

## Involuntary psychiatric holds – the structure of admissions on the example of Institute of Psychiatry and Neurology in Warsaw

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### Summary

**Aim.** The aim of the study was to analyse the structure of involuntary psychiatric holds in Institute of Psychiatry and Neurology in Warsaw, throughout the year. Our research interests included socio-demographic profiles of the patients, time of admissions (time of a day/night/season), type of diagnoses at admission and suicide attempts preceding the admission. We also analysed the normative aspect of involuntary admissions, i.e. which Articles of the Polish Mental Health Act constituted the basis for these patients admission, and if the choice of articles was justifiable by a diagnosis of the mental disorder.

**Methods.** The primary research tool consisted of an original questionnaire allowing for the collection of relevant data. The material was submitted to statistical analysis, using primarily simple percentage methods.

**Results.** Involuntary psychiatric holds constituted 15.8% of the total number of admissions to the Institute of Psychiatry and Neurology (3,498 persons) in 2012. 522 persons with mental disorders were subject to involuntary admission on emergency basis (292 women and 260 men). Majority of patients was over 40 years old. The number of patients admitted to the Institute of Psychiatry and Neurology on emergency basis without the consent ranged from 38 to 62 people per month. Season did not differentiate significantly the number of admitted persons; majority of patients was admitted during the day (82%). Among the diagnosed patients, paranoid schizophrenia was the most frequent illness (43%), delirium tremens (7%), bipolar disorders (6%), dementia (5%), other psychotic disorders (5%), paranoid syndrome (5%), schizoaffective disorder (5%), other diagnoses (less than 1%). 4% of admissions to the Institute of Psychiatry and Neurology were due to attempted suicide. 37% of patients were admitted to the Institute of Psychiatry and Neurology under Article 23.1 of the Mental Health Act, 34% under Article 22.2, in accordance with Article 24.1 – only 7% of patients. Invoking Article 28 of the Mental Health Act by doctors referred to 14% of patients admitted without consent.

**Conclusions.** Involuntary psychiatric admissions are common practice not only in Poland but in the world. The structure of involuntary admissions in the Institute of Psychiatry and Neurology in 2012 did not differ from data from other European countries. However, while

quantitative measures describing the phenomenon of involuntary admissions are comparable, knowledge of each country's legal rules in relation to medical conditions is crucial for truly adequate comparisons. From the point of view of the Polish legal system it is essential for doctors, who decide on the admission of the patient against his will, to adequately evaluate the patient's condition in relation to statutory requirements that point to the need of such an admission. Involuntary hospitalisation and treatment first and foremost serve the welfare and protection of chief values of life and human health.

**Key words:** involuntary psychiatric admission, consent, Mental Health Act

## Introduction

Involuntary psychiatric holds have always been a controversial subject, not only among the medical milieu – who put emphasis on the necessity to treat ill people, but also among lawyers – who are concerned with the legislative side of such actions and the potential future demands from persons submitted to forced treatment, as well as with the ethical considerations – as they stand for the autonomy, freedom of will and the right of the individual to decide for oneself. The Mental Health Act of 1994 (hereinafter referred to as UOZP after the Polish abbreviation) sanctioned the rules of dealing with a mental patient in the spirit of respect, subjectivity and basic human rights. It was the first time in Polish legislation that detailed regulations have been introduced to reinforce the institutional protection of a mental patient's rights. Out of several significant provisions, i.a. the entry about least nuisance (article 12 of UOZP), temporary leave from the mental institution (article 14 thereof) or the rule of particular protection of professional secret (articles 50, 51, 52 of UOZP), the provision about the conscious consent of the person suffering from mental disorders to treatment and to be admitted into a mental institution (article 3, item 4 of UOZP) [1]. The provision 22.1 of UOZP states verbatim that “admitting a person with mental disorders to a mental institution may only occur with their written consent (...)” [2].

