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## **RUNNING HEAD: AN ANALYSIS OF ABSCONDING BEHAVIOURS**

Retrospective analysis of absconding behaviour by acute care consumers in one  
psychiatric hospital campus in Australia

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### **ABSTRACT**

Absconding is increasingly being recognized as a problem within mental health settings with significant risks for consumers. This study examines absconding behaviours across three acute care wards within an Australian psychiatric hospital campus over a 12-month period. A descriptive statistical analysis determined the rate of absconding from 49 absconding consumers who absconded 64 times. The absconding rate was 13.33% (absconding events), with most absconding events arising from males diagnosed with schizophrenia (57.14%) aged between 20 and 29 years, and with 62.50% of absconding events occurring whilst consumers were on their first 21-day detention order. Nearly half of all absconding events were by consumers that had absconded previously, with the highest proportion of events occurring during nursing handover. A profile of absconders, time of day of absconding, legal status and repeated absconding behaviours are described. The emergent profile of absconding consumers within this study bears some similarities to that described in overseas research, although in this study consumers were slightly older and 25% of absconders were female. Of particular interest are findings that identify the timings of absconding events in relation to a consumer's legal status. Implications for practice, including assessment of risk of absconding and management, are considered.

**Key Words:** absconding, acute care, psychiatric consumers.

## INTRODUCTION

Absconding (patients leaving hospital without permission) has been identified as a significant problem within mental health settings. The act has been linked to serious harm to self and others (including violence, aggression and homicide), and a number of other health, economic and social issues have been identified (Bowers *et al.* 1998; Dickens & Campbell 2001; Meehan *et al.* 1999; Muir-Cochrane & Mosel 2008). A systematic literature review by Muir-Cochrane and Mosel (2008) of research published in the last decade identified a small but growing body of work addressing the characteristics of absconding patients, the dynamics of absconding events, and the risks associated with this behaviour. The review highlighted that a single definition of absconding remains elusive, creating difficulty in establishing prevalence or allowing a more detailed comparison between studies. In spite of such problems, this review (and a review of earlier research by Bowers *et al.* (1998)) indicated that the consumers most likely to abscond are detained young males, diagnosed with some form of schizophrenia. The rate of absconding was established by Bowers *et al.* (1998) as being 12.6% (*Range* = 2–44; using a formula by Molnar & Pinchoff (1993) where possible), although both reviews highlighted difficulties in calculating absconding rates due to different methods of calculations. In addition, most absconding events occurred within the first three weeks of admission to a psychiatric unit.

The above reviews are largely based upon research conducted within the United Kingdom, and there has been scant research within Australia investigating absconding behaviours of psychiatric inpatients (Carr *et al.* 2008; Meehan *et al.* 1999; Muir-Cochrane & Mosel 2009). Only two Australian studies have identified the rate of absconding in psychiatric facilities (Carr *et al.* 2008; Meehan *et al.* 1999), and only one of these (Meehan *et al.* 1999) addressed the characteristics of patients who absconded. It is important therefore, that systematic study be undertaken in order to compare an Australian population with those of overseas studies. This is particularly important from a risk management perspective. Risk assessment and management are important tools within the psychiatric setting, employed to protect the consumer, staff, and the community. Risk assessment informs the management plan in a systematic way and is critical for effective clinical practice. By identifying the interactions between factors

and mechanisms associated within the phenomena of absconding, a framework for evidence based intervention arises (Crowe & Carlyle 2003; Doyle & Dolan 2002). At present, there is significant gap in the local knowledge base from both a risk assessment and quality of care perspective. Bowers *et al.* (2003a; 2005) have identified the need for efficacious nursing interventions designed to reduce the incidence of absconding, and hence, decrease the risks and harm associated with these events. Nursing interventions designed to decrease absconding have been implemented with success, but in only one published study in the United Kingdom (Bowers *et al.* 2003a). This is at odds with current international trends in relation to competency standards for the registered nurse (ANA 2008; ANMC 2006; CNA 2009; EfCCNa 2004; ICN 2007; NCNZ 2007; NMC 2009), which require that nursing practice be based on evidence. However, without current Australian research, the nature of absconding cannot be accurately assessed, nor can local practice standards be defined. As such, this research attempts to extend current knowledge about the phenomenon of absconding nationally and internationally.

