



Absconding Behaviour in a Psychiatric Facility: A Narrative Review on Socio-demographic Characteristics, Clinical Profile of the Absconders, and the Way Forward

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Abstract

Absconding in psychiatric facilities is a significant patient safety issue due to its adverse consequences, such as treatment interruption, symptom relapse, self-harm, violence, etc. Despite its diverse implications, absconding remains under-researched, particularly in low-resource mental health settings.

This narrative review examines the socio-demographic characteristics and clinical profiles of patients who abscond from psychiatric facilities and explores evidence-based strategies for preventing and managing absconding behaviour. Relevant literature on absconding behaviour in mental health facilities was reviewed. The review focused on studies describing the socio-demographic characteristics, psychiatric diagnoses, clinical symptoms, previous absconding episodes, and circumstances associated with absconding. Evidence indicates that absconding is a multifactorial phenomenon involving an interplay between patient, treatment, staff, and environmental-related factors. Frequently reported characteristics include younger age, male sex, previous history of absconding, involuntary or prolonged admission, substance-use-related problems, psychotic disorders, poor insight, agitation, and perceived dissatisfaction with treatment or hospitalisation.

Conclusion: Absconding behaviour in psychiatric facilities is a complex and preventable patient-safety challenge rather than merely an act of non-compliance. Early recognition of socio-demographic and clinical risk factors, combined with patient-centred care, effective communication, appropriate observation, family involvement, and institutional preparedness, can reduce the occurrence and consequences of absconding.

Keywords: *Absconding behaviour, psychiatric facility, mental healthcare setting, socio-demographic characteristics, clinical profile.*

INTRODUCTION

Absconding behaviour remains a lingering challenge in psychiatric hospitals and undermined patient safety in mental healthcare services worldwide.^{1, 2} Researchers have broadly characterised 'absconding' as leaving a hospital without authorisation.^{3, 4} Furthermore, absconding has been reported in general healthcare settings; it's more frequently reported in psychiatric hospitals due to the nature of the psychiatric disorders (poor insight, impaired judgement, and commanding hallucinations), involuntary admission, and restrictive patterns of inpatient psychiatric care.⁵

Psychiatric inpatient services were designed to form safe and therapeutic places where patients with severe mental illness can receive treatment, rehabilitation, and monitoring. Inpatient care is basically due to severity of symptoms, imminent risk of harm to self or others, and the patient may experience restrictions and close observations.^{6, 7} Although these

strategies were designed to guarantee patient and public safety, they may also contribute to patients' desire to escape while on treatment, thereby culminating in absconding behaviour.^{1,6}

Absconding behaviour raises significant concerns due to its adverse consequences on patients, healthcare facilities, families, and communities. Absconders often opt out of treatment prematurely and hence may face poor treatment adherence, relapse or worsening of symptoms, self-harm, suicide, harm to others, victimisation, or substance use.⁸⁻¹¹ Additionally, absconders pose a significant emotional, physical, and professional burden to healthcare providers as well as legal liabilities to the facility.^{2, 8, 12} Worldwide, the reported prevalence rates of absconding behaviour differ significantly due to number of differences viz; study setting and population, definitions, security level, mental health legislation in the region. Furthermore, multiple socio-demographic characteristics, clinical profile, hospital, and environmental factors have been linked to absconding behaviour.^{13, 14}

Definition Terms

Absconding: Leaving hospital while on admission without medical authorization.^{1, 3, 8}

Absconder: Any patient who leaves hospital while on admission without medical authorization, and failed to return by midnight, and also any compulsory admission who failed to return from leave after his authorized permission elapsed.³

Elopement: Elopement refers to the departure of a patient from a health facility without permission when such a departure poses a risk to the patient due to cognitive impairment, mental health challenges, or physical health issues.¹⁵

Missing patient: Any patient reported to or by police as missing after they cannot be located within the hospital, regardless of the circumstances of the disappearance, whether accidental or intentional.¹⁶

Escape: breach of the hospital's or unit's secure perimeter—that is, when a patient leaves the wall, fence, reception area, or any other designated hospital border without the staff's knowledge or consent.¹⁷

Leave against medical advice (LAMA): refers to departure from inpatient care which is determined by the client decision to leave the facility having been informed of and understanding the risks of leaving without completing treatment.¹⁵

Table1: Differences among the terms

S/N	Terms	Key Differences
1	Absconding	Departure from hospital admission without permission, either accidentally due to illness or intentionally in case of a stable patient.
2	Absconder	Inpatient who exhibited absconding behaviour.
3	Elopement	Unauthorized departure from a health facility by a patient, which poses a safety, mental, or physical health risk.
4	Missing patient	Any patient who cannot be located within the health facility, irrespective of the circumstances, be it accidental or intentional.
5	Escape	Departure of a patient that involves a violation of security or legal custody, particularly in forensic contexts.
6	LAMA	Self-determined departure from inpatient care, after having been informed of and understanding the risk of leaving without completing treatment.

