

Study of Psychiatric Patients in Pingla Ashram

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Abstract : Out of 170 inmates admitted in a non-government asylum, 62.3% were found to be burdened with physical and psychiatric morbidity. Out of them 42.8% had psychiatric morbidity. 64% were admitted by the police and 56% had been staying in Pingla Ashram for more than 3 years. 42% were admitted to Pingla Ashram as the family could not cope with their violent behaviour at home. Before the study, main method to control violent inmates was chaining (64%) and restraining (28%). Out of the 50 psychiatric patients admitted to the Psychiatry Ward of Medical College Hospital 64% were diagnosed as having schizophrenia, 20% having mood disorders and 16% having mental retardation with behavioural problems. After treatment in the Psychiatry ward, they were sent back to Pingla Ashram, where they were followed up. At the time of discharge from Psychiatry ward, 70% showed improvement. At 3 months, 50% and at 6 months 42% maintained improvement achieved with treatment. 10% of the inmates were sent home after treatment, while 20% of the inmates could not be sent as no relatives came nobody came to take the inmates home in spite of repeated reminders. 4% inmates ran out of Ashram back to their home after getting well. No inmate was chained after the treatment in the ward.

Key Words: Pingla Ashram, Pingalwara

INTRODUCTION

At the time of India's Independence, there were about 10,000 beds in mental hospitals for a population of 400 millions. Over the years, population has increased by nearly two and half times, but the number of beds have increased to only about 21,000. Thus, the population to bed ratio has remained more or less constant at 1 bed for 5,000 population. The prevalence of severe mental morbidity in India ranges from 3-10 per 1000, which is more than 5 times the bed strength available.¹

The 35 mental hospitals of varying sizes spread all over the country provide care to chronic mentally ill patients, but a number of problems like over crowding, long stay patients, poor funding, inadequate facilities for rehabilitation etc. plague the mental hospitals contributing to the poor quality of care and services. Keeping in mind such a situation, WHO in 2000 gave the slogan

“Stop exclusion-Dare to care”, meaning that there is a need to look for uncared patients, caring them in community rather than excluding them in mental hospitals or ignoring them.

Bhagat Puran Singh Ji is renowned for the service of the destitute, homeless, handicapped and mentally ill patients. At the time of partition, he came in contact with a four year old crippled abandoned child in Lahore, whom he carried to India. He started a shelter home and named it Pingalwara, for the care of discarded and handicapped persons. He served inmates with great devotion and soon it became the main stay for the uncared in the northern states of India. In one of the study it was reported that there were 736 inmates in Pingalwara at Amritsar.² Out of them 300 (40%) were patients of mental disorder, 300 (40%) were disabled or suffering from chronic physical disorders and 20% had curable diseases. Following the example of Bhagat Puran Singh Ji

Pingalwara like shelter homes came up in other parts of Punjab, including the one at Patiala.

The Erawadi tragedy highlighted the mismanagement in asylums and similar shelter homes, as a result Mental hospitals came under public scrutiny. Government of India ordered every state to dechain the mentally ill patients in asylums.^{2,3} Hence, the present study was undertaken in order to study the condition of mental patients in an asylum of this area.

METHODOLOGY

The study was carried out in the Pingla Ashram situated in a village Sanour 3.5 km away from Patiala. The incharge of the Pingla Ashram was contacted for the permission to conduct the study. All the inmates of the Pingla Ashram were screened. Inmates showing odd behaviour or reported to be mentally ill by the attendants staying in Pingla Ashram were taken up for detail assessment by admitting them in the Psychiatry ward. 50 inmates were admitted.

The sociodemographic variables, mode of admission to Pingla Ashram, history of mental illness in the past, if available were recorded from the varied sources i.e records, relatives and patients. The attendants were also interviewed for assessment of behavioral pattern of inmates. Detailed MSE was carried out in order to make the diagnosis according to ICD-10. After the treatment in Psychiatry Ward, which varied from two weeks to one month, the inmates were discharged and sent back to Pingalwara. They were advised to take treatment under supervision. They were followed up in the Ashram at 3 months and 6 months after the discharge from the ward. After treatment in the ward some of the inmates expressed their desire to go back to their families or home. The relatives of all the inmates, where address or phone numbers were available, were contacted and some of them were sent home.