## **MATERIALS AND METHODS**

The site of this research was a large metropolitan psychiatric hospital campus (consisting of 252 beds) located in Australia. In 2006, 1204 consumers were admitted to the hospital campus on detention orders, and in 2007, 908. Three acute care psychiatric wards, one of which serviced consumers from rural and remote areas requiring psychiatric services, were included in the study. Retrospective data was collected for a period of 12 months from 2006–2007.

Absconding was defined as a detained consumer leaving the premises (ward) without permission from appropriate clinical staff. Under state legislation, a consumer is detained (involuntarily admitted) to an approved treatment centre for three days when a medical practitioner is satisfied that this person has a mental illness that requires immediate treatment and the detention is in the interests of the safety of the consumer and/or others. This three-day detention order is reviewed within 24 hours of admission and, if the consumer is determined as still requiring treatment and further detention, the consumer is placed on a 21 day detention order, a period which can be extended by a second 21 day detention order. During admission, the detained consumer must not leave

the approved treatment facility without official approval.

According to the policy (and inherent procedures) at the hospital, a detained consumer is recorded as a missing person (absconder) when they are not sighted at regular patient checks. Within 10 minutes, the ward and grounds must be searched and a 'Notification of missing person/Unapproved leave' form is completed. This data is then recorded electronically as an absconsion as part of a normal organisational procedure.

## **Aims**

The aim of this study was to determine the rate of absconding on three acute care inpatient wards over 12 months. The study also describes a profile of absconding consumers on these wards, including demographic information, principal diagnosis and legal status, as well as time of absconding and number of repeat absconding events.

## **Tools and measures**

Data were recorded as a normal function of organisational audit. All detained consumer absconds were recorded, as consumers are detained under the state legislation and clinicians are required to complete missing persons documentation and inform the police when a consumer is absent without permission. The information recorded was: time and date of absconding; non-identifiable consumer number (to allow for the consumer who absconds more than once to be identified); admission data (e.g. date and ward of admission); detention status; gender; age; principal diagnosis; and discharges for all acute care wards (voluntary and detained consumers).

## **Ethics**

Ethical clearance was obtained from the relevant hospital and university committees. Data provided to the researchers was de-identified in accordance with the National Statement on Ethical Conduct in Human Research (NHMRC 2007).

## **Data analysis**

Descriptive statistics were used to summarise the data and provide a measure of

variability. This study utilised statistical measures that included mean, mode and proportion, aiming to describe the demographics of detained absconding consumers (e.g. gender, diagnosis, age) and the central tendencies evident within the data (Corty 2007). Inferential statistical tests, where appropriate, were performed to determine the statistical significance of the findings, and all values are reported at the two-tail level of significance.

In studies investigating absconding, either admission data or discharge data are often used for calculations of absconding rates. If admission data is used, then the absconding rate is an expression of events against the number of admissions by 100 in order to get a percentage. Consumers may have several admissions in this hospital (i.e. transfers from one ward to another), but only one discharge is recorded (from the hospital campus, and not when moving from one ward to another). Therefore discharge data were used to ensure accuracy of absconding rates in this study.