LAMA: leaving against medical advice

EPIDEMIOLOGY OF ABSCONDING

Epidemiologically, absconding is considered a detrimental treatment outcome event due to its link to negative treatment outcomes, risk of suicide, self-harm or harm to others, victimization, and litigation issues.^{8, 9, 12} Nonetheless, the epidemiology of absconding behaviour differs significantly across countries, regions, and hospital settings; it's undoubtedly the most commonly reported safety incident in inpatient psychiatric settings.^{8,13,14} Due to a variety of factors, including study setting and population, definitions, security level, and regional mental health laws, stated prevalence rates of absconding behaviour vary greatly across the globe.^{12, 13, 18} Absconding behaviour has also been associated with a number of sociodemographic characteristics, a clinical profile, a hospital, and environmental factors.^{1, 13, 14} While most studies utilized different ways to define absconding behaviour, prevalence rates were not reported in the same way across studies (table 2). Varied rates of absconding were reported in the Western world; in the study by Mui-Cochrane et al. (2011),¹⁹ found absconders to account for 1.6%; although in their earlier study,¹ 20.8% of admissions reported to have absconded; 22% rate of absconding behaviour was reported by (Beer et al., 2009)²⁰; in another study, absconders were found to account for 0.22/1000 bed days¹⁷; a lower rate of 0.47% was reported by (Bowers et al., 2000)²; Gerace et al.(2015), reported absconding rate of 17.22/100 involuntary admissions²¹; while rate of 13.33% was reported in another study²²; Moreso absconding rates of 20%, 14.4%, and 4.4% were reported by (Cullen et al., 2015),²³ (Wilky et al., 2014),²⁴ and (Napoli et al.,)²⁵ respectively.

There is a dearth of studies on absconding behaviour from Asian countries; lower rate of 0.18% was reported by (Verma et al., 2020),³ 0.45% by (Gowda et al., 2019),¹² and 0.4% by (Anisi et al., 2017).⁵ However, relatively high rate was reported in another study.⁹ Similarly, there is a dearth of studies on absconding behaviour from sub-Saharan Africa; an absconding rate of 7.83% was reported by (Arbee et al., 2019).¹⁰ In a systematic review of literature published between 1996 and 2008 on absconding from inpatient psychiatric facilities, absconding rates were found to account for 2.5% to 34% of all inpatient psychiatric care.⁴

Table 2: Prevalence rate of absconding behaviour

Study	Location of the study	Setting	Rate of absconding
Verma et al. (2020)	India	Non forensic	0.18%
Muir-Cochrane et al. (2021)	Australia	Not specified	1.6%
Muir-Cochrane et al. (2011)	Australia	Non forensic	20.8%
Gowda, G. S., Et al. (2019)	India	Non forensic	0.45%
Beer MB et al. (2009)	London	Non forensic	22%
Mezey et al. (2015)	London	Non forensic	0.22/1000 bed days
L. Bowers et al. (2000)	London	Non forensic	0.47%
Gerace et al. (2015)	Australia	Non forensic	17.22/100 IA
K. A. Mosel et al. (2010)	Australia	Not specified	13.33%
A. E. Cullen et al. (2015)	London	Forensic	20%
Arbee et al. (2019)	South Africa	Mixed	7.83%
Wilkie et al. (2014)	Canada	forensic	14.4%
Napoli et al. (2023)	Italy	Non forensic	4.4%
Anisi et al. (2017)	Iran	Not specified	0.4%
Khisty et al (2008)	India	Non forensic	14.28%

IA: Involuntary admissions

Socio-demographic Characteristics of Absconders

Multiple socio-demographic variables have been linked to absconding behaviour in a psychiatric facility, with young age being the most consistently reported finding across studies.¹³ Numerous studies found younger age as the most consistent and robustly reported risk factor of absconding behaviour.^{1, 2, 5, 21, 22} Furthermore, studies found that the male gender is the most frequently involved in absconding behaviour. This is further supported by the significant association of the male gender with absconding in another study, with those under 35 years contributing to most of the absconding in psychiatric wards.² Younger patients tend to be more rebellious, impulsive, risk-taking, and resistant to ward instructions and are more likely to exhibit adventurous behaviours which may prompt a more serious motivation to abscond.⁵ In contrast, age was not significantly associated with absconding behaviour in another study.⁹