RESULTS

At the time of study the Pingalwara had 175 inmates. Out of them, majority (62.3%) had physical and psychiatric morbidity. The morbidity due to psychiatric disorders was 42.9% (Table 1).

Among the inmates admitted to Psychiatry ward for detailed study, males (70%) outnumbered the females (30%). They were from all the age groups i.e. 12% in 16-25 age group, 20% in 26-35 age group, 24% in 35-45 age group, 20% in 46-55 age group, 16% in 56-65 age group. Only 4% were below 15 years and a 4% above 65 years of age. The education status was not known in 80%, while 2% were matriculate, 2% were middle, and 4% were primary educated, 12% were illiterate.

Marital status in 20% was not known, while 28% were married, 48% were unmarried, 4% were divorced. Occupation was known in 84%. Among the males, 12% were in Govt. Job, 8% were

Table 1
Details of Morbidity among inmates of Pingla Ashram

	N	%age
A. Total No. of Inmates	175	-
B. Inmates without morbidity	66	37.7%
Inmates with morbidity	109	62.3%
C. Details of morbidity		
Psychiatric Morbidity	75	42.9%
Schizophrenia	32	
Mood Disorder	10	
Mental Retardation	25	
Others	8	
Physical Morbidity	34	19.4%
Handicapped (N=12)		
Orthopeadically	10	
Visual	1	
Hearing	1	
Medical (N=20)		
Epilepsy	17	
Hemiplegia	3	
Cancer (N=2)	2	

Table 2
Details of Admission to Pingla Ashram

	N	%age
1. Mode of Admission		
A. Admitted by relatives	14	28%
Parents	5	10%
Sibs	8	16%
Spouse	1	2%
B. Admitted by others	36	72%
Police	32	64%
Panchayat etc	2	4%
Other Unrelated people	2	4%
2. Reasons for Admission		
A. Known	26	52%
a. Loss of parents	3	6%
b. Lack of social support	2	4%
c. Unable to cope with behaviour (N=21)		
Treated	10	20%
Untreated	11	22%
B. Not Known	24	48%
3. Duration of stay		
1 year	5	10%
2 years	9	18%
3 years	8	16%
4 years	4	8%
5 years	12	24%
More than 5 years	12	24%
4. Mode of the management prior to start of study		
Medication	1	2%
Chaining	32	64%
Restraining	14	28%
Isolation	3	6%

labourers, while 36% were employed somewhere and among females 28% were housewives. Domicile was known in 80% only, with 56% being from urban area.

Regarding the diagnosis of the psychiatric patients, 64% had schizophrenia – 20% disorganized (F 20.1); 30% undifferentiated (F20.3), 10% simple (F20.6), 2% catatonia (F. 20.2), 2% paranoid (F 20.0). 20% had mood disorder – 16%, Depression (F-32), 4% Bipolar affective disorder (F31). 16% had mental retardation with behavioral problem - 12% had severe degree of mental retardation (F72) and 4% had profound mental retardation.

Duration of mental illness was known in 70% of the inmates.

Inmates were chronic patients as 90% had been ill for more than 5 years. Majority of these patients had been admitted by police (Table 2) and 64% had been chained at Pingla Ashram.

Nature of treatment in the past was known in 70%. 30% were treated with drugs, 20% were treated with drugs and ECT, and 20% were never treated. At the time of discharge, 70% had improved. (Table 3)

Table 3 : Outcome after Treatment in Psychiatry Ward

	N	Improved	%age	Not Improved	%age
		N		N	
At the time of discharge from ward	50	35	70%	15	30%
At 3 months	42	25	50%	17	34%
At 6 months	42	21	42%	21	42%

Table 4 : Intervention Efforts To Settle Treated Inmates in their Families or Homes

