# NECESSITY AND FREQUENCY OF INVOLUNTARY HOSPITALIZATION IN PSYCHIATRIC INSTITUTION

# **AUTHORS**

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# **SUMMARY**

Involuntary hospitalization for treatment of mental patients is a necessity in modern scientific psychiatric practice. Hospitalization is generally an act of psychological and social disruption of individual's homeostasis, which is a very important and complex problem for the mentally ill. The goal of the study was to confirm the necessity of involuntary treatment of mental patients in a medical institution, in the interest of patients and the society. The research was conducted as a cross sectional study of hospitalized patients in 2012 at the Clinic for psychiatric disorders "Dr Laza Lazarevic" in Belgrade. It included 2286 inpatients, especially involuntarily hospitalized 236 and 719 admitted for hospital treatment with the assistance of the police. The data were statistically analysed by methods of descriptive statistics: x2 - test and multiple logistic regression analysis, using the software package SPSS v. 20. The results show that 255 patients were admitted to the hospital for the first time with the assistance of the police. Patients hospitalized with the assistance of the police in compared to those hospitalized without the assistance of the police were, with statistical significance: younger, more frequently males, most frequently in the diagnostic group of schizophrenia and less frequently in the group of organic and affective disorders, most often it was their first, and involuntary hospitalization. During the studied period, 236 (10%) of the total number treated patients were involuntarily hospitalized. There were 176 (74.58%) patients detained for treatment by force, with the assistance of police. There is a necessity for involuntary hospitalization of mental patients. The justification of detaining patients in the health institution by such measures is accomplished through legislation in the best interest of the patient.

Keywords: involuntary hospitalization, police assistance, deinstitutionalization in psychiatry.

## **INTRODUCTION**

Psychiatry is, at the beginning of the XXI century, definitely and undeniably a clinical, technical and scientific field, equal to all other disciplines in modern human medicine [1]. It is a historical fact that scientific medicine has been looking upon mental disorders as an illness only since mid-nineteenth century [2]. Until a decade or two ago, medical and especially social attitudes toward mentally ill and psychiatry were ever-changing, even denying [1, 3].

Up until today, mental patients represented a burden to the community in all civilisations and were banished from the settlements as unwelcome [4]. Humanistic care for these patients apparently begins during the Middle Age, with establishment of the first psychiatric hospital 1409 in Valencia [5]. Until the end of the eighteenth century, psychiatric hospitals worked in the function of social tendencies to permanently isolate and remove the mentally ill from the community, and did not have the function of their treatment. These hospitals where organized in resemblance to prisons or dungeons [6].

Psychiatry today, is one of the first branches of human medicine that accepted holistic and epistemic principles and thus gained a significant advantage [1, 6].

Treatment of mental patients in hospitals according to the principles of scientific medicine began in the recent past, just about 160 years ago and, since then, only the specialized physicians - neuro-psychiatrists and psychiatrists have been involved in patient treatment. We are the contemporaries of mental patient treatment reform, through deinstitutionalization and "democratic psychiatry" movement, which has an important place in the European Union [7, 8]. Radical deinstitutionalization of psychiatry has been implemented in Italy with its specifics and, of course, shortcomings [9]. Hospital treatment of patients with mental disorders is required in the practice of today's scientific medicine. There is a need for continuous modernization, reorganization and improvement of hospital treatment for mental patients [10, 11, 12]. Given that, in the mentally ill, cognitive dysfunction, and often the loss of free will occur, the state is competent and entitled to compel these patients to hospital treatment [1, 12, 14]. Detaining the patients in the institution by force, should be legalized through adequate legislative regulation [15, 16, 17].

Legal regulation of implementing the enforced psychiatric hospitalization is based on two principles:

- a) Benefit for the community through police protection if the patient is a danger to others and the environment due to the diagnosis of mental illness;
- b) parenspatrie, i.e. the right of the state to protect the interests of an individual (applied if the treatment of mental illness is necessary for the benefit of that person) [1].

#### THE AIM

The objective of the study was to confirm the necessity of compulsory hospital treatment of mentally ill patients, as a legitimate interest of the patient and the society.

#### MATERIAL AND METHODS

This research was designed as a cross sectional study of hospitalized patients in 2012, at the Clinic for psychiatric disorders, "Dr Laza Lazarevic" in Belgrade. The study included all hospitalized patients, 2286 of them. Previous to the onset of the study, we have obtained the consent of the ethical comity of the institution, in which the research was conducted. For data collection and analysis we used the data from medical records (medical histories). The parameters of patients hospitalized with police assistance, as a whole, as well as in certain diagnostic groups, were particularly monitored. Hospitalized patients with diagnoses of mental illness (schizophrenia, affective psychosis, delusions and other psychoses) were observed during the study period, especially those involuntarily detained for treatment, from these diagnostic groups.

