GENERAL HOSPITAL PSYCHIATRY:
PSYCHIATRIC CERTIFICATES
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SUMMARY

A retrospective analysis of 70 cases referred for certification revealed that they accounted for less than 1% of total cases. Criminal cases constituted 50% and the rest were service and civil cases. There was no psychiatric problem detectable in 10% of the cases; 7% were for travel concessions. All the certificates issued in service matters were in favor of employees.

INTRODUCTION

General hospital psychiatry is accepted by the community and its services are well utilised (Gopala Sarma, 1991). One of the functions performed by a psychiatric department is to issue certificates after due examination of persons referred by various agencies for a variety of reasons. As there are no reports about psychiatric certificates until now, an exercise was undertaken to find out the categories of persons who utilize and benefit from these in a general hospital setting.

MATERIALS AND METHODS

The records of the Psychiatry department of M.G.M. Hospital, Warangal, over a period of 80 months, ending June 1992, were scrutinised for the following:

1) General Data: The total number of cases registered, total number of prisoners seen, the total number of cases referred for certificates and the number of cases in which the psychiatrist was called to court to give evidence.

2) Certificates: All cases referred for certificates were scrutinised and grouped as Criminal (all cognisable offenses), Service (all cases pertaining to service matters) and Civil (all other cases). The sex and age (below 30 years/above 30 years) of all cases were noted.

Criminal cases were evaluated for:

i) Source of referral (District Judge / Magistrate / Police)

ii) The Act under which the case was booked.

Service cases were evaluated for:

i) Reason for referral [Fitness for duty (irregular / not doing duty properly / insubordination / after treatment) or Voluntary retirement on medical grounds].

ii) Department in which the person was working [Government (Medical/other) or Private].

The outcome in Criminal and Service cases was classified as Nil Psychiatry / unsound, unfit / fit / Psychometry or did not come again for observation.

Civil Cases were evaluated for:

i) Reasons (compensation / consent / social welfare / travel).

ii) Referred by (Court / Family / Department).

iii) Outcome (Unsound mind, unfit / for Psychometry)

The data was analysed statistically using the Chi square test.

RESULTS

During the study period, 7064 new cases were registered; out of these, 211 were prisoners, consisting of 62 convicts and 149 undertrials. Only 70 cases (0.99%) were referred for certification. Of these 35 (50%) were criminal cases, 23 (32.9%) service, and 12 (17.1%) were civil cases. The psychiatrist was called to court to give evidence in 6 cases which required certification: 4 criminal and 2 civil. The age and sex distribution is shown in Table 1. The overall difference between the age groups was highly significant.

Table 1

| Age and sex distribution | Criminal | Service | Civil |
|--------------------------|----------|---------|-------|
| Sex                      |          |         |       |
| Male                     | 31       | 17      | 9     |
| Female                   | 4        | 6       | 3     |
| Age                      |         |         |       |
| Below 30                 | 21       | 2       | 10    |
|                         | (16+3)   | (1+1)   | (6+2) |
| Above 30                 | 14       | 21      | 2     |
|                         | (13+1)   | (16+5)  | (1+1) |

\[X^2 = 22.273144, \text{DF} = 2, P = 1.457, E-05\]

The number of males and females are given in parenthesis below the combined figure and have not been taken into consideration for \(X^2\).

Table 2

| Criminal Cases: Source of referral and Act (n = 35) | Male | Female |
|---------------------------------------------------|------|--------|
| Referred by:                                      |      |        |
| Dr. Judge                                         | 5    | (14.3) |
| Magistrate                                        | 23   | (65.7) |
| Police                                            | 3    | (8.6)  |
| Act:                                              |      |        |
| IPC 302                                           | 6    | (17.1) |
| 307                                               | 2    | (5.7)  |
| 394                                               | 2    | (5.7)  |
| ILA                                               | 17   | (40.1) |
| Rape Victim                                       | 2    | (5.7)  |
| Other                                             | 7    | (20.0) |
Table 2 highlights the referral patterns and the sections under which the cases were booked. Fourteen cases were booked under the Lunacy Act (as per the Police Escorts information), while in seven information was inadequate. Two females were booked under IPC 302, while two others were victims of rape.