The expression in past research of absconding incidence rates has been identified by Bowers (2000, p. 365) as problematic, with inconsistency between studies in the way in which absconding rates are calculated and reported, 'resulting in incomparability of information between studies and a lack of precision'. Bowers (2000) suggests that, in order to maintain uniformity in research, clear identification of 'event-based' or 'patient-based' incidents should occur. In event-based calculations, repeat incidents by patients are dispersed across the total number of patients, thus increasing population rates. Alternatively, patient-based calculations ignore repeat incidents by patients, resulting in lower population rates. Bowers (2000) identifies a number of advantages in using patient-based calculations. These include the ability to rule out the effect of one patient who carries out multiple incidents, allowing a profile of patient characteristics to emerge; it is also less likely to fluctuate over time (Bowers 2000). It is also suggested that the time over which data needs to be collected decreases, with 12 months suggested to be optimal to calculate meaningful and comparable rates. However, in spite of these advantages, event-based calculations are also particularly useful, augmenting patient-based findings, and allow the calculation of incident based rates across the population, thus adding depth to the findings. In this study, both event-based and patient-based data are calculated, and clearly identified throughout the findings.

## RESULTS

### Demographic data of the acute care hospital population

The population studied comprised of 410 males and 210 females (see Table 1). Of male consumers, 82.20% ( $N = 337$ ) were detained, and of female consumers, 68.10% ( $N = 143$ ) were detained,  $\chi^2(1, N = 620) = 15.79, P < 0.001$  (the odds ratio reveals that males were 2.17 times more likely to be detained than females). The mean age of all consumers was 37.37 years ( $SD = 11.69$ ) with a median age of 36 years. The mean age of male consumers was 35.92 years ( $SD = 11.24, Median = 35$ ), and the mean age of female consumers was 40.20 years ( $SD = 12.05, Median = 40$ ), with the female consumers significantly older than the males,  $t(618) = -4.38, P < 0.001$ . The most frequent principal diagnoses were: (i) 57.74% schizophrenia ( $N = 358/620$ ), (ii) 23.23% major affective disorders ( $N = 144/620$ ) and (iii) 8.23% personality disorders ( $N = 51/620$ ). The median length of stay in acute care for all consumers was 22 days ( $Range \leq 1-352$ ).

[INSERT TABLE 1 ABOUT HERE]

### Absconding events and rates

In the study period, there were 64 absconding events (see Table 2). The absconding rate for the detained sector of the hospital was 13.33% (event-based). The absconding rate of detained males was 14.84% ( $N = 50$ ) and the absconding rate of detained females was 9.79% ( $N = 14$ ). While males were responsible for more events than females, the difference is not statistically significant based on the proportion of males (70.21%,  $N = 337$ ) and females (29.79%,  $N = 143$ ) detained,  $\chi^2(1, N = 64) = 1.92, P = 0.166$  (although the observed frequency of events by males is higher than expected (*expected value* = 44.93), and lower than expected for females (*expected value* = 19.07)).

[INSERT TABLE 2 ABOUT HERE]

### Demographic data of absconding consumers

## *Gender*

While there were 64 absconding events during the data collection period, 49 consumers were responsible for these incidences (see Table 2). When adjusted for consumers who absconded more than once (i.e. ignoring repeat incidents/events by the same consumer), 75.51% ( $N = 37$ ) were male and 24.49% ( $N = 12$ ) were female. Thus, 10.98% of the male detained consumer population abscond, while 8.39% of the detained female consumer population abscond, with sex not significantly related to absconding,  $\chi^2(1, N = 480) = .73, P = 0.392$  (odds ratio = 1.35).

## *Principal diagnosis: absconding consumers*

The majority (mode) of absconding consumers (69.39%,  $N = 34/49$ ) were diagnosed with some form of schizophrenia which, although higher than an expected rate based on the total hospital population with a schizophrenia (57.74%), did not reach statistical significance,  $\chi^2(1, N = 49) = 2.72, P = 0.099$  (see Table 3). The highest group of absconding consumers were males diagnosed with schizophrenia (57.14%,  $N = 28/49$ ).