Studies have reported gender differences in absconding behaviour, with the male gender being mostly associated with absconding behaviour,⁹ although there are no significant gender differences in those who absconded multiple times.²¹ Additionally, studies reported significant association of absconding behaviour among single patients admitted involuntarily^{5, 11, 22} or into the emergency department,⁵ early phase of admission,^{3, 22} non-insurance,⁵ cost of treatment,^{8, 9} and those with longer length of hospital stay.²¹

Clinical Profile of Absconders

Clinical factors have been reported to be associated with absconding among inpatients of a psychiatric facility. Studies have consistently linked psychiatric diagnosis with absconding behaviour: schizophrenia,^{1, 2, 9, 21} substance addiction,^{5, 20} and BD.⁹ Additionally, mental state examination (MSE) findings of irritable mood, perceptual disturbances, and poor insight at admission were significantly associated with absconding.³ The absconding behaviour has been significantly associated with previous absconding in multiple studies;^{2, 20, 21} moreover, frequency of hospitalisation has been reported as a risk factor for absconding.⁵

Consequences of Absconding Behaviour

Absconding from inpatient mental health facilities has been a serious concern to mental healthcare professionals, mental health facilities, patient relatives and society due to its negative consequences.¹ Although a sizeable number of patients abscond without immediate adverse consequences, absconding behaviour is generally considered a significant patient safety incident because it interrupts patients' treatment plans, puts patients at substantial risk, and places staff, institutions, and carers under emotional, physical, financial, and/or legal burden.⁴

Risk of Suicide and Self harm

Suicide and self-harm constitute significant consequences for absconding among inpatients in psychiatric hospitals because both were clear indications for inpatient treatment for those who present with significant risk.²⁶ Therefore, leaving the hospital while on admission for stabilization could remove the safe environment provided to ensure close monitoring, treatment, and support.¹² Patients admitted with severe depression, cognitive distortions, florid psychotic symptoms, command hallucinations, personality disorder, substance addiction, or a previous history of self-harm are at increased risk of suicide or self-harm shortly after absconding.^{8, 26, 27}

Compared to individuals who left the unit with staff consent, absconding suicides were more likely to be young, homeless, and unemployed. The most prevalent diagnosis was schizophrenia, and there were significant rates of past substance abuse and violence.¹³ Compared to inpatients on agreed leave, absconders were proportionately more likely to have died by suicide during the first week of admission, been legally held for treatment, and not take their medication as prescribed.²⁸ As a result, lowering the number of patients who abscond psychiatric hospitals continues to be crucial to lowering suicide rates among mental health inpatients.²⁹

Worsening of Clinical Condition and Poor Treatment Outcome

Absconding from inpatient care invariably disrupts all forms of treatments: drug treatment, physical treatment, psychotherapy, social intervention, and occupational therapy.^{13, 30} Abrupt discontinuation of medications following absconding from a psychiatric facility results in worsening or relapse of psychotic symptoms, impaired functioning, and reduced quality of life.^{8, 25, 31} Furthermore, relapse of symptoms such as persecutory delusions, command hallucinations, substances use, and irritability could culminate in violence and aggressive behaviour.^{19, 25}

Physical and Medical Complications

Patients who absconded from treatment may be too psychotic at the time of absconding, as reported in another study.³ Hence, such patients may wander about aimlessly and become at risk of accidental physical injuries such as traffic accidents, falls from heights, drowning, and accidental poisoning. Additionally, absconded patients with comorbid medical conditions such as hypertension, diabetes mellitus, epilepsy, tuberculosis, or retroviral diseases miss their medications, which may lead to medical emergencies with a risk of fatal outcome.^{15, 30, 31}

Consequences on the Family

Families of patients who abscond from inpatient psychiatric treatment experience significant emotional disturbances, anxiety, and frustration due to concerns regarding patient safety, whereabouts, state of health, and interruption of treatment.³¹ Caregivers also engage in active search efforts, which further pose financial and physical burdens as well as the loss of workdays to families of patients who absconded from psychiatric facilities.¹

Consequences on the Healthcare Professionals

Mental healthcare professionals experienced a range of psychological distress following absconding behaviour by the patients; these include self-blame, guilt, fear of disciplinary action, anxiousness, etc. Moreover, following an absconding incident, staff are generally mobilized into emergency response actions, which may include active searches, paper documentation, dissemination of information to the absconding response team, law enforcement agencies, and notification of patient relatives, which contribute to increased workload and physical exhaustion for mental healthcare professionals.¹⁹ In addition, mental health practitioners must balance patient autonomy, beneficence, non-maleficence, justice, confidentiality, and the obligation to keep vulnerable people safe. Strict restrictive measures may reduce the likelihood of absconding, but they may also harm therapeutic interactions and breach patient rights, which inevitably compromises the ethical standards that healthcare practitioners are obligated to uphold.¹²

Consequences on the Health Facility

Mental healthcare facilities suffer reputational damages, particularly when absconding results in violence, self-harm, suicide, injuries or relapse of symptoms.¹⁹ Absconding behaviour may pose legal liabilities to both mental healthcare facilities and professionals. More so if negligence becomes apparent in the incident or if avoidable consequences occurred after the incident.