The data were statistically analysed by methods of descriptive statistics. For testing the differences in frequency we used the x2-test, and for testing the differences in arithmetic means unidirectional variance analysis was used. For analysing the relation between the independent variables and the hospitalization type, logistic regression was used. Hypothesis was tested with a statistic significance level of 0.05. Obtained data were analysed using the statistical software SPSS v. 20.

## **RESULTS**

In 2012, in the Clinic for psychiatric disorders "Dr Laza Lazarevic" in Belgrade, a total of 2286 patients where admitted for hospital treatment, of whom 1976 (87%) with a diagnosis of schizophrenia, mania, bipolar affective disorder, depression, delusions or other psychosis

Out of 1183 (52%) hospitalized male patients, 433 where, involuntarily or voluntarily, hospitalized with the assistance of the police, and 750 of them were hospitalized, involuntarily or voluntarily, without the police assistance.

Out of 1103 (48%) hospitalized female patients, 286 where, involuntarily or voluntarily, hospitalized with the assistance of the police, and 817 of them were hospitalized involuntarily or voluntarily, without police assistance.

The results show that there were 637 patients, hospitalized for the first time (28%), and 255 with the assistance of the police.

Of all hospitalized patients, 236 (10%) were involuntarily hospitalized and 719 (31%) were admitted for hospital treatment with the assistance of the police. There were 176 (74.58%) patients involuntarily hospitalized with the assistance of the police, out of the total number of patients involuntarily hospitalized for diagnosis and treatment. Using the police assistance, 543 patients who have voluntarily accepted hospitalization, where admitted to the clinic (Table 1).

Table 1 shows the results of univariate statistical analysis. Patients hospitalized with police assistance were compared to those hospitalized without it. Examinees hospitalized with the assistance of the police in relation to those hospitalized without the assistance of the police where, with statistical significance, shown to be: younger, more frequently male, most frequently in the diagnostic group of schizophrenia and less frequently in the group of organic and affective disorders, most often it was their first involuntary hospitalization.

Table 2 shows the results of multiple logistic regression, which confirmed the findings of the univariate analysis. The probability that a respondent was hospitalized with the assistance of the police has been 1.5 times higher in male patients compared to female, OR (odd ratio - the ratio of odds) = 1.50; 2.26 times higher with substance abuse compared to organic syndrome, 2.09 times higher in schizophrenia in compared to organic syndrome; the hospitalization is 1.59 times more likely to be the first one, and 7.32 is a higher probability of involuntary hospitalizations in relation to the voluntary.

## **DISCUSION**

As expected, patients with a diagnosis of mental illness are not only voluntarily but also involuntarily hospitalized. Our results show that during the period of research, 236 patients or 10% were hospitalized by force, while 90% of them were voluntarily admitted to remain at the institution for the purpose of treatment. Similar results were listed over the last decade by other researchers [18]. For all patients, involuntarily detained for treatment in a period of 72 hours, a judge has brought a ruling, in the presence of a commission comprised of physicians not involved patient's treatment, that continuation of involuntary treatment was necessary and determined the length of treatment. Some European countries, primarily Italy, reject institutional and involuntary hospitalization of mentally ill patients [19]. In these countries, these patients are not kept and treated in a health care institution, but at the Centres for mental health services in the community [14].

With cognitive inability to control attitudes regarding their disease and the real world, mental patients are often forced, with insistence and / or coercion by their family members and relatives to be committed in a psychiatric institution for treatment [14, 20]. Our study shows that, for hospitalization of 719 patients (31.45%), police assistance was needed. Results similar to ours had the authors from the U.S., Australia and Germany.

The need for hospitalization of mental patients is undisputed in modern health care. Community is governing hospitalization of psychiatric patients through legislation that requires continuous improvement [20,