	N	%age
A. Without Any Available Contact	29	58%
B. Contact Available -	21	42%
1. Inmates were sent back to home	5	10%
2. Relatives were contacted, but nobody came to take them	10	20%
3. Inmates did not want to go home because	3	6%
a) Husband got remarried	1	
b) Patient had eloped from home, now not able to face family.	1	
c) Nobody to look after in the family	1	
4. After staying in the ward and getting better, left Pingla Ashram at their own as nobody came to take inspite of repeated letters.	2	4%
5. Died	1	2%

DISCUSSION

The National Survey of Mental Health carried by Government of India (2002) shows that there is a marked gap between the patient load and hospital beds for psychiatric patients. As compared to the number of patients reported to be suffering with various mental disorders (n=3645206), the number of beds available in government and private sector in the states of Punjab and Haryana, Himachal Pradesh, Chandigarh and Jammu and Kashmir are very few (n=1251). Hence there is a great demand for resources or means, that can take care of psychiatric patients in the society. Hence, the contribution of private institutions cannot be undermined.

Out of 175 inmates in the Pingalwara, 109 (62.3%) had some type of morbidity. Maximum morbidity was due to psychiatric disorders. Out of 75 psychiatric patients, 25 had mental retardation, while 50 had various psychiatric disorders, who were admitted to Psychiatry ward for detailed study. In the Pingalwara of Amritsar, 40% inmates had mental disorder².

72% of the inmates were admitted by persons other than relatives and out of them 64% were admitted by the police. In a study,⁴ 63% were admitted by police to Agra Mental Hospital, while in another study,⁵ 50% were admitted by police among 1439 Mental Hospital patients.

The relatives of 42% inmates found it difficult to cope with erratic behaviour of the patients and they tend to dispose them off. Most of these patients had chronic schizophrenis. In a study,⁶ 68% had schizophrenia among the long stay patients at Mental Hospital, Ranchi. In single day census on 1307 patients at NIMHANS, 66% had schizophrenia⁷. In another study,⁸ 70% patients were rejected by their families.

Further, the inmates have a long stay in Pingla Ashram, 56% had been staying for more than 4 years indicating that these are the persons

who are either not accepted by the families or can't stay with them. In the study⁴ carried out at Agra 33% had been staying in Mental Hospitals for more than 15 years, 18% were staying between 10-15 years while the rest stay for less than 10 years. In another study,⁹ 8% of the patients were staying in the Mental Hospital for 26-35 years, 15% for 16-25 years and 29% for 6-15 years. Another recent study,⁷ 25% were staying at Mental Hospital for more than 15 years and 38% between 5-15 years.

In the Pingalwara, the inmates were chained (64%) or restrained (28%) as they were not administered any treatment. Subsequent to commencement of study, inmates were treated in psychiatry ward and were then sent back to Pingalwara. At time of discharge from the ward, 70% had shown improvement of varying degree i.e. they had started taking care of their personal hygiene, violent behaviour decreased and psychiatric symptoms got controlled. After three months, when these inmates were contacted in Pingalwara 50% of them had been maintaining improvement. However at 6 months follow-up 42% maintained improvement. One of the reason for decline in improvement could be due to the fact that drugs were not always available for the patients. In a study conducted at Agra it was reported that 32% patients improved during their stay in Hospital, while 33% worsened.⁴ After treatment from the Psychiatry ward, relatives of the improved cases were contacted. In 58%, no contact could be traced, only in 42% contact could be traced. After treatment, 10% could be sent home. Surprisingly, the relatives of 20% of inmates did not cooperate and did not agree to take the patients home inspite of repeated contact. They were putting up unreasonable excuses indicating gross apathy on their part for the patients. Thus after psychiatric treatment, 26% of inmates were fit to be kept at home if relatives so desired, but they were unfortunate to

have unacceptable relatives and were compelled to pass time in compromised living conditions of the Pingalwara.

There are a large number of psychiatric patients who can't or are not looked after by their families. Thus there is a great need to create additional psychiatric beds/ facilities and efforts of social organizations and NGOs should be lauded and encouraged. However, these organizations need to be assisted and supervised as there are no psychiatric facilities resulting in Human Right violation of mentally ill persons. There is also a need to educate families about psychiatric disorders and treatment so that there is increased acceptance of these patients by their families.

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