The Mental Health Act, with its *lex specialis* status compared to the Medical Profession Act [3], the Act on Patients' Rights and Patients' Rights Ombudsman [4], and the Civil Code [5] regulates differently the notion of ‘consent’ given by persons with mental disorders. According to the provisions of the above-mentioned Act, consent means a casual agreement of the mentally ill person who – regardless of the state of his/her mental health – is truly capable of understanding the information about the purpose of their admission into the mental institution, his/her health, proposed diagnostic and therapeutic methods, as well as about the expected results of these actions or lack thereof (article 3, item 4 of UOZP) [2]. From the psychiatric point of view, the first problem that comes to attention is the answer to the question whether a person with mental disorders is even capable of giving consent, and then –

whether he/she does consent, and whether the consent is a relevant statement of will. Answering these questions determines the mode under which the person in question will be admitted into the institution, or whether it will be necessary to refer to other legal bases, e.g. upon the refusal of the afflicted person to consent (articles 23.1 and 24.1 of UOZP) or upon their inability to give consent (article 22.2 of UOZP). It should be noted that in the situation of no such definition of consent (article 4, item 3 of UOZP) is present, any statement of will, including the consent to examination or the admission of a mentally disordered person into the institution on the basis of article 82 of the Civil Code could be questioned, depriving the disordered person of the right to self-determination [6].

Legislation takes the mental patient's right to consent or to refuse to receive treatment and be admitted into a psychiatric institution (article 22.1 of UOZP) as the paramount principle [7]. Exceptions from this rule, i.e. admitting a disordered individual to an institution without their consent are enumerated in the Act and may not be interpreted or extrapolated. Foregoing this rule may only be justified by the sense of urgency that justifies the use of coercive means, as well as the admission and treatment of a patient without their consent, which some authors regard as coercion in the broad sense of the word [8]. The Act allows doctors to forego patient's consent, only in specific circumstances specified in the Act, and only if the required mode has been applied.

From the psychiatrist's point of view, the important factors are not just whether a disordered person is eligible to be admitted into a psychiatric institution, but also which article of the Mental Health Act should constitute the basis for the admission. It is important not only from the point of view of the subsequent legal procedure, deadlines, requirements and duties towards the guardianship court that the doctor/medical director/director of a hospital must fulfil for the admission to be lawful, but also in order to determine possible treatments (e.g. according to article 24 of UOZP pharmacotherapy is not allowed, throughout the 10-day period of psychiatric observation, when a patient has been admitted on an emergency basis).

The procedure of admission without patient's consent itself, as well as the legitimisation of treatment when the patient is actively protesting, is an exception to the paramount rule of patient's autonomy of will, and a 'legal' infringement upon their liberty. Since unconsenting admission to a psychiatric institution is limited on the legal, medical and administrative levels to prevent their abuse, and to protect patients' rights to dignified treatment and protection of their health, it is interesting to take a closer look at the procedure – in terms of its legality, as well as the phenomenon itself – by trying to describe it, taking various criteria into account, more so that unconsenting admission to psychiatric institutions is widespread worldwide.

## Aim

The aim of the research was to determine the overall structure of unconsenting emergency admission of patients suffering from mental disorders in the Institute of Psychiatry and Neurology in Warsaw, throughout the year. Our research interests included socio-demographic profile of the admittees, circumstances of admission, number of first-time admissions, as well as the frequency of admission, depending on the time of day/night/month/year. We have also analysed unconsenting admission from the medical point of view – analysing the most common diagnoses forming the basis for such unconsenting admission, as well as whether such emergency admissions were preceded by a suicide attempt or self-mutilation. Given the large variety of mental disorders diagnosed among patients admitted to hospital without their consent, the disparate circumstances of their admission, and various rationales for the relevance and the necessity of their unconsenting admission into a psychiatric institution, we have also analysed cases of forced hospitalisation from the normative angle, i.e. which articles of the Act constituted the basis for these patients' admission, and whether they were dependent from the diagnosis of the mental disorder. We have also evaluated the doctors' justifications for admissions in terms of relevance with the provisions of UOZP concerning unconsenting admission to a psychiatric institution. This part of research, however, constitutes a vast body of material that should be analysed in detail in a separate publication.

## Material and method

This research has been based on the analysis of 552 motions submitted to the Family and Juvenile Department of the District Court in Warsaw, Poland for cases of unconsenting admission to the Institute of Psychiatry and Neurology in Warsaw in the year 2012. The primary research tool consisted of an original questionnaire allowing for the collection of relevant data contained in the said motions. The collected material was then submitted to statistical analysis, using primarily simple percentage measures, in order to answer the questions brought forth by the researchers.

## Results

In 2012, 552 persons with mental disorders were admitted to the Institute of Psychiatry and Neurology without consent and on an emergency. Among them were 292 women (53%) and 260 men (47%). The gender distribution of patients is presented in Figure 1.

