

Addiction and Temporary Certification

A Proposed Change to Legislation and its Possible Implication for Clinical Practice.

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Abstract

The Mental Treatment Act (1945) is currently undergoing review to enable Ireland to meet its international obligations. The Green Paper on Mental Health (1992) makes a number of suggestions regarding this. One such is the deletion of Addiction as sufficient grounds for involuntary admission to a psychiatric hospital or unit. This study looked at the possible impact such a proposal might have on the doctor's clinical choice in the management of addiction. The casenotes and temporary certificates of 191 involuntary admissions to St. Brendan's Hospital were examined. 9 cases (4.7%) were admitted for the direct effect of addiction, i.e., intoxication or uncomplicated withdrawal. The conclusion of this study is that the deletion of the addiction criterion from future mental health legislation would, in itself, have little impact on the number of committals. This is because the majority of those with evidence of Substance Abuse have a concurrent disorder that would be covered by the remaining criteria.

Introduction

The Mental Treatment Act (1945) governs psychiatric practice in this country. At the time of its introduction it was regarded as "an admirably enlightened document"¹. In the Act three criteria are stated by which a person can be admitted as an involuntary patient to a psychiatric hospital. These are:

i) Mental Illness, ii) Addiction and iii) Unsound Mind². Any one of these is sufficient grounds for committal.

Neither "mental illness" nor "unsound mind" are defined in the Act. However, 'Addict' is defined as:

i) ... someone who by reason of his addiction to drugs or intoxicants is either dangerous to himself or others or incapable of managing himself or his affairs or of ordinary conduct

ii) ... or by reason of his addiction to drugs, intoxicants or perverted conduct, is in serious danger of mental disorder⁴.

Since the end of World War II the concept of individual human rights has been promoted as a universal principle. Several international bodies such as the United Nations, the European Commission and the European Court of Human Rights came into being with this purpose in mind. These bodies have issued a number of documents relating to this area.

While not legally binding, member states (such as Ireland) are obliged to see that these are reflected in their domestic law. This has been occurring in several countries both in Europe and elsewhere since the 1980's.

The detention of individuals (including those with mental illness or

disorder) is one area under increasing scrutiny as a result of the above development. In this regard it is felt that our Mental Treatment Act does not adequately reflect these changes and therefore is in need of review.

The Green Paper on Mental Health (1992) makes a number of proposals in this area. One of these relates to addiction as grounds for committal. The definition of "addict" in the Act, as described above, includes behaviour which would amount to social noncon-formity⁵. Such behaviour is specifically excluded, as adequate grounds for detention, under the international guidelines stated above. The Green Paper suggests that removing the addiction criterion would remedy this anomaly⁵.

It is the purpose of this paper to see what effect such a change might have on the doctor's clinical choice in the management of addiction.

Methods

The casenotes and temporary certificate of 191 patients committed to St. Brendan's Hospital between September 1991 and May 1993 were reviewed. The grounds for committal (as stated in the Act) were sought in each case. This included the

determination of how many were admitted using the addiction criterion on the temporary certificate. Cases of alcohol or (other drug) abuse were identified by noting if any of the following had been stated in the chart:

* A past history of Substance Abuse

* Alcohol or other drugs had been taken prior to the index admission the patient was said to be intoxicated on admission

* A diagnosis of an alcohol (or other drug) related disorder was made for the index admission

Casenotes were then reviewed to determine how many patients were admitted for the direct effect of addiction i.e. intoxication or uncomplicated withdrawal.

Results

The majority of patients in this study were male, single, unemployed and in some form of shared accommodation. (Fig. 1).

AGE	16-20	21-35	36-50	51-65	>65
N (%)	8 (4.2)	79 (41.4)	59 (30.9)	30 (15.7)	15 (7.9)
SEX: N (%)	Male: 110 (57.6)		Female: 81 (42.4)		
MARITAL STATUS	Married	Single	Sep/Wid		
N (%)	41 (21.5)	125 (65.5)	25 (13.1)		
OCCUPATION	Employed	Unemployed	Housewife	Other	
N (%)	30 (16.2)	123 (64.4)	16 (8.4)	22 (11.0)	
ACCOMMODATION	Alone	Shared	Sheltered		
N (%)	32 (16.8)	105 (55.0)	54 (28.3)		

The applicant most frequently involved was a relative (other than a parent). In only a little over a fifth of cases was the patient's own GP involved (Fig. 2), Almost three quarters (73%) of patients were discharged within a month. (Fig. 3). These results are similar to that of Gibbon's (et al)⁶.

APPL	PARENT	OTHER REL	SPOUSE	GARDA	N/REL
N (%)	43 (22.5)	46 (24.1)	26 (13.1)	36 (18.9)	40 (20.9)
REFERRING	OWN GP	OTHER GP	OTHER DOCTOR	NOT KNOWN	
N (%)	43 (22.5)	98 (51.3)	36 (18.8)	14 (7.3)	

Length of admission	<1 Day	<1 Week	<1 Mth	<3 Mths	>3 Mths
N (%)	6(3.3)	56 (29.0)	78 (41.0)	28 (14.8)	23(12.0)

Criterion	Mental Illness	Addiction	Unsound Mind
N (%)	188 (98.4)	2 (1.1)	1 (0.5)

On review of the certificates only 2 (1.1%) of patients were committed under the ‘addiction’ criterion (Fig. 4). From the total of 191 cases, 81 of possible substance abuse were identified from case review, using the 3 criteria stated earlier (see Methods). Fig. 5 presents the recorded diagnoses.

Diagnosis	Current	Past	Total
Alcohol Withdrawal	1	*	1
Alcohol Intoxication	8	*	8
Organic Brain Syndrome (Alcohol/Drug Induced)	9	4	13
Schizo./Schizoaff./			
Paranoid Psychoses	6	22	28
Affective Disorder	2	12	14
Personality Disorder	3	4	7
Other	2	3	5
Not Stated	1	4	5
TOTAL	32	49	81

In only 9 cases was alcohol (or drug) dependence the primary reason for admission (8 were intoxicated and 1 was suffering from a non-psychotic withdrawal syndrome). Both of the cases admitted under the “addiction” criterion were in this group. There were 4 additional cases of delirium tremens. The primary diagnosis in 67 cases was of mental illness or personality disorder.

Discussion

From this study it would appear that a minority of the admissions would have been affected by the proposed change. The ‘addiction’ criterion was used in only two cases. There were seven further cases, admitted under the “illness” criterion, which were due to the direct effect of addiction (i.e. intoxication or withdrawal). If these are added it still only amounted to 9 cases (or 4.7% of the total sample).

The vast majority (67 cases) of those with possible substance abuse, had a primary diagnosis of either mental illness, personality disorder or, [here was clinical evidence of psychosis, therefore the proposed deletion would have reduced the number of committals in this study by only 11.1% (9 of the subgroup of 81 - fig.5).

The findings of this study would suggest that, in the public sector, deletion of the addiction criterion, to comply with Ireland’s international obligations, would not severely restrict the overall use or Temporary Certification by General Practitioner or other doctors. Finally, the small number of patients’ own GP involved in the certification process (23%) was a somewhat unexpected finding.

References

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