If absconding consumers were to be considered within each gender grouping, then 75.68% ( $N = 28/37$ ) of male absconding consumers were diagnosed with schizophrenia and half ( $N = 6/12$ ) of female absconding consumers were diagnosed with schizophrenia. Compared to the total number of male consumers with schizophrenia ( $N = 251, 61.22\%$ ), male consumers with a schizophrenia tend to be overrepresented in the male absconding group,  $\chi^2(1, N = 37) = 3.27, P = 0.070$ . A comparable trend with female participants ( $N = 107, 50.95\%$  of all female consumers had a schizophrenia disorder) was not apparent,  $\chi^2(1, N = 12) = .004, P = 0.948$  (although the sample size in this case is small for chi-square analysis). Absconding males were 3.11 times more likely to have a schizophrenia than absconding females; this difference was, however, not statistically significant, *Fisher's exact test* = .148 ( $N = 49$ ; since the expected value for female consumers who did not have a schizophrenia was  $<5$ , examination of the chi-square statistic was considered inappropriate).

[INSERT TABLE 3 ABOUT HERE]



*Age: A comparison of principal diagnosis with gender*

The average age of males diagnosed with schizophrenia that absconded was 32.90 years (see Table 4). However, in examining the age spread of this group, as shown in Figure 1, the mode age range for males with a schizophrenia who absconded was between 20 and 29 years (53.57%,  $N = 15/28$ ). The average age of female absconders diagnosed with schizophrenia was 30.67 years (see Table 4). Similar to the male absconders, the age spread of this group (shown in Fig. 1), illustrates that 66.67% ( $N = 4/6$ ) of female absconding consumers diagnosed with schizophrenia, were aged between 20 and 29 years.

In comparing male and female absconding consumers to the total hospital population (Fig. 1), while over 50% of male absconders with schizophrenia were aged between 20 and 29 years, 36.65% ( $N = 92$ ) of all male consumers diagnosed with schizophrenia were aged between 30 and 39 years (the mode age range). For females, 33.64% ( $N = 36$ ) of all female consumers diagnosed with schizophrenia were aged between 40 and 49 years; however, most of the female absconding consumers diagnosed with schizophrenia were aged between 20 and 29 years. No female absconders were aged between 40 and 49 years.

[INSERT TABLE 4 ABOUT HERE]

[INSERT FIGURE 1 ABOUT HERE]

**Legal status**

59.18% ( $N = 29/49$ ) of absconding consumers left during their first 21-day detention order; 20.41% ( $N = 10/49$ ) left during their second 21-day detention order (see Table 5). 20.41% of absconding consumers were on another type of detention order (3-day, continued, forensic). If it is not expected that absconding would differ between different types of detention orders, this represents a significant overrepresentation of consumers absconding when on, in particular, the first 21-day detention order,  $\chi^2(4, N = 49) = 52.53, P < 0.001$ . When considering events, 62.50% ( $N = 40/64$ ) of all absconding events occurred during the first 21-day detention order; with 18.75% ( $N = 12/64$ ) of all absconding events occurring during the second 21-day detention order. Again, there is an overrepresentation within the first 21-day detention order,  $\chi^2(4,$

$N = 64) = 78.97, P < 0.001.$

[INSERT TABLE 5 ABOUT HERE]

### **Consumers absconding more than once**

Ten consumers (20.41%) absconded more than once (see Table 6). Of 64 absconding events, 25 (39.06%) were by consumers who had absconded before. Overall, 79.59% ( $N = 39$ ) of all absconding consumers did so only once, while five consumers absconded twice, and five absconded three times within this 12-month period.

[INSERT TABLE 6 ABOUT HERE]

### **Absconding times**

As is shown in Figure 2, the most frequent time period in which absconding events occurred was between the hours of 1900 and 2059 (18 events). Of events occurring during the day, the highest time of absconding was between 1500 and 1559 (6 events).