The general age structure was as follows: 24 patients between the age of 0 and 20 years (4%), 21–40 years – 152 patients (28%), 41–60 years – 130 patients (24%), 61–80 years – 118 patients (21%), 81–100 years – 124 patients (22%); there was one

person over the age of 100 years and the age of 3 patients was unknown. The age structure of unconsenting patients is presented in Figure 2.

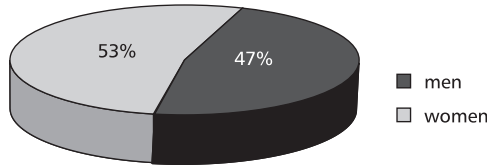


Figure 1. Gender distribution of patients admitted to hospital without their consent

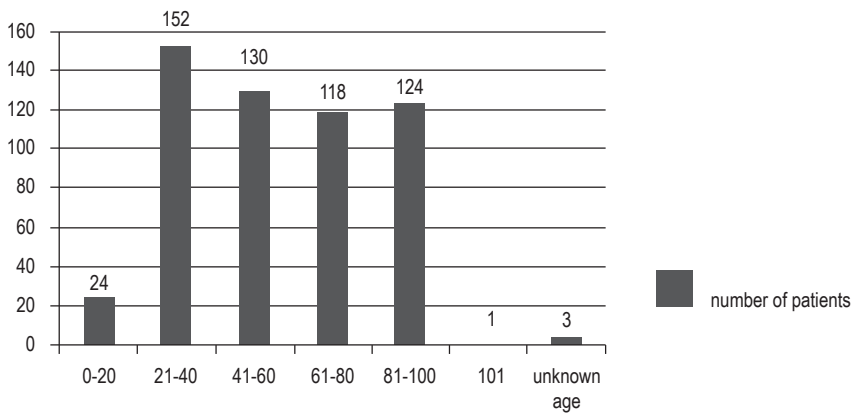


Figure 2. Age structure of patients admitted to hospital without their consent

The number of patients admitted without their consent in emergency mode in various months was similar and fluctuated from 38 to 62 people per month. The highest number of admissions occurred in July – 62, which constituted 11% of all admissions. The lowest number of admissions occurred in November – 38 (7% of all admissions). Admissions per month are presented in Figure 3.

Most of patients admitted without their consent in emergency mode were admitted during the day (i.e. between 6.00 a.m. and 10.00 p.m.) – 454 cases out of 552, which translates to 82% of all such admissions in 2012. 98 people were admitted at night (18%). The number of patients admitted without their consent during the day and at the night is presented in Figure 4.

In 153 cases (out of 552) the diagnosis included a nosological unit statement already on admission to the psychiatric institution. The remaining cases of admissions without patient’s consents were justified with a description of symptoms, indicating a specific illness/syndrome, however, without being specified. Among the fully di-

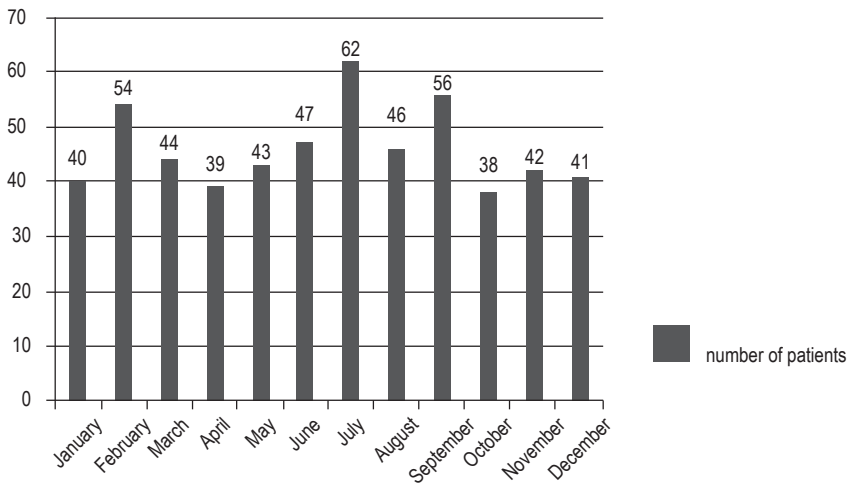


Figure 3. Admissions of unconsenting patients per month

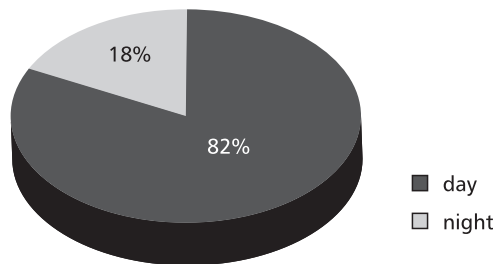


Figure 4. Distribution of patients admitted without their consent during the day and during the night

