Brit. J. Psychiat. (1963), **109**, 202–205

Section 29

By H. F. PATERSON and A. R. DABBS

The wording of the Mental Health Act, 1959 makes it clear that an application under Section 29 replaces both the old Urgency Order and the D.A.O.'s three-day order as a means of compulsory admission to a mental hospital or the psychiatric ward of a general hospital. It was intended to be limited to cases where the patient's mind is so acutely deranged as to make him a grave and immediate danger to himself or others, so that the delay in obtaining a second medical recommendation required for admission under Section 25 might spell disaster.*

Therefore one might expect that most Section 29 cases would fulfil certain criteria. They would tend to be under fifty years of age, and it is likely that this would be the first acute episode in a psychotic illness and there would be a high incidence of attempted suicide or police intervention just prior to admission.

To examine this hypothesis the authors made a detailed study of all the case records of patients admitted to Oakwood Hospital under Section 29 during 1961. Oakwood serves a mixed urban/rural catchment area with a nominal population of 625,610, and staffs six out-patient clinics and a day hospital, while there are three small psychiatric wards in general hospitals in the area.

A total of 378 men and 549 women were admitted to the hospital during 1961, and of these patients 13 per cent. of the men and 8 per cent. of the women were under Section 29. Table I shows the percentages of these patients in the over-60 age groups compared with the corresponding percentages in all other admissions. Over half the Section 29 cases were aged fifty or more and while the percentage of admissions under other sections of the Act drops abruptly after the eighth decade, this is not so apparent in the Section 29 cases. A simple χ^2 test reveals there is a significantly higher percentage of Section 29 patients in the over 60 groups ($p < \cdot 05$).

TABLE I

Age comparison—Section 29 and other admissions

Percentages	Males and Females		
Age Groups	60-69 yrs.	70-79 yrs.	80 yrs. plus
Total other admissions	10·5	10·8	4·4
Section 29	17·4	10·9	7·6

Table II suggests that a history of one or more previous admissions to a mental hospital increases the likelihood of Section 29 being invoked. This is especially so in the younger age groups. Over 75 per cent of the Section 29 patients under the age of fifty had a history of one or more admissions to a mental hospital; in contrast almost 73 per cent of the over sixties had never previously received psychiatric treatment.

TABLE II

Previous admissions

Percentages	Total	Male	Female
Single Previous admissions ..	18·5	28·4	7·0
Several previous admissions ..	36·9	34·7	39·5

These facts are in themselves surprising. If there were as good a liaison with the after-care service as we would like to believe and patients were indeed closely followed-up at an out-patient level, either at clinics or by the Local

* The Royal Commission's Report, on which the Act is based, emphasized that "the emergency procedure should not be used except in real emergencies when action must be taken before there is time to obtain the two medical recommendations" (Para. 409).

Authority Service after leaving the mental hospitals, then the necessity for admission for observation as an "emergency" should very seldom arise. Alternatively, several writers have pointed out that the first onset of an acute psychotic illness over the age of sixty is uncommon, there is nearly always a more insidious onset. As few patients need deteriorate so rapidly as to require emergency measures, the use of Section 29 in such cases would appear inappropriate.

In Table IIIa an attempt has been made to classify the Section 29 admissions during 1961 into three broad groups based upon the four categories employed by C. B. Kidd. Type A corresponds to the "mental" group of Kidd

TABLE IIIa

Clinical state on admission

Percentages	Total	Males	Females
Type 'A'	65·2	67·3	62·8
Type 'B'	22·8	14·3	32·5
Type 'C'	11·9	18·4	4·6

where the condition is purely psychiatric and physical disabilities, if any, are not connected with the mental state. Cases of Type B would include Kidd's "mental-physical" and "physical-mental" groups. Here there is a physical disorder which could produce or severely aggravate the psychiatric state, e.g. arterial hypertension or cerebral arteriosclerosis. Type C patients are equivalent to Kidd's group (iv) where the mental condition is a mere by-product of the physical state, and if the latter responds to treatment will completely disappear, e.g. the clouding of consciousness associated with uraemia or severe cardiac failure, or the intellectual impairment accompanying myxoedema. It can be seen from this Table that a number of Section 29 admissions were included in this last group (vide Addenda).

Table IIIb provides a more detailed psychiatric evaluation of these admissions. Just over half of them were acutely psychotic, and the senile confusional states are next in order of

TABLE IIIb

Psychiatric State on Admission

Percentages	Total	Males	Females
Acute Psychosis ..	55·4	53·1	58·1
Senile Confusional state	19·5	20·4	18·6
Chronic Psychosis ..	9·8	6·1	13·9
Coma/Comatose ..	3·3	2·0	4·6
Suicide Attempt ..	7·6	10·2	4·6
No Psychiatric symptoms	—	8·2	—

frequency. There is a surprisingly low total of attempted suicides and a small proportion of patients present no psychiatric abnormality whatsoever on admission.

The Mental Health Act clearly anticipates action under Section 25 as the normal sequel to a Section 29 admission. Table IV shows how far this was followed.