[INSERT FIGURE 2 ABOUT HERE]

## **DISCUSSION**

The rate of absconding in this study is higher (13.33%) than that reported in two other studies (see Bowers *et al.* 2003b; Meehan *et al.* 1999), but it is lower than a number of others (see Bowers *et al.* 2003b; Carr *et al.* 2008; Dickens & Campbell 2001; Khisty *et al.* 2008; Pages *et al.* 1998). While comparison of rates between studies remains problematic, the findings of the present study are particularly important since to date only two other identified studies report a rate of absconding based on Australian data (Carr *et al.* 2008; Meehan *et al.* 1999). In both of these studies, however, the rate was calculated by using admission data, and one of these studies failed to define absconding.

Hence true comparisons and subsequent interpretations of absconding have not yet been firmly established in an Australian setting. This current study has been able to examine reliable and meaningful data within an Australian setting that will be useful for any comparison studies in the future.

The age and diagnoses of male absconders in this study is broadly consistent with previous findings (although absconding consumers appear to be slightly older than those studies previously reported). This is in keeping with the profile of absconding male consumers developed in earlier studies (see Bowers *et al.* 2003a; Bowers *et al.* 1999a; Bowers *et al.* 2000; Farragher *et al.* 1996; Meehan *et al.* 1999; and Quinsey & Coleman 1997). In particular, when comparing male absconders to the diagnosis information of the overall hospital population, males with schizophrenia tend to be overrepresented in the absconding group. This is an important finding, since it has been suggested that the greater representation of men diagnosed with schizophrenia in absconding figures may be due to their high proportion in acute care settings (Muir-Cochrane & Mosel 2009).

Of interest, 25% of absconding consumers were female. In this study, the absconding rate of detained females was 9.79% (event-based), only 5.05% less than that of males. Furthermore, in this study 33.64% of the female inpatient hospital population diagnosed with schizophrenia were aged between 40–49 years, however, there were no female consumers diagnosed with schizophrenia in this age group who absconded. While males were overrepresented in events and females underrepresented based on expected values derived from the total population of detained males and females, this result was not statistically significant (at  $P < 0.05$ ). It should be stressed, however, that using the number of detained consumers in order to determine expected frequencies of events by males and females is somewhat problematic, since some events were carried out by the same person (and absconding consumers also form part of the comparison population; this latter point also applies to three of the four calculations for diagnosis). Nonetheless, when these results are compared alongside those for patient-based rates, 8.39% of females and 10.98% of males abscond, a difference which is also non-significant.

The literature published to date indicates that the females that abscond do so in smaller numbers than the findings of this current study suggest (see Bowers *et al.*

2003a; Bowers *et al.* 1999a; Bowers *et al.* 2000; Farragher *et al.* 1996; Meehan *et al.* 1999; Quinsey & Coleman 1997); and only three studies have reported comparable absconding rates in both males and females (see Dickens & Campbell 2001; Khisty *et al.* 2008; Walsh *et al.* 1998). This study indicates that there is a higher ratio of females that abscond considering the detained hospital inpatient population of females ( $\approx 1:4$ ) when compared to males ( $\approx 1:7$ ). Therefore, more attention to females as absconding consumers is warranted, and there is also indication that the age of female absconders may be a contributing factor towards absconding risk.

The highest percentage of absconding events occurred while a consumer was on a first 21-day detention order. This is an important finding, since to this time, a number of studies investigating absconding rates have included both voluntary *and* involuntary psychiatric consumers; but have not identified the consumer's *legal status* upon absconsion (see Andoh 1999; Bowers *et al.* 1999c; Bowers *et al.* 2003a; Bowers *et al.* 2000; Bowers *et al.* 2003b; Brook *et al.* 1999; Carr *et al.* 2008; Farragher *et al.* 1996; Khisty *et al.* 2008; Meehan *et al.* 1999; Moore 2000; Shah & Ganesvaran 2000; Walsh *et al.* 1998). The reasons why consumers are more likely to leave when on these detention orders and not others is an important area for further investigation; aiding in informing the patient care plan as well as the risk assessment and management of the consumer.