Predictors of Absconding

Various socio-demographic, clinical and environmental factors have been found to predict absconding behaviour among inpatients admitted to psychiatric hospitals. Studies have consistently found age,^{1, 2, 5, 21, 22} gender,^{2, 5, 21} marital status,⁵ period of admission,^{3, 21, 22} type of admission,^{5, 22} diagnoses of schizophrenia,^{2, 21, 22} substance addiction,⁵ and previous absconding,^{2, 20, 21} as predictors of absconding among inpatients admitted to psychiatric hospitals.

Implications for Clinical Practice

Early identification of a patient at risk of absconding is an important clinical implication. Risk assessment should be part of the routine clinical assessment and should be reviewed throughout admission, as it's dynamic and may change with alteration in patient clinical status, treatment, and ward situations.^{9, 12} Mental healthcare professionals should establish therapeutic relationships with patients throughout the admission period.¹³ Patients should be allowed to voice concerns about their hospital admission, be treated with dignity, and be heard when making treatment decisions.^{22, 32} These may increase perception of safety and are likely to reduce absconding. Furthermore, the care plan should be individualized and pointed to the identified risk factor for a particular patient and the required steps to avert that risk, these should be augmented with regular observation and monitoring of patient at increased risk of absconding.¹²

Timely and adequate assessment and treatment of acute psychiatric conditions, particularly those with serious behavioural disturbances, could help to address frequent absconding behaviour.⁹ The patient's family could play a key role in addressing absconding behaviour via information about premorbid personality, previous absconding, and possible destination if the patient leaves prematurely.^{9, 22} While family involvement in treatment and absconding risk assessment is crucial, it is essential to obtain patient consent and maintain confidentiality.¹² In the event of return absconded patients, the approach should not be a disciplinary matter but rather a structured and comprehensive clinical review to explore patient clinical states and likely triggers, and modify patients overall care plans accordingly.²²

Institutional Strategies

Psychiatric hospitals should develop a comprehensive absconding policy delineating risk assessment, institutional response, reporting points, search protocol, family notification, patient return and clinical reassessment, and preventive measures.³² Psychiatric facilities should design standardized risk assessment procedures, which should be applied routinely during clinical assessment and repeated after a striking change in patient clinical states, ward placement, leave arrangement, aggression, or suicidal behaviour.^{13, 32} Furthermore, psychiatric facilities should ensure adequate staffing and training of mental healthcare professionals, including security on identification of absconding risk, therapeutic alliance and communication, de-escalation techniques, monitoring procedures, legal and ethical duties, emergency response to absconding, documentation and incident reporting, and post-incident review.³¹

Generally, mental healthcare facilities should ensure inpatient promotive services, ward environments, etc., are designed to promote privacy, safety, dignity, therapeutic activity, and social interaction.⁸ Authorized leave should be granted after a thorough assessment of potential risk for absconding and well-established ability to return at the agreed time.⁹ Proactive security measures should be provided, particularly in the wards where patients at increased risk of absconding receive treatment. Details of any absconding event should be documented, which may guide preventive measures to be designed based on available evidence rather than data from different locations.

The Way Forward

A multifaceted, preventive, and patient-centered model should replace the primarily security-oriented approach to absconding prevention.¹² Routine and well-structured absconding risk assessment during admission and subsequent reviews, or at any time when the clinical status of the patient changes.⁹ Furthermore, mental healthcare professionals should prioritize shared decision-making, therapeutic communication, and engagement.⁹ Psychiatric hospitals should establish multidisciplinary absconding prevention teams. The team can review incident cases, identify particular trends, and make recommendations for preventive measures.

Adequate staffing and training of mental health workers, including security on identifying absconding risk, therapeutic engagement and communication, de-escalation tactics, monitoring processes, and legal and ethical obligations, should be ensured by psychiatric facilities.⁸

Conclusion

In conclusion, absconding behaviour in psychiatric facilities is a complex and preventable patient-safety challenge. Reducing absconding behaviour requires a shared responsibility among mental healthcare professionals, hospital administrators, policymakers, patients, families and the wider community. A psychiatric service that is safe, therapeutic, respectful and responsive to patients' needs is more likely to reduce the factors that precipitate absconding. Consequently, effective management of absconding should ultimately aim not only to prevent patients from leaving the hospital without authorisation but also to create a therapeutic environment in which patients feel understood, respected, involved in their care, and motivated to remain engaged in treatment and recovery.

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