Table 1. Demographic characteristics of study patients

	Total (n = 2286)	Hospitalization with police assistance (n = 719)	Hospitalization without police assistance (n = 1567)	р
Gender, n (%)				
Male	1183 (52)	433 (60)	750 (48)	< 0.001
Female	1103 (48)	286 (40)	817 (52)	
Diagnostic category, n (%)				
Organic	190 (8)	34 (5)	156 (10)	
Use of psychoactive substances	120 (5)	53 (7)	67 (4)	
Schizophrenia	1431 (64)	517 (72)	914 (58)	< 0.001
Mania	5 (0.2)	1 (0.1)	4 (0.3)	
Affective mood disorder	393 (17)	69 (10)	324 (21)	
Other	147 (6)	45 (6)	102 (7)	
Hospitalization, n (%)				
First	637 (28)	255 (35)	376 (24)	< 0.001
Repeated	1655 (72)	464 (65)	1191 (76)	
Involuntary hospitalization, n (%)				· · · · · · · · · · · · · · · · · · ·
Yes	236 (10)	176 (24)	60 (4)	< 0.001
No	2050 (9Ó)	543 (76)	1507 (96)	

Table 2. Multiple logistic regression model with police referral as dependant variable

	В	р	Odd ratio
Gender	0.41	< 0.001	1.50 (1.23 - 1.83)
Diagnostic category, n (%)			
Organic	1		
Use of psychoactive substances	0.82	0.004	2.26 (1.29 - 3.96)
Schizophrenia	0.73	0.001	2.09 (1.36 - 3.19)
Mania	-0.44	0.731	0.64 (0.05 - 8.00)
Affective mood disorder	-0.19	0.444	0.83 (0.51 - 1.35)
Other	0.40	0.167	1.49 (0.85 - 2.61)
Hospitalization	0.46	< 0.001	1.59 (1.28 - 1.97)
Involuntary hospitalization	1.99	< 0.001	7.32 (5.32 - 10.06)

21]. The state has the right and the authority to provide every mentally ill citizen with the possibility for humane clinical treatment based on scientific medicine and one of its disciplines - psychiatry [22, 23].

Making medicine more humane is based on the development of psychiatry; hence mental hospitals need to grow into institutions with soul, for the treatment of the soul that is unwell [24]. The abolition of psychiatric hospitals is not the best solution for the mentally ill patients because they will certainly be at loss [6].

#### **CONCLUSION**

Involuntary hospitalization of mentally ill patients is a necessary way to keep these patients under treatment

in a medical institution, and it is legitimately conducted by community in the best interest of both the ill and the society.

Legislative regulation of involuntary psychiatric hospitalization today is needed and necessary for implementing adequate diagnostics and treatment of mentally ill patients in their best interest, and the best interest of their family members and the community.

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## **SRPSKI**

#### POTREBA I UČESTALOST PRINUDNE HOSPITALIZACIJE U PSIHIJATRISKOJ USTANOVI

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#### **S**ΔŽ**F**TΔK

Prinudno zadržavanje na bolničkom lečenju duševnih bolesnika potreba je u praktičnoj primeni oblasti savremene naučne psihijatrije. Hospitalizacija uopšte predstavlja čin remećenja psihološke i socijalne homeostaze pojedinca, a to je veoma bitan i kompleksan problem za duševno bolesnog. Cilj studije je bila potvrda potrebe prinudnog lečenja duševnih bolesnika u zdravstvenoj instituciji s aspekta interesa bolesnika i društva. Istraživanje je realizovano kao studija preseka hospitalizovanih bolesnika tokom 2012.

godine na Klinici za psihijatrijske bolesti "Dr Laza Lazarević" u Beogradu. Obuhvaćeno je 2286 hospitalno lečenih bolesnika, a posebno 236 prinudno hospitalizovanih, kao i 719 primljenih na bolničko lečenje uz asistenciju policije. Dobijeni podaci su statistički obrađeni metodima deskriptivne statistike, korišćen je x2 -testa, kao i multiplom logističkom regresijom, softverskim paketom SPSS v. 20. Rezultati istraživanja pokazuju da je prvi put uz asistenciju policije na bolničko lečenje primljeno 255 bolesnika. Ispitanici hospitalizovani uz asistenciju policije su u odnosu na ispitanike hospitalizovane bez asistencije policije statistički značajno mlađi, statistički značajno učestaliji su muškog pola, statistički značajno učestaliji u dijagnostičkoj grupi shizofrenije, a ređe u grupi organskih i afektivnih poremećaja; češće im je to prva, kao i prinudna hospitalizacija. Prinudno je hospitalizovano 236 (10%) od ukupnog broja lečenih tokom posmatranog perioda. Uz asistenciju policije prinudno je zadržano na lečenju 176 (74,58%) duševnih bolesnika. Potrebno je da se duševni bolesnici prinudno hospitalizuju. Opravdanost ovog načina zadržavanja u zdravstvenoj instituciji ostvaruje se kroz zakonsku uređenost u interesu bolesnika.

Ključne reči: prinudna hospitalizacija, asistencija policije, deinstitucionalizacija u psihijatriji.