40%)	57 (69%)		
	Do not know	1 (2%)	3 (4%)		
Confused	False	21 (44%)	52 (63%)	0.064	Fisher's exact
	True	26 (54%)	30 (36%)		
	Do not know	1 (2%)	1 (1%)		
Frightened	False	27 (56%)	55 (66%)	0.33	Fisher's exact
	True	21 (44%)	27 (33%)		
	Do not know	0 (0%)	1 (1%)		

Discussion

- Perceived coercion: 73% of participants, 59-89% internationally.
- Negative Pressures: 84% while internationally, 46-48% experienced no negative pressures at all.
- Procedural injustice: 46.6% of our participants, 60% internationally.
- Affective reactions: sad (52%), angry (43%), and confused (41%)- indicating negative experience.
- 62% recognized need for hospitalization, indicating insight had improved.
- No association between sociodemographic factors and MAES, such as in international studies.

Limitations

- The BIS and MAES (short form) have not been validated for use in our patient population.
- Recall bias.
- Other factors that were not investigated in this study may also be responsible- more studies are required here.
- Small sample size, the findings do not represent the entire population from which it was drawn.

Conclusion

- Confirms previous studies- Negative experience
- High coercion and threats with little regard for patient participation in the process.
- Our results highlight the need for shared decision making to improve the doctor patient relationship.
- Further research- strategies that are feasible to improve the overall involuntary admission experience in our setting.