TABLE IV

Percentages	Total	Males	Females
Changed to Sect. 25 ..	64·1	57·1	72·1
Changed to Informal ..	28·3	34·7	20·9
Changed to Informal following Sect. 25 ..	35·9	32·6	39·5
Discharged after Sect. 29	4·3	4·1	4·6
Died before discharge ..	14·1	13·9	14·3

The number of patients who became directly Informal or were discharged is relatively large, and one wonders whether this reflects intensive therapy during the 72 hours covered by the Section or whether these patients could not have been admitted informally from the outset. Perhaps it is worth noting that over two thirds of the patients remained in the hospital for less than three months, and an appreciable number died before discharge.

A similar survey of Section 29 admissions

https://doi.org/10.1192/bjp.109.459.202 Published online by Cambridge University Press

during the first quarter of 1962 (Table V) shows an increasing recourse to this section and a steady increase in the age of the patient admitted.

It is noteworthy that there has been an increase in the number of patients suffering from concomitant physical disorders, Types B and C. A comparison with Table IIIb reveals a decrease in the percentage of acute psychoses while the senile confusional states have increased and the number of patients admitted in coma has almost doubled. A consideration of the relevant items in Table V compared with Table IV shows a sharp increase in the number of patients becoming Informal on the expiry of the Section 29 period.

TABLE V

Percentages	Total	Males	Females
Age: 60-69 yrs. ..	18·0	24·0	12·0
70-79 yrs. ..	16·0	24·0	8·0
80 yrs. plus ..	12·0	4·0	20·0
One or more previous admission	52·0	36·0	68·0
Clinical state: Type A	58·0	40·0	76·0
Type B	26·0	40·0	12·0
Type C	16·0	20·0	12·0
Acutely Psychotic ..	46·0	40·0	52·0
Senile confusional state..	26·0	40·0	12·0
Suicide Attempt ..	12·0	4·0	20·0
Chronic Psychosis ..	8·0	4·0	12·0
Coma/Comatose ..	6·0	8·0	4·0
Changed to Section 25..	58·0	48·0	68·0
Changed to Informal ..	40·0	52·0	28·0

DISCUSSION

From the foregoing data it is evident that there are broadly speaking two kinds of Section 29 admissions. The first is the acute psychotic illness in a young adult with a previous psychiatric history; the second is the geriatric patient who is often suffering from some serious physical ailment, sometimes with only incidental mental concomitants. In the younger group perhaps better follow-up techniques and liaison with the general practitioners might have prevented these patients from reaching such a degree of psychosis as to demand emergency measures. In the older group one is often forced to conclude that Section 29 is used to enable the patient to by-pass the waiting list for geriatric accommodation.

Finally it would seem that almost a third of these Section 29 admissions become directly Informal on the expiry of their 72 hours under the Section. Even allowing for the efficacy of modern treatments, one wonders whether such cases could not have been admitted informally at the outset.

CONCLUSION

From this study it would appear that there is some discrepancy between the type of patient that Section 29 of the Mental Health Act, 1959 was designed to deal with and many of the cases to which it is applied in practice. A number of these patients could have come into hospital under Section 25 or informally while for others admission to a geriatric unit or general hospital would have been more appropriate.

REFERENCES

ARIETI, S. (ed.), *American Handbook of Psychiatry*, 1959. New York: Basic Books. Pp. 1024–27.

KAPLAN, O. J., *Mental Disorders in Later Life*, 1956. Oxford University Press. Pp. 298–306.

KIDD, C. B., *J. Ment. Sci.*, 1962, **108**, 68–74.

LUNACY ACTS, Sections 11 and 20, 1890.

MENTAL HEALTH ACT, Section 29, 1959.

MAYER-GROSS, SLATER and ROTH, *Clinical Psychiatry*, 1960. Cassell. Pp. 448–55.

ADDENDA

Cases of Type 'B'

Mrs. E. G. 79 years. Admitted 3 January, 1961. Diagnosis, Senile Psychosis. No previous admissions. On admission, confused and disorientated. Physical state—enlarged heart; blood pressure 240/130, with generalized arteriosclerosis.

Mr. N. G. P. 66 years. Admitted 14 September, 1961. Diagnosis, Senile Depression. History of previous suicidal attempt. On admission: Atypical Depression. Physical state—advanced arteriosclerosis; blood pressure 180/80.

Cases of Type 'C'

Mr. W. H. B. 83 years. Admitted 1 September, 1961. Diagnosis: Senile Confusion. No previous admissions. On admission confused and disorientated. Physical state—myxoedema, further complicated by auricular fibrillation. Died 13 days after admission.

Mr. J. B. B. 63 years. Admitted 2 August, 1961. Diagnosis: Depression. No previous admissions. On admission, in coma. Died the next day. Cause of death—purulent bronchitis superimposed on pulmonary and adrenal tuberculosis.

ACKNOWLEDGMENTS

We would like to thank Dr. G. H. Collins, Physician Superintendent, Oakwood Hospital, for encouragement in this investigation and the Administrative Staff for their assistance in obtaining the data.

H. F. Paterson and A. R. Dabbs, *Medical Officers*,
Oakwood Hospital, Maidstone, Kent