INVOLUNTARY COMMITMENT TO AN INPATIENT SERVICE IN PORTUGAL

SOCIODEMOGRAPHIC AND CLINICAL CHARACTERIZATION OF PATIENTS ADMITTED BETWEEN 2014-2018

B. Moura^{1,2,3}, T. Rodrigues¹, P. Horta¹, A. Samico¹, A.T. Pereira¹, A. Miguel¹, L. Lopes¹, O. Nombora¹, R. Basto¹, Â. Venâncio¹, R. Ribeiro Silva¹, M. Araújo¹, G. Lapa¹.
¹Centro Hospitalar Vila Nova de Gaia/Espinho (CHVNG/E), Department of Psychiatry and Mental Health, Vila Nova de Gaia, Portugal. ² EFPT Research Working Group. ³ Corresponding Author: barbararmoura@gmail.com

Background. In Portugal, Involuntary Commitment (IC) is regulated by the Mental Health Law (MHL) of 1998 (updated in 1999 and 2018), which establishes the general principles of the country's mental health policy and regulations. To perform an IC, it is necessary that the conditions and assumptions postulated by Article 12 of the MHL are verified. The risk of IC is influenced by patients' sociodemographic factors, clinical characteristics, like the type of mental disorder and its severity, adherence to treatment, and available responses by the local Health and Social Services, with significative implications in prognosis, health care and health costs.^[1, 2]

Aims. We aimed to collect clinical, demographic and social data that allowed us to characterize patients committed involuntarily in the most recent years, to find connecting points, define guidelines for the better management of these cases, and to reflect on better mental health care practices for these patients.

Mental Health Law (Law n. 49/2018, of 14/08) Article 12th – Assumptions:

1. A person suffering from a **severe psychic anomaly** who creates a **dangerous situation** for legal assets of a personal or proprietary nature, and who **refuses to submit to the necessary medical treatment**, may be hospitalized in an adequate establishment.
2. The patient with severe psychic anomaly who **does not have the necessary judgment to assess the meaning and scope of the consent** can still be hospitalized, when the **absence of treatment will severely deteriorate their condition**.

Results. The graphs below illustrate the characteristics of patients with involuntary admissions to the inpatient psychiatry service of CHVNG/E.

Conclusion. The sociodemographic profile of patients in our sample is aligned with previous findings at a national and European level, illustrating the frailty of social support for people with severe mental illness. Most were admitted for psychotic disorders, but also for mood disorders, personality disorders, dementia, and mental retardation. The high rate of patients with dementia admitted involuntarily may illustrate a lack of appropriate legislation or its application regarding safeguarding of these patients. Further studies are needed to characterize patients admitted involuntarily and to assess their needs, in order to develop specific strategies in terms of treatment and social integration.

Sources:
[1] A. Silva, S. Almeida, R. Coelho. *Psiquiatria e Saúde Mental*. 2010, FMUP. [2] L. Van der Post. *Psychiatric Services*, 2009. 60(11). [3] F. Almeida et al. *Sociedade Portuguesa de Psiquiatria e Psicologia da Justiça*, 2012(5). [4] C. Loureiro, et al. *Psiquiatria e Saúde Mental*. 2004, FMUP. [5] F. Almeida, et al., *Psiquiatria, Psicologia & Justiça*. Sociedade Portuguesa de Psiquiatria e Psicologia da Justiça., 2008(2). [6] Portuguese National Statistics Institute, *Employment Statistics* 2017.

WORLD
PSYCHIATRIC
ASSOCIATION

19TH WPA WORLD
CONGRESS OF PSYCHIATRY
LISBON, 21-24 AUGUST, 2019

CENTRO
HOSPITALAR
VILA NOVA DE GAIA/ESPINHO

efpt
EUROPEAN FEDERATION
OF PSYCHIATRIC TRAINEES