Absconding occurred with higher frequency between the hours of 1900 and 2059, with the second peak of absconding occurring between the hours of 1500 and 1559. At this particular hospital, nursing handover is between the hours of 1900–1959, and afternoon tea for the nursing staff is between the hours of 1500 and 1559. This finding is similar to that of other studies (see Bowers *et al.* 1999b; Dickens & Campbell 2001; Walsh *et al.* 1998; and Carr *et al.* 2008). This seems to indicate that there is a relationship between nursing observation and absconding times, and suggests that the reduction of nursing staff during these times may provide opportunities for a consumer intent on absconding.

Findings demonstrate that nearly 40% of absconding events were by consumers that had previously absconded. There was also an equal likelihood of a consumer absconding two or three times. These figures are higher than reported in Meehan *et al.* (1999), who found that over one third of all absconding incidences were by the same

individuals. A small sub-group of absconding consumers accounted for nearly half of all absconding incidents in this study, these individuals absconding two or three times. To date, the characteristics of this group have not yet been examined. However, these findings suggest that a history of absconding increases the risk of this behaviour in the future and therefore serves as a possible future predictor of absconding. Bowers *et al.* (1999c) suggests that the care for the consumer does not change upon return to the unit, and this may potentially point to one reason why those who abscond once may be at a significant risk of doing so again. However it should be noted that absconding is a multifactorial phenomenon, with not one causal factor.

### **Limitations**

It should be noted that 8.16% of absconding consumers had no recorded diagnosis, although they were legally detained under the local mental health act. In addition, in this hospital, most of the acute-care inpatient population (77.42%) were detained. However, at this stage there is no data available on voluntary consumers leaving this hospital without formal approval. For these reasons, the above findings need to be interpreted with this in mind and not generalised to a total ward population, and the diagnoses of consumers and the established profile is therefore not absolute.

### **Implications for practice**

This study has explicated new understandings about the demographics and dynamics of absconding by psychiatric inpatients. That 1 in 8 detained consumers behaves in this way warrants close and sustained attention, in order that effective nursing practices can be implemented to reduce the incidence of absconding and associated risks. Young men and women are more likely to abscond than other groups. Further, consumers abscond in close proximity to involuntary hospitalisation being extended (first 21-day detention order) suggesting that a keen sensitivity in breaking news to consumers about ongoing detention is warranted. Bowers *et al.* (2003a) reports on nursing interventions trialled in the United Kingdom intended to decrease absconding. These interventions included identifying high risk consumers and providing more time with nursing staff, a book for signing in and out of wards, encouraging the

consumer to have contact with family and friends, careful conveying of bad news, and post-incident debriefings for staff and consumers after violent or noisy altercations. From the decreased absconding rates quoted (Bowers *et al.* 2003a,b), these interventions appear efficacious and are aimed at improving care in order to decrease absconding incidents (Bowers *et al.* 2003a; Muir-Cochrane & Mosel 2008).

Absconding appears to be an opportunistic event, occurring when consumers feel less staff are visible or observant, suggesting staff should increase availability at these times. Repeat absconders are a high risk group in terms of interruptions to treatment and requiring longer hospitalization and nursing care. Careful risk assessment and appropriate supportive management of individuals who abscond for the first time can reduce the likelihood of a repeat event and improve the inpatient experience. Further research that builds on these Australian findings would be useful to examine risk assessment and management practices in relation to absconding, state and ward absconding policy and practices, and perceptions of consumers, staff and family and carers in relation to this stressful event.