agnosed patients, paranoid schizophrenia was the most frequent – 66 patients (43% of all fully diagnosed cases). 11 cases (7%) were diagnosed with delirium tremens, 9 (6%) with bipolar disorder, 8 (5%) with dementia and 7 (5%) with other psychotic disorders. Paranoid syndrome was identified in 5% of cases, as was with schizoaffective disorders (also 5%) and organic delusional disorders. Among other diagnoses, whose identification ratio oscillated around 1%, were: alcohol withdrawal syndrome, Parkinson's disease, depression, psychogenic mutism, transient ischemic attack (TIA), Alzheimer's disease dementia, alcohol addiction, and addiction to other psychoactive substances, amnesic syndrome, catatonic syndrome and delusional syndrome – either in Alzheimer's disease or in alcohol withdrawal.

Such a wide variety of diagnoses, as well as other mental function disorders not mentioned in this paper, constituted the bases for admission of 552 patients without their

consent. With additional indications, upon the occurrence of particular circumstances, the medical personnel who admitted several persons to the psychiatric institution without their consent justified their actions with various legal bases (see Figure 5).

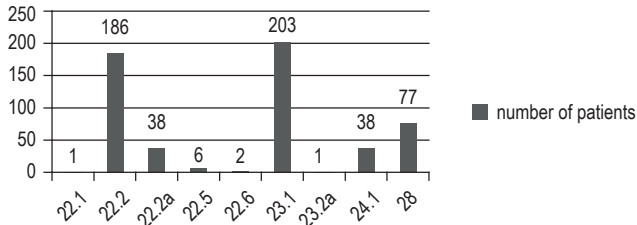


Figure 5. **Legal bases (article of UOZP) for admissions without patient’s consent**

As many as 203 patients (37%) were admitted to hospital based on article 23.1 of UOZP. A similar number of 186 patients (34%) were admitted on the basis of article 22.2 of the same Act. Refusal to discharge patients from hospital (article 28) is considered within the framework of this research as admitting the patient without his/her consent and occurred in 77 cases, which constitutes 14% of all cases. Article 24.1 was the basis for admission of only 38 patients, which equals to 7% of all cases.

21 patients, i.e. 14 women and 7 men (4% of all patients admitted without their consent) were admitted to hospital directly after a suicide attempt or other cases of self-mutilation. Most of them were admitted on the basis of article 23.1 of UOZP (11 patients), while 6 patients – on the basis of article 24.1. Only one patient who was unable to give his/her consent on admission had attempted suicide (medication overdose). Figure 6 presents the number of patients following suicide attempts admitted on the basis of specific articles of UOZP.

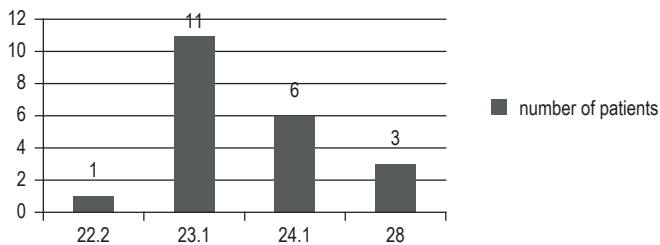


Figure 6. **Number of patients after suicide attempts admitted on the basis of specific articles of UOZP**

Taking into consideration the number of all admissions to the 24-hour wards of the Institute of Psychiatry and Neurology in 2012 (total of 3,498), admissions without patient's consent constituted 15.8% thereof.

