

Certification Rates: a closed unit's experience

With the advent of the New Mental Health Care Bill (July 2002), hospitals all over Gauteng have been designated as centres for 72-hour assessments.¹ With the emphasis on human rights, the new act states that patients should be treated in the least restrictive environment possible, with "certification" being the last resort. Hence, all mentally ill patients who require treatment involuntarily will initially be admitted to a facility for 72 hours prior to a decision being made as to discharge, or continued treatment involuntarily. According to the new act, patients-or "mental health care users" -can be admitted voluntarily (section 25), as assisted users (section 27) or involuntarily for an initial 72 hour assessment period (section 33) and, depending on the outcome of this period, for further involuntary care (section 34).¹

Tara, The H Moross Centre will not be one of these hospitals offering 72-hour assessments although it is a designated specialised psychiatric hospital, catering for the needs of those mentally ill patients requiring tertiary assessment and longer-term care. Partly to minimise certifications, a closed unit (ward 7) was established at the hospital in 1996. In addition to 30 beds, it also has 6 seclusion rooms, and can therefore house patients who have severe psychopathology requiring containment and/or seclusion.

Certification rates 5 years before and 5 years after (1991-2000 inclusive) the opening of the unit were reviewed retrospectively. Certification rates were calculated according to the number of patients certified relative to the number of admissions to the hospital per year. The demographic profile and diagnosis of certified patients was determined.

During the 10-year period (Table I, Figure 1) under review, certification rates were generally low. Patients certified during either time period were predominantly in the 14-35 year age group with a fairly even gender distribution over the entire period (Figure 2). Chi square analyses revealed no significant difference between those certified before or after 1996 in terms of either age or gender. The most common diagnoses associated with certification were bipolar disorder, manic phase and schizophrenia. Substance abuse was a common comorbid diagnosis throughout the period of study. These findings were consistent throughout the period of study. There were no significant differences (chi square analysis) between the two groups (pre/post 1996). The diagnoses of the uncertified population was not determined hence no comparison could be made in this regard. This holds for both age and gender as well.

As this was a retrospective study, accuracy of reported data may be questionable. Data on those patients who were not certified was not obtained. This would have assisted in establishing differences (clinically and otherwise) between those who were certified and those who were not. While certification rates were generally low, they seemed to decline further following the opening of the closed ward. The higher certification rates in 1994 and 1995 compared with the rest of the years is glaringly obvious. One can speculate as to the reasons for this. It needs to be borne in mind that this was a special time in the political history of our country, with the first demographic elections being held in 1994.

Table I Certification rates 1991- 2000

Year	No of admissions	No of certifications	% patients certified
1991	703	17	2.4
1992	710	16	2.3
1993	730	16	2.2
1994	705	28	4
1995	685	40	5.8
1996	722	20	2.8
1997	710	22	3
1998	685	19	2.8
1999	683	13	1.9
2000	697	8	1.1

Figure 1. Certification rate 1991-2000

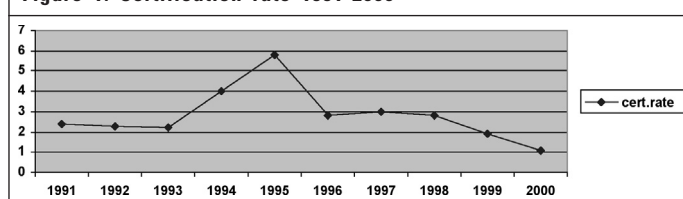
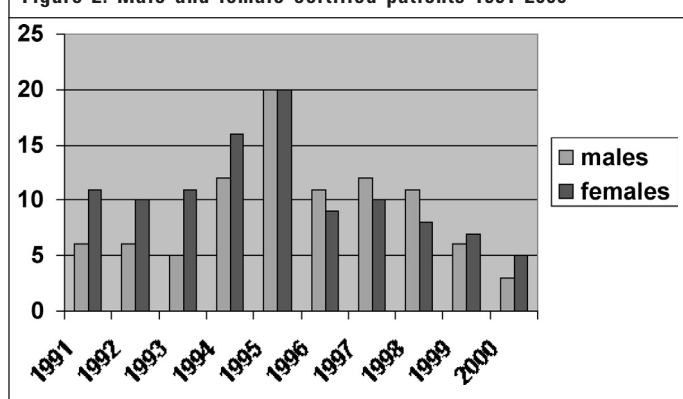


Figure 2. Male and female certified patients 1991-2000



The closed unit caters for the needs of uncontained psychiatric patients who might otherwise require certification. Aggressive psychotic and manic patients, as well as suicidal patients and those requiring behavioural programmes such as severe eating disorders or personality disorders have been successfully treated in the unit. This study revealed that young adults with a diagnosis of bipolar disorder, (manic phase) appear to be a group at risk for certification. Under the new MHC Act, Tara will continue to provide care for patients who are admitted voluntarily, or as assisted patients.¹

The implications of the data suggest that, should voluntary or assisted care patients become uncontained and require further containment, the milieu of a closed unit is generally conducive to

their continued care. Such patients may then not require be transferred to a different facility to continue their psychiatric treatment, involuntarily.

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