International Journal of Law and Psychiatry xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

International Journal of Law and Psychiatry

Mental health care in Athens: Are compulsory admissions in Greece a one-way road?

Stelios Stylianidis [a,b,*], Lily Evangelia Peppou [b], Nektarios Drakonakis [c], Athanasios Douzenis [d], Aimilia Panagou [e], Kyriaki Tsikou [b], Amalia Pantazi [b], Yannis Rizavas [e], Benedetto Saraceno [f]

[a] Association for Regional Development and Mental Health (EPAPSY), Athens, Greece
[b] Panteion University of Social Sciences, Athens, Greece
[c] Psychiatric Hospital of Attica, Athens, Greece
[d] 2nd Department of Psychiatry, University of Athens, Attikon Hospital, Athens, Greece
[e] Greek Ombudsmen, Athens, Greece
[f] GULBEKIAN Foundation, Lisbon Institute GMH, Lisbon, Portugal

ARTICLE INFO

Article history:
Received 4 April 2016
Received in revised form 8 March 2017
Accepted 4 April 2017
Available online xxxx

Keywords:
Involuntary admission
Severe mental illness
Psychiatric hospitalization

ABSTRACT

Involuntary hospitalization has long been a contentious issue worldwide. In Greece, the frequency of compulsory admissions is assumed to be alarmingly high; however, no study has systematically investigated this issue. In line with this, the present study aims to estimate the frequency of compulsory admissions in a psychiatric hospital and to explore its underpinnings. All individuals who were admitted to the Psychiatric Hospital of Attica during June–October 2011 were included into the study. Information about their socio-demographic and clinical characteristics as well as their previous contact with mental health services was obtained from interviewing the patient and his/her physician. Furthermore, information about the initiation of the process of compulsory admission as well as patient's referral upon discharge was retrieved from patients' administrative record. Out of the 946 admissions 57.4% were involuntary. A diagnosis of unipolar depression, high social support and previous contact with community mental health services were found to yield a protective effect against involuntary hospitalization. Moreover, 69.8% of civil detentions were instigated by close relatives and 30.2% ex officio. These two groups differed in patients' social support levels and in medication discontinuation being the reason for initiation of the process. Lastly, only 13.8% of patients were referred to community mental health services at discharge. Our findings suggest that civil detentions are deeply entrenched in clinical routine in Greece. Moreover, poor coordination among services and relatives' burden seem to contribute substantially to the elevated rates.

1. Introduction

Involuntary hospitalization has long been considered to be a contentious issue in psychiatry due to the restrictions it imposes on patients' rights and level of autonomy. Despite its pivotal position in psychiatric care internationally, comparative studies have concentrated more on its legal aspect rather than on its epidemiology (Salize & Dressing, 2004; Whitney, Ruiz, & Langenbach, 1994). Consistent with this, the European Commission has funded a multisite study exploring the pertinent legal frameworks and the frequency of compulsory admissions among member states (Salize, Dressing, & Peitz, 2002). The findings of the study showed that the rates of involuntary admissions vary substantially among countries, ranging from 6 per 100,000 population in Portugal to 218 per 100,000 population in Finland (Salize & Dressing, 2004). Likewise, another study has replicated this stark variation, ranging from 18.2 in Italy to 190.5 in Germany in 2001(Priebe et al., 2005).

Accounts for explaining existing diversity can be grouped into two different, albeit complementary, approaches: one stressing the importance of patient characteristics and another one underscoring organizational and ecological variables, such as aspects of the mental health care system. In accordance to the first strand of research; male gender, a diagnosis of psychosis and immigrant status have been found to constitute the main patient-related risk factors for involuntary hospitalization (Hansson et al., 1999; Lorant, Depuydt, Gillain, Guillet, & Dubois, 2007; Myklebust, Sørgaard, Røtvold, & Wynn, 2012; Riecher, Rössler, Löffler, & Fätkenheuer, 1991; van der Post et al., 2009; Vinkers, de Vries, van Baars, & Mulder, 2010; Webber & Huxley, 2004; Wierdsma & Mulder, 2009; Whitney et al., 1994); while other socio-demographic and clinical characteristics, such as marital status and illness duration, have yielded conflicting evidence (Craw & Compton, 2006; Salize & Dressing, 2004). Concerning the second line of enquiry, a series of studies conducted in the Netherlands has revealed a limited effect of

* Corresponding author at: Grammou 61-63, Marousi 15124, Athens, Greece.
E-mail address: stylianidis.st@gmail.com (S. Stylianidis).

http://dx.doi.org/10.1016/j.ijlp.2017.04.001
0160-2527/

mental health services integration, corroborating the importance of particular intervention modalities, such as intensive case management or assertive community treatment, in reducing the frequency of involuntary admissions (Wierdsma, 2007; Wierdsma & Mulder, 2009). Furthermore, this research group has substantiated a significant contribution of community care networks; such as welfare services and housing corporations, in lower levels of civil detentions (Wierdsma, Poodt, & Mulder, 2007). Additionally, the overall quality and adequacy of mental health services have been shown to bear a strong association with compulsory admissions both in Scandinavian countries (Hansson et al., 1999) and in the UK (Bindman, Tighe, Thornicroft, & Leese, 2002); while a report from the Amsterdam Study of Acute Psychiatry suggests that patients who had received more intensive outpatient treatment in the year before the assessment were less likely to have an emergency involuntary hospitalization (van der Post et al., 2009). Apart from mental health services configuration, area deprivation and social exclusion have been found to increase the likelihood of detention (Bindman et al., 2002; Webber & Huxley, 2004).