### Discussion

As displayed by the above data, the number of admissions of patients without their consent in emergency mode in 2012 in the Institute of Psychiatry and Neurology in Warsaw is well within the European average. Professional writings indicate that depending on the country and its procedures, the ratio of admissions to psychiatric institutions without patient's consent oscillates between 2 and 3 to even 40% of all admissions [9]. It is difficult to provide a relevant and precise comparison or a broader analysis of the conducted research, as each state regulates admissions without patient's consent differently. However, the result for the Institute of Psychiatry and Neurology (15.8%) in 2012 may be compared to multi-institutional research conducted in Poland between 1995 and 2006. The ratio of patients hospitalised without their consent in 1995 amounted to 7.8%, in 1996 – 9.8%, in 1997 rose to 10%, and dropped back again to 9.7% in 2008 [10].

Consequently, it can be inferred that within the first decade of the Mental Health Act being in force, the ratio of admissions without patient's consent oscillated between 7.5 to 9.5 % [11]. According to the results of the research in the Institute of Psychiatry and Neurology, in 2012 the ratio was almost twice as high, compared to the results of the national research conducted in the years 1995–2006. This increase is difficult to explain, even taking into account the increase of the population suffering from mental disorders and the increasing number of people seeking specialised help. Despite the increase in social awareness, and the expanding knowledge of mental disorders, patients seem to be increasingly reluctant to be hospitalised, forcing the medical personnel to administer forced treatment.

Internal research conducted in the Institute of Psychiatry and Neurology show that women were more frequently admitted without their consent in emergency mode than men (53% vs. 47%), which is the opposite of the nationwide research (52% – men and 48% – women) [9]. In both cases, the differences in the men to women ratio are negligible, which is indicative that gender is not a determinant factor in refusing psychiatric help.

Analysing emergency admissions to the psychiatric institution without patient's consent in terms of the age of patients, it has been stated that the greatest number of such patients constituted young people between 20 and 40 years of age (28%). The results for the remaining age groups were distributed similarly and evenly, with ratios oscillating between 21 and 24%. However, taking into account the dichotomous split between the patients under 40 and over 40 years of age, the ratio of the latter group was much higher – 68%. Similar observations have been made in the aforementioned nationwide research [4], where the said ratio amounted to as much as 82%.



As a result of the internal research of the Institute of Psychiatry and Neurology, it has been stated that season (Summer and Fall/Winter months respectively) have had little influence on the number of admissions to the institution without patient's consent. The result could significantly differ, should all admissions be taken into account, as the first episodes and relapses of depression and other affective disorders are often related to specific seasonality.

From the organisational point of view (night duties and admission ward), it is important that only 18% of all unconsenting emergency hospitalisations occurred at night. The ratio of such admissions in the context of all admissions to the Institute of Psychiatry and Neurology amounts to just 2.8%. Although consenting nightly hospitalisations have not been examined, everyday experience indicates that the great majority of consenting and agreed upon admissions take place during the day. Nightly admissions are the domain of emergencies, often problematic, requiring immediate and decisive medical intervention.

People admitted to the Institute of Psychiatry and Neurology without their consent in emergency mode were most often diagnosed with schizophrenia – 43% of all diagnoses on admission. Similar results have been presented by Pudlo et al. [12]. According to their research, out of 1,836 patients admitted from January 1995 to January 1996 to the psychiatric institution in Toszek, 165 patients were admitted without their consent, 72 of the latter were diagnosed with schizophrenic psychoses. In the 2<sup>nd</sup> Department of Psychiatry in Tarnowskie Góry, the same authors determined that in the population of 499 patients admitted in the same year, the majority of patients admitted without their consent were diagnosed with schizophrenic psychoses. Paulsen's [13] research conducted in Denmark and dedicated to the problem of psychiatric diagnoses for patients admitted without their consent confirm these findings in that the majority of such patients suffered from various types of schizophrenia. The most frequent diagnoses made in the Institute of Psychiatry and Neurology in 2012 are therefore consistent with the trends displayed in both Polish and foreign research. There was a surprisingly low ratio (5%) of patients admitted without their consent diagnosed with dementia. This result is thought-provoking, given a large number of patients admitted without their consent aged over 80 years (22% of all hospitalisations without patient's consent). There is also a discrepancy between the small ratio (5%) of dementia diagnoses in the overall number of patients admitted without their consent and the high percentage of persons hospitalised on the basis of article 22.2 of UOZP (34%), which is typically used to admit people incapable of giving their consent. Among the rest of the patients admitted on the basis of said article, the most common disorders were: delirium tremens, alcohol addiction, alcohol withdrawal, Alzheimer's disease, epilepsy, amnesic syndrome, disorders of consciousness and young children's cerebral palsy. It is assumed the patient was unable to state their willingness to be admitted to the hospital due to these disorders.

