Characterization of the compulsory treatments initiated from 2012 to 2017 in the Évora Hospital - Portugal

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BACKGROUND

The Portuguese **Mental Health Act (MHA)** (Law No. 36 of 24th July 1998) regulates the possibility of **involuntary internment** of an individual with **severe psychic anomaly** “who creates, by virtue of it, a danger situation for own or others legal assets, of relevant value, of a personal or patrimonial nature, and refuses to undergo the necessary medical treatment” or “who does not have the necessary judgment to assess the meaning and scope of consent, when the absence of treatment severely deteriorates his condition.” (Article 12).

Data regarding admissions under this law are scarce, even though, by interfering with a basic human right - freedom - their detailed characterization should be an integral part of the analysis of care provided by any psychiatric service.

AIMS

To analyse the sociodemographic and clinic-legal characteristics of individuals who initiated **Compulsory Treatment (CT)** between **01/01/2012** and **31/12/2017**, in the Department of Psychiatry and Mental Health of Hospital do Espírito Santo de Évora, which serves about **160 000 inhabitants**.

MATERIAL AND METHODS

Retrospective study of the clinical/judicial records. We collected a sample of **291 CT**, corresponding to **228 individuals**. Data was gathered and analysed in Excel®.

RESULTS

DISCUSSION AND CONCLUSIONS

Of the **sociodemographic** analyses, individuals were predominantly male, single, in the 26-45 age range, retired or unemployed and living with parents and/or siblings. Of the **clinic-legal** analyses, the percentage of CA per year ranged from 9.7-25.9% and the CA rate per 100 000 inhabitants from 24.4-40.2; the majority of patients had previous psychiatry consultations and/or admissions and the most frequent diagnoses were Schizophrenia and Bipolar Disorder; on, at least, half of the occasions, patients were escorted to the emergency department under an assessment warrant; altered behaviour was the principal cause for admissions, the majority of which lasted between 2-4 weeks; 8.2% of the CT were continued on an out-patient basis - these individuals were mostly *males* with *Schizophrenia*.

We tried to compare data with other Portuguese available studies; however, since there was no other sociodemographic analysis in a sample of similar characteristics for the same period, comparison is difficult to value. Despite the comparatively high number of compulsive hospitalizations, we must note the low number of outpatient CT (intervention of community teams?); another strength is that the difference between the duration of the compulsory hospitalization regime and the total length of hospitalization showed a tendency to increase over 5 years (stricter compliance with legal criteria? optimization of the psychoeducational approach in an initial phase of hospitalization?). We criticize the scarcity of clinical records, especially in the earlier years.

Considering future must be built on an analysis of the past and present, we intend to reflect on these data and evaluate the need to rethink action/intervention plans.

The authors declare that they have no conflict of interest.

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