In Greece, converging evidence renders compulsory admissions of outmost concern, especially in light of the incomplete psychiatric reform in the country (Pallis, Apostolou, Economou, & Stefanis, 2007; Ploumpidis, 2015). In particular, prior to the implementation of the most recent legislation (Law 2071/1992), 97% of all admissions were found to be involuntary (Bilanakis, 2004). However, even after the new legislation was introduced, minor changes were documented (Pehlivanidis, Politis, Economou, & Trikkas, 2001); lending credence to the claim that compulsory admissions have been deeply entrenched in routine clinical practice. Since then, no study has been conducted to record the frequency of involuntary hospitalizations, either in the form of rates (number per population) or quotas (percentage out of all hospitalizations). This research gap is unfortunate, especially in light of the condemnation of the country by the European Court of Human Rights (Karamanof v. Greece, 2011; Venios v. Greece, 2011) as well as evidence indicating substantial infringement of the pertinent legal framework for civil detentions (Douzenis et al., 2010; The Greek Ombudsman, 2007). At the same time, if indeed ecological and organizational factors play a prominent role in driving increases in the frequency of compulsory admissions, Greece is anticipated to display elevated rates on the grounds of the incomplete deinstitutionalization process. In particular, the evaluation of the psychiatric reform in Greece has shown that there is a shortage of community mental health services and that the mental health care system remains fragmented, uncoordinated and unstable; while patients and carers have limited access to a full range of interventions and receive little information about existing services and their use (Chondros, 2015; Loukidou et al., 2013; Stylianidis, Chondros, & Lavdas, 2014). This latter finding may have important implications for the frequency of involuntary hospitalizations in the country, as the process of civil commitment is mobilized either by a close relative or ex officio. If relatives are oblivious to existing services and interventions they may overuse inpatient care or instigate the process of involuntary hospitalization without having exhausted other alternatives.

In this context and in the absence of national statistical data on involuntary hospitalizations in the country, the Association for Regional Development and Mental Health (EPAPSY) in collaboration with Panteion University and the Psychiatric Hospital of Attica "Dafni" launched a large research programme (acronym MANA) with the aim of investigating compulsory admissions in the Athens area. This particular programme entails various sub-studies exploring different facets of the issue (e.g. the 2-year outcome of involuntary hospitalization, patients' views on the compulsory status of their admission, mental health professionals' attitudes to mental illness and civil detention, the use of mechanical restraint, etc.) so as to accumulate sufficient evidence in order to place compulsory admissions as a top priority topic in public mental health policy agenda in the country. In this first research paper of the programme, the frequency and process of compulsory admission in the main psychiatric hospital of Attica, "Dafni" were investigated. Congruent with this, the following objectives were incorporated:

(i) To estimate the frequency of involuntary hospitalizations in the form of quotas (i.e. number of involuntary hospitalizations out of the total number of hospitalizations).
(ii) To explore differences between compulsory admissions instigated by family members and those instigated ex officio in an attempt to shed light on relatives' involvement in the process.
(iii) To identify risk and protective factors for involuntary hospitalization so as to investigate the relative importance of patient and ecological variables
(iv) To explore differences in referral types after discharge in order to verify the claim of the ex post evaluation (Loukidou et al., 2013) about poor continuity of care.

2. Materials and methods

2.1. Sample and setting

Data collection occurred at the Psychiatric Hospital of Attica, "Dafni". The Psychiatric Hospital of Attica is the largest hospital in Greece, consisting of 325 psychiatric beds (Psychiatric Hospital of Attica, 2015). It admits patients from the greater Athens region as well as from areas outside Athens. Consistent with this, its services are not sectorized (Psarra et al., 2008).

All individuals who were admitted to the Psychiatric Hospital of Attica "Dafni", during the time period June–October 2011 were included in the study. Admissions to the hospital occur twice a week, when patients are distributed randomly to the 8 hospital wards, after an assessment at the Emergency department of the hospital is completed. During the other days of the week, other hospitals in Athens area are on duty for admitting patients.

Regarding involuntary admissions, the decision to commit a patient in Greece is regulated by Law 2071/1992, legislation that concurs with European standards. It encompasses two different routes, the regular and the emergency one; however, the latter is customarily followed. It is noteworthy that their difference lies on the sequence of events rather than on their content. More specifically, spouses and first degree relatives (i.e. parents/children/grandparents) up to second-degree relatives (siblings, cousins, etc.) or whoever has custody or is the judicial supporter – i.e. a relative or a mental health professional who is responsible for managing a patient's financial and legal affairs due to his/her mental or physical incapacity to do so by himself/herself – of the patient can request from the public prosecutor a psychiatric assessment of the patient on the grounds of his presenting symptoms and their implications — i.e. posing a danger to oneself or others and the imperative need of treatment. In his/her turn the public prosecutor issues a warrant, according to which the police should escort the patient to the nearest state mental health unit that is on duty that day. Within 48 h, two qualified psychiatrists should independently assess and justify the degree to which the prerequisites for compulsory admission are fulfilled; namely, that the patient (i) is suffering from mental illness, (ii) because of his/her present state, he/she is incapable of deciding on his/her best interests and (iii) if left untreated, the patient's health will be gravely exacerbated or he/she will pose a danger to himself/herself or others. Psychiatrists' clinical observations from the assessment should then be returned to the public persecutor, who will decide on patient's involuntary placement.

In the absence of the aforementioned persons, the procedure can be instigated "ex officio", with the public prosecutor compiling a request and ordering the police force to escort the patient for an assessment. This usually takes place after formal complaints are filed at the local police station by members of the general public (e.g. neighbours).

Concerning voluntary admissions, patients resort to the emergency department of the hospital, where a psychiatric assessment is

Please cite this article as: Stylianidis, S., et al., Mental health care in Athens: Are compulsory admissions in Greece a one-way road?, *International Journal of Law and Psychiatry* (2017), http://dx.doi.org/10.1016/j.ijlp.2017.04.001