As it was mentioned before, most patients admitted to the Institute of Psychiatry and Neurology without their consent was admitted on the basis of article 23.1 of UOZP, with the expected majority diagnosis of schizophrenia. It is, however, surprising that only 7% of patients were admitted on the basis of article 24.1 of UOZP. The proportion between patients admitted on the basis of article 23.1 of UOZP and 24.1 of UOZP are vastly different from the same ratio in nationwide research conducted in the years 2004–2005 by Dąbrowski et al. [9]. According to the analysed court files (18 districts), 436 patients were hospitalised in an emergency mode, 72.2% of which were admitted on the basis of article 23.1 and 22.2% – on the basis of article 24.1. Although the number of patients admitted on the basis of article 24.1 is still much lower than the number of those admitted on the basis of article 23.1, it is not a negligible fringe value stated in research conducted in the Institute of Psychiatry and Neurology.

The contents of article 24.1 suggest that it should be used as the basis to hospitalise people whose behaviour indicates that because of their mental disorders (but NOT mental illness!), they constitute a threat to their lives, or the lives and health of other people, but there are doubts whether these people are mentally ill, and the aim of their hospitalisation is to dispel these doubts. Such people may not be hospitalised for more than 10 days, and after that time, the person is released due to lack of indications for further treatment, or the legal classification is changed and the person is admitted in accordance with article 23.1 of UOZP, with the whole legal procedure being re-initialised. The rare reference to article 24.1 of UOZP by psychiatrists in the Institute of Psychiatry and Neurology may have several reasons: 1) in 2012 to the Admission Ward arrived (except of patients incapable of giving their consent) almost exclusively people suffering from mental illnesses who should be admitted in accordance with art. 23.1; 2) the medical personnel had no doubts whether the patients were mentally ill or just suffering from mental disorders, with the preference of the former; 3) convenience, since admitting patients on the basis of article 24.1 requires an additional notification of the court, 10 days after admission, and should further treatment be required due to the diagnosis of a mental illness present – keeping further deadlines and completing further procedures. It is also noteworthy that a patient being solely under observation (i.e. admission based on article 24.1) can only be subject to certain forms of medical care, e.g. pharmacological medication is forbidden, which makes it harder to deal with ‘difficult’ psychiatric patients. The cause for the extremely rare admissions on the basis of article 24.1 of UOZP may be difficult to determine, but it is still noteworthy. The dominant tendency to admit patients on the basis of article 23.1 of UOZP should also be analysed in more detail for another reason – a premature association and diagnosis of a person with a mental disease (especially on first occurrence) may stigmatise these people not only in their own eyes, but also in the eyes of their local community. It seems therefore more prudent to hospitalise patients without their consent primarily on the basis of article 24.1 of UOZP and then change the legal qualification to article 23.1 UOZP, if required.

The final aspect of quantitative analysis contained in the following paper is the number of patients hospitalised without their consent following suicide attempts or self-mutilation. The results of internal research suggest that only a small percentage (4%) of all patients admitted without their consent have attempted suicide right before admission. Among the 21 patients in this group, women were the dominant gender (14 women and 7 men).

### Conclusion

By analysing admissions to a psychiatric institution without patient's consent on the example of research conducted in the Institute of Psychiatry and Neurology (IPiN) in Warsaw, Poland throughout the year 2012, the following conclusions can be drawn:

1. The overall number of admissions to IPiN without patient's consent falls within the brackets established in other European states, although the percentage of forced hospitalisations in IPiN in 2012 was almost twice as high as the corresponding percentage obtained in nationwide research conducted in the first years after the instauration of the Mental Health Act.
2. Among patients admitted without their consent in IPiN in 2012 women were prevalent.
3. The majority of hospitalised patients were over 40 years old.
4. The season of the year has little influence on the number of unconsenting patients admitted to the institution. The great majority of emergency hospitalisations take place during the day, with just a handful of them at night.
5. Most of patients admitted to the institution without their consent in an emergency mode are diagnosed with paranoid schizophrenia. Only a small percentage of patients have been trying to take their own lives or mutilate themselves shortly before apprehension, women being much more numerous.
6. The legal basis for most of the forced admissions is article 23.1 of UOZP. Article 24.1 is quoted very rarely as the basis for somebody's forced hospitalisation.

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