Table 3

| Reason for referral: | Male | Female |
|----------------------|------|--------|
| Fitness for duty (Irregular/not doing duty/property/insubordination/after treatment) | 10 (43.5) | 5 (21.7) |
| Voluntary retirement | 7 (30.4) | 1 (4.4) |

Department:
- Government | 7 (30.4) |
- Medical | 4 (17.4) |
- Others | 10 (43.5) |
- Private | - |

As shown in Table 3, the majority of the service cases, 10 males and 5 females, were referred to ascertain their fitness for duty. All of these were from Government departments, with eleven being from medical departments.

Table 4

| Criminal | Service |
|----------|---------|
| Nil Psychiatry | 6 (26.1) | 1 (4.2) |
| Unsound | 12 (52.2) | 12 (52.2) |
| Fit | 3 (13) | 3 (13) |
| Psychometry/did not come again for observation | 2 (8.7) | 2 (8.7) |

The numbers of males and females are given below the combined figure and were not taken into consideration for \(X^2\).

\[X^2 11.764186, DF = 3, P = 8.236, E-03\]

The Psychiatry Department of M.G.M. Hospital, Warangal, caters to 4 districts of Telangana region of Andhra Pradesh. Likewise, a Central Prison, one of the four in Andhra Pradesh, situated near the hospital, lodges prisoners from the same population. During the weekly visits of the psychiatrist to the prison, 149 undertrials apart from convicts and Watch and Ward were treated. The criminal cases that were sent for certification were less than 5% of the undertrials seen in the prison. Of the 6 cases in which the psychiatrist appeared in court, only 4 were criminal cases. Most of the prisoners that were seen were illiterate and from poor socio-economic backgrounds. The reluctance to utilize the provisions of law relating to mental illness may be due to a variety of reasons. Some of them could be that the legal profession, in general, is accustomed to pleading "Not guilty" and the plea of insanity means admission of guilt or that the poor socio-economic background and illiteracy precludes the prisoner from advising his lawyer about the possibility of using the above provision.

The significantly less number of 'Nil psychiatry' cases in criminals may be due to the fact that only very obvious cases are sent for examination, as evidenced by 30 cases being referred by Police and / or Magistrate before committal and commencement of trial. The high number of cases belonging to the category psychometry / did not come again for observation, may have been due to the following reasons: The persons accompanying them had requested for referral to Mental hospital where they could be admitted, as there was no provision to keep them in the local hospital for observation; some persons got bail subsequently and hence did not come again.

Voluntary retirement on medical grounds accounted for 35% of service certificates. Employees resort to this to get the benefit of the provision by which a dependent will be given employment if an employee with a minimum of 5 years remaining services retires on medical grounds. Most employed patients somehow drag on till the last and then take advantage of the above provision. The majority of the service certificate cases (65%) were referred for
undisciplined behaviour such as irregularity, insubordination, etc. This may explain significantly high number of "Nil psychiatry" cases. All persons in service cases were from Government agencies. This may be due to the absence of the above provision of giving employment to the dependent and work ethics in private services. It is interesting to note that almost half of the service cases belong to Medical departments. This may be due to awareness of the disease by the employer or proximity and easy access of the medical board, which has to recommend medical invalidation to the medical employees.

The civil group consisted mostly of mentally retarded persons. Though road, rail and airways offer concession to the mentally retarded, this facility is not of much use as travel is not a regular and priority item. As the general hospital provides free treatment, many patients do not approach the department for certification for IT exemption. The absence of 'nil psychiatry' in the civil group is mostly because the group consists of the mentally retarded and certification was for the purpose of divorce, compensation or travel based on the IQ. The significant age difference among the groups may be due to predominance of mentally retarded in civil group and older persons in the service group.

The location of a mental hospital in the nearby state capital may, to a limited extent, explain the small percentage of certification cases, mostly Criminal, as each hospital has its own catchment area, even though this is not a bar for judiciary to refer cases to the Mental hospital. Keeping the provisions of the law, concessions offered by various agencies and the number of cases seen in the department, service personnel seem to be getting more benefit than criminals from psychiatric certificates.

REFERENCE

Gopala Sarma, P. (1991) General Hospital Psychiatry: Sociodemographics of patients. Andhra Pradesh Journal of Psychological Medicine, 4, 2, 48-52.

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