

Poster presentation

Voluntary and involuntary admissions on a general hospital psychiatric unit

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Background

At emergency psychiatric units the rapid assessment and solution is very important, especially for the cases which exhibit life-threatening behavior or ideation. The decision whether or not to admit a psychiatric patient at risk for involuntary hospitalization is important.

The aim of this study is to compare the clinical differences and similarities as well as the social and demographic characteristics, between the involuntary psychiatric patients and the voluntary group in order to better understand and deal with the clinical and administrative issues involved.

Material and Methods

All 40 involuntary psychiatric patients who were admitted to General Hospital of Athens Psychiatric Unit, during a six months period, were compared to another 40 voluntary psychiatric patients, who had been admitted in the same period. The interviews were performed by three of us (C.C, K.S, T.M) and included social, demographic, and psychopathological data, as well as the Crisis Triage Rating Scale (C.T.R.S, Bengelsdorf et al., 1984). This scale permits the assignment of a numerical score from 1 to 5 on each of three dimensions: A) Dangerousness (1 = most dangerous to self or others, 5 = least), B) Support System (1 = poor or absent, 5 = excellent), C) Motivation and ability to cooperate (1 = least, 5 = most). The score of the scale ranged between 3 (more severe) and 15.

Results

There are no differences regarding age and sex or other social and demographic characteristics between the two groups. Also there are no significant differences in respect

to the diagnosis, except of affective disorders, where patients with Mania predominate to those with Depression in the involuntary psychiatric patients ($p < 0.001$). Less psychiatric patients with involuntary admission were under medication ($p < 0.001$). The total mean score in the C.T.R.S. is more severe for involuntary patients' group (6.85 ± 2.23) than the other (9.55 ± 1.50 , $p < 0.001$). This due to the absence of support system, for the involuntary group (2.55 ± 1.21 to 3.74 ± 1.16 , $p < 0.001$) and the lack of motivation or inability to cooperate in the same group (1.72 ± 0.93 to 2.66 ± 1.20 , $p < 0.001$) rather, than to the dangerousness (2.57 ± 1.63 to 3.14 ± 1.56). Sixteen (16) involuntary patients (40%), and 24 voluntary patients (60%) have total score between 8 and 10.

Discussion

The main reasons for the admissions on psychiatric department is the absence of support system, the lack of motivation and the inability for cooperation. These two factors determine, in association with the dangerousness, the way of admission (involuntary or voluntary) in a large proportion of patients. It seems that there is a significant overlap between these two ways of admissions. The growth of support systems through either community psychiatry or primary care units of Psychiatric Hospitals or General Hospitals expected to reduce the admissions.