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**TABLE 1:** *The hospital population*

Consumers	Male	Female	Total discharges
Voluntary and detained (N)	410	210	620
% overall	66.13	33.87	100
Detained only (N)	337	143	480
% of total detained	70.21	29.79	100
% of discharges (per sex)	82.20	68.10	N/A
% overall	54.36	23.07	77.42

**TABLE 2:** *A comparison of gender to absconding consumers, absconding events and detained hospital discharges: consumer and event based*

Consumers	Male N (%)	Female N (%)	Total consumers N (%)
Absconding consumers	37 (75.51)	12 (24.49)	49 (100)
Absconding events	50 (78.13)	14 (21.88)	64 (100)
Detained hospital discharges (% of absconding consumers to discharges)	337 (70.21)	143 (29.79)	480 (100)
(% of absconding events to discharges)	(10.98)	(8.39)	(10.21)
	(14.84)	(9.79)	(13.33)

**TABLE 3:** *Principal diagnoses and absconding consumers: consumer-based*

Principal Diagnoses	Male N (%)	Female N (%)	Total absconding consumers N (%)
Schizophrenia	28 (57.14)	6 (12.25)	34 (69.39)
(% of absconding consumers per sex)	(75.68)	(50.00)	N/A
Bipolar affective disorder	5 (10.20)	1 (2.04)	6 (12.25)
(% of absconding consumers per sex)	(13.51)	(8.33)	N/A
Severe depressive episode	0	1 (2.04)	1 (2.04)
(% of absconding consumers per sex)	0	(8.33)	N/A
Mental & behavioural disorder	0	1 (2.04)	1 (2.04)
(% of absconding consumers per sex)	0	(8.33)	N/A
Unspecified non organic psychosis	1 (2.04)	2 (4.08)	3 (6.12)
(% of absconding consumers per sex)	(2.70)	(16.67)	N/A
Not stated in data	3 (6.12)	1 (2.04)	4 (8.16)
(% of absconding consumers per sex)	(8.11)	(8.33)	N/A
Total absconding consumers	37 (75.51)	12 (24.49)	49 (100)
(% of absconding consumers per sex)	(100)	(100)	N/A

**TABLE 4:** *The average age of absconding consumers: consumer based*

Consumers	Male average age	Female average age
Schizophrenia	32.90	30.67
Bipolar affective disorder	39.60	40
Severe depressive episode	N/A	41
Mental & behavioural disorder	N/A	38
Unspecified non organic psychosis	31	30
Not stated in data	46.67	26
Total absconding consumers	34.82	32.42
Comparison: Total hospital population	35.92	40.2

