

# FACTORS PREDISPOSING OF INVOLUNTARY ADMISSIONS IN A UNIT OF LIAISON PSYCHIATRY

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## INTRODUCTION

Since the 80s, the criteria for involuntary admission in psychiatry have been quite firm. Since the creation of Mental Health Act 2001 [1], it has been considered that one of the quality criteria in an acute unit is the low prevalence of involuntary admissions. In recent years diverse studies have been conducted regarding the factors predisposing to involuntary admissions in conventional psychiatry wards [2,3], but in Spain there are few studies about this topic. The purpose of this study is to know if in a unit of liaison psychiatry, the predisposing factors are similar to the other european conventional units.

## METHODS

Cross-sectional retrospective study including all patients admitted (N=112) in the unit of liaison psychiatry of Hospital del Mar, Barcelona, during 2012, and compare differential factors between involuntary (n=52) and voluntary admissions (n=60). It has been collected social, demographic and clinical data.

## RESULTS

Of the 112 patients admitted, 46% were involuntarily and 54% voluntarily. Among the diagnoses of involuntary patients included psychotic syndromes (60%), predominantly schizophrenia (27%) and non-specific psychosis (19%). In contrast, on voluntary admissions prevailed affective diagnoses (37%) over psychotic syndromes (27%). In both groups predominated schizophrenia and affective disorders. There were few adjustment disorders (13% on voluntary and 6% on involuntary patients), most of them were autolytic attempts. Emphasize two involuntary admissions of patients with mental retardation and heteroagresivity and two patients with anorexia nervosa.

No sex differences were found among admitted patients, although women slightly predominated on involuntarily patients (54%). There was also no overall difference between age groups, although there was predominantly involuntary admissions of patients aged between 18 and 35 years-old (27% of involuntary about 8% of voluntary). Spanish nationality prevailed in both groups (73% on involuntary and 95% on voluntary admissions), but should be point out the difference of non-EU patients on involuntary admissions (17%) compared to voluntary ones (3%).

## CONCLUSIONS

According to the recommendations of quality, involuntary admissions in our unit of liaison psychiatry were less than the voluntary ones. Similar to the existing literature [2,3], the predictive factors for involuntary admission were: severe mental illness (especially psychotic syndromes), mental retardation, anorexia nervosa, young adult, serious autolytic attempts or heteroagresivity and little support in the ambulatory setting. As is already known, all these factors predict severity of psychiatric illness.

Although there was little difference between voluntary and involuntary hospitalizations, it could be explained because inpatients have more severe comorbid medical conditions when are admitted in a liaison psychiatry unit than in a conventional ward. After these results, we can infer that the predictors of involuntary admission in our unit are comparable to other European conventional units. The scarcity of studies nationwide causes that the different psychiatric units can not be analyzed and, therefore, improve the quality of care for psychiatric patients.

## BIBLIOGRAPHY

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## CONFLICT OF INTEREST

There are no conflicts of interest.

