

AS20-01 - PSYCHIATRIC EMERGENCIES AND (IN)VOLUNTARY HOSPITALIZATIONS: EPIDEMIOLOGY AND PREVENTION

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There is a large variation between and within European countries in the number of psychiatric emergencies and involuntary admissions, although there is discussion about the reliability of these figures. The number of involuntary admissions is rising in some countries, including Belgium and the Netherlands. Reasons for an increase in involuntary admissions are unknown. Factors found to be associated with an increase in involuntary admissions include change in mental health laws. When the numbers of involuntary admissions continue to increase, more hospital beds are needed.

Preventive interventions such as assertive outreach, compliance therapy, and crisis plans are needed to stop the increase in psychiatric emergencies and involuntary admissions. Assertive outreach in Europe failed to show reductions in involuntary admissions. There has been less research on the effects of compliance therapy or crisis plans. One study on the effects of compliance therapy showed a trend in the reduction of involuntary admissions. One other study on the effects of crisis plans showed a beneficial effect on the number of involuntary admissions, but two other studies failed to show an effect. Moreover, the use of crisis plans seems to be very limited in clinical practice. More effective interventions to reduce the number of psychiatric emergencies and involuntary admissions are urgently needed. We will discuss the ingredients of such an intervention based on results of earlier studies.