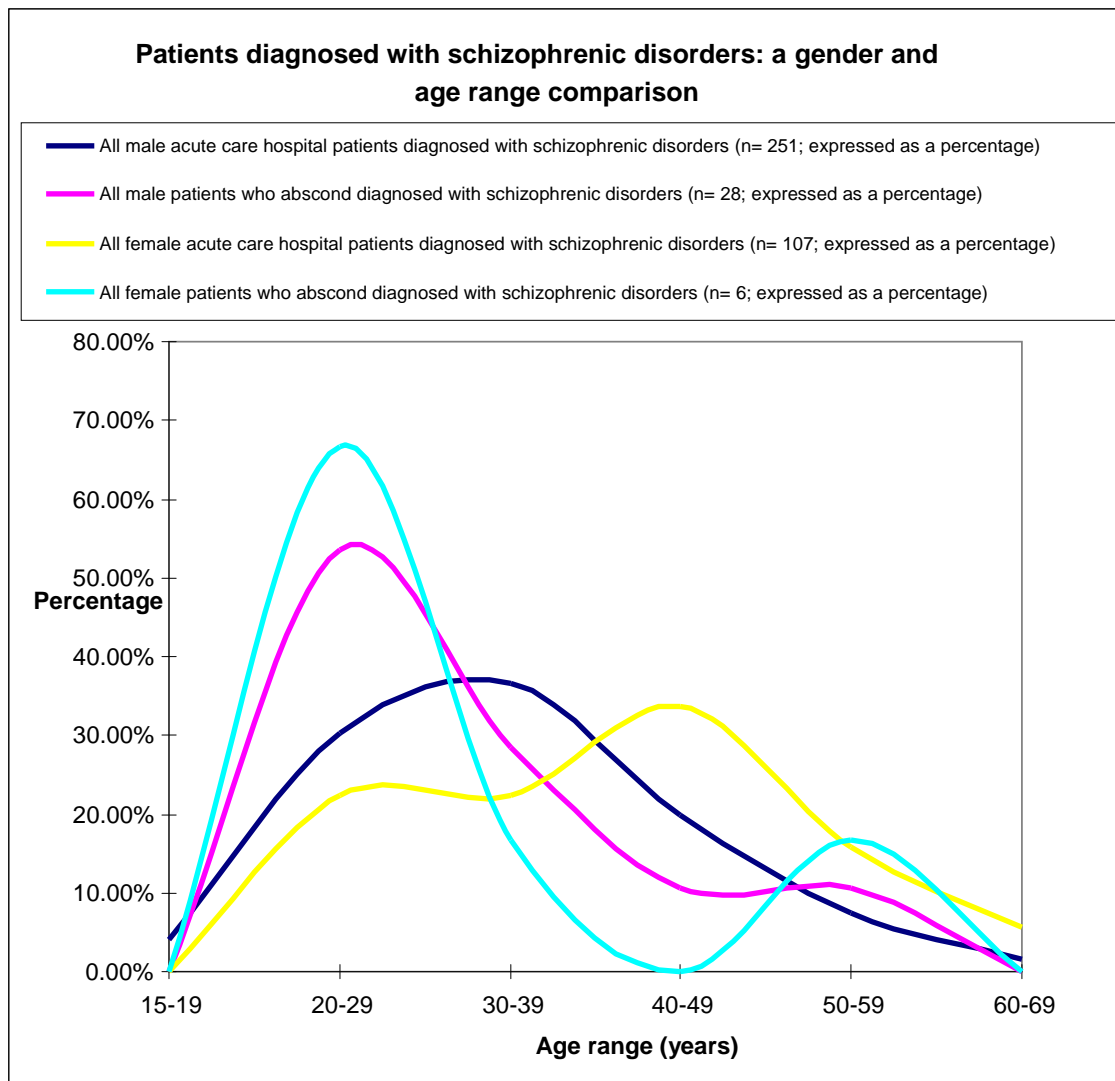
**TABLE 5:** *The legal status of the absconding consumers and events: consumer and event based*

	3-day detention <i>N (%)</i>	First 21 day detention <i>N (%)</i>	Second 21 day detention <i>N (%)</i>	Continued detention <i>N (%)</i>	Forensic consumer order <i>N (%)</i>	Total <i>N (%)</i>
Absconding consumers	2 (4.08)	29 (59.18)	10 (20.41)	7 (14.29)	1 (2.04)	49 (100)
Absconding events	2 (3.13)	40 (62.50)	12 (18.75)	9 (14.06)	1 (1.56)	64 (100)

**TABLE 6:** *Absconding more than once: consumer and event-based*

	Absconding consumers once <i>N (%)</i>	Absconding consumers more than once <i>N (%)</i>	Total <i>N (%)</i>
Absconding events by absconding consumers twice (% of consumers who abscond more than once)	N/A	5 (10.20) (50)	N/A
Absconding events by absconding consumers 3 times (% of consumers who abscond more than once)	N/A	5 (10.20) (50)	N/A
Total no. of absconding consumers (% of consumers who abscond more than once)	39 (79.59)	10 (20.41) (100)	49 (100)
Total absconding events	39 (60.94)	25 (39.06)	64 (100)

**FIGURE 1:** A comparison of the age ranges with gender. This compares the age range and gender of consumers with schizophrenia who abscond to the hospital population diagnosed with schizophrenia. Expressed as the percentage of consumers within this age range.



**FIGURE 2:** The times when absconding occurred – event-based. This demonstrates the times of absconding events over 24 hours. Expressed as number of absconding events and percentage in relation to the times each event occurred.

