

Detention of Voluntary Patients to a University Psychiatric Hospital

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Background

Powers of involuntary detention, unique to psychiatric inpatient care, are regulated in Ireland by the Mental Health Act 2001 (MHA 2001). S.23(1) of the MHA 2001 (S.23(1)) provides for the temporary detention of voluntary patients in psychiatric hospitals for a period not exceeding 24 hours in specified circumstances. These circumstances arise where a patient indicates a wish to leave hospital and it is felt that they are suffering from a mental disorder (as defined in MHA 2001). Within this 24-hour period the patient must be then assessed by a Consultant Psychiatrist who can either discharge the patient, or, obtain the opinion of a second Consultant Psychiatrist regarding their continued detention.

There are relatively little data available, either nationally or internationally, on the use of temporary detention powers and their outcomes.

Aims and Objectives

To analyse the use of S.23(1) in two approved university hospitals (St Patrick's University Hospital and St Edmundsbury Hospital, both part of St Patrick's Mental Health Services (SPMHS)) between 2018-2020 and describe the patients to whom it was applied and their outcomes.

Methods & Materials

The SPMHS Electronic Health Records were used to retrospectively identify all applications of S.23(1) between 2018-2020 and associated case-notes reviewed to extract demographic and clinical details.

Results

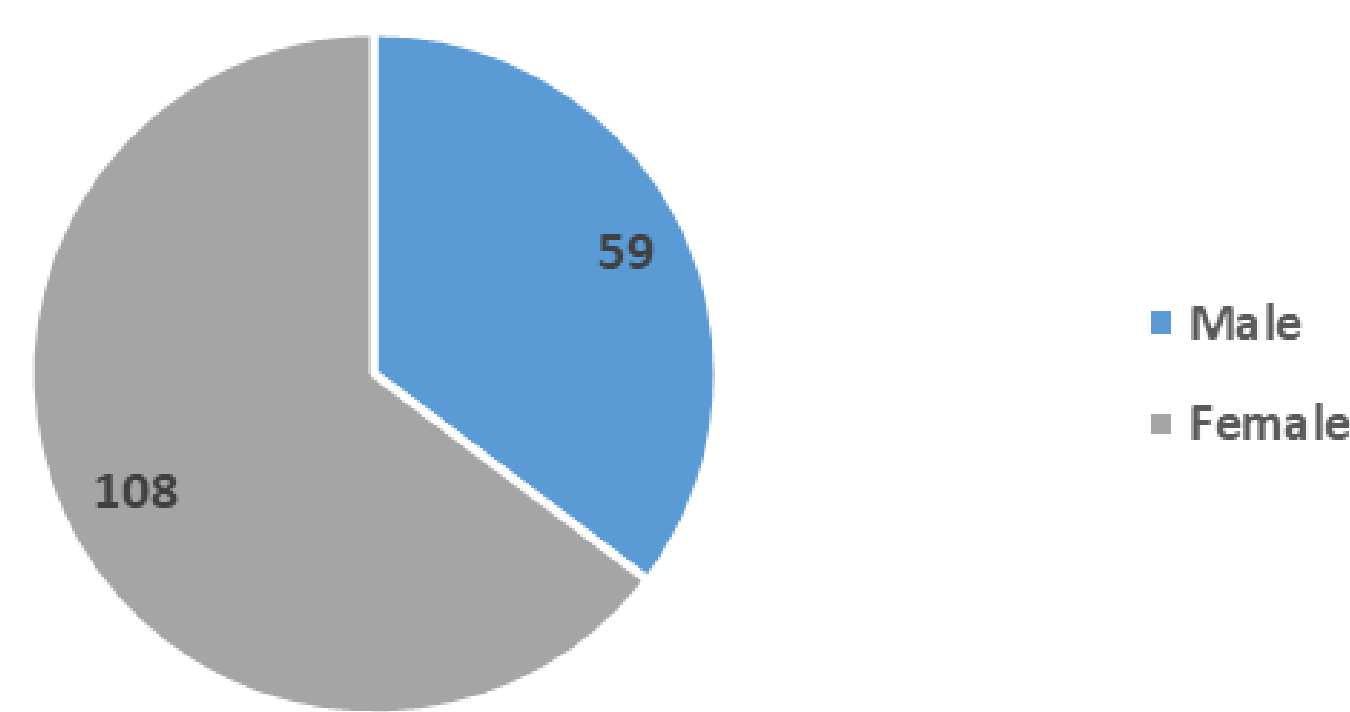
Between 2018-2020:

- S.23(1) initiated 205 times during 167 admissions.

Of 167 Admissions:

- 108 (64%) female;
- 59 (36%) male
- Mean age 50.1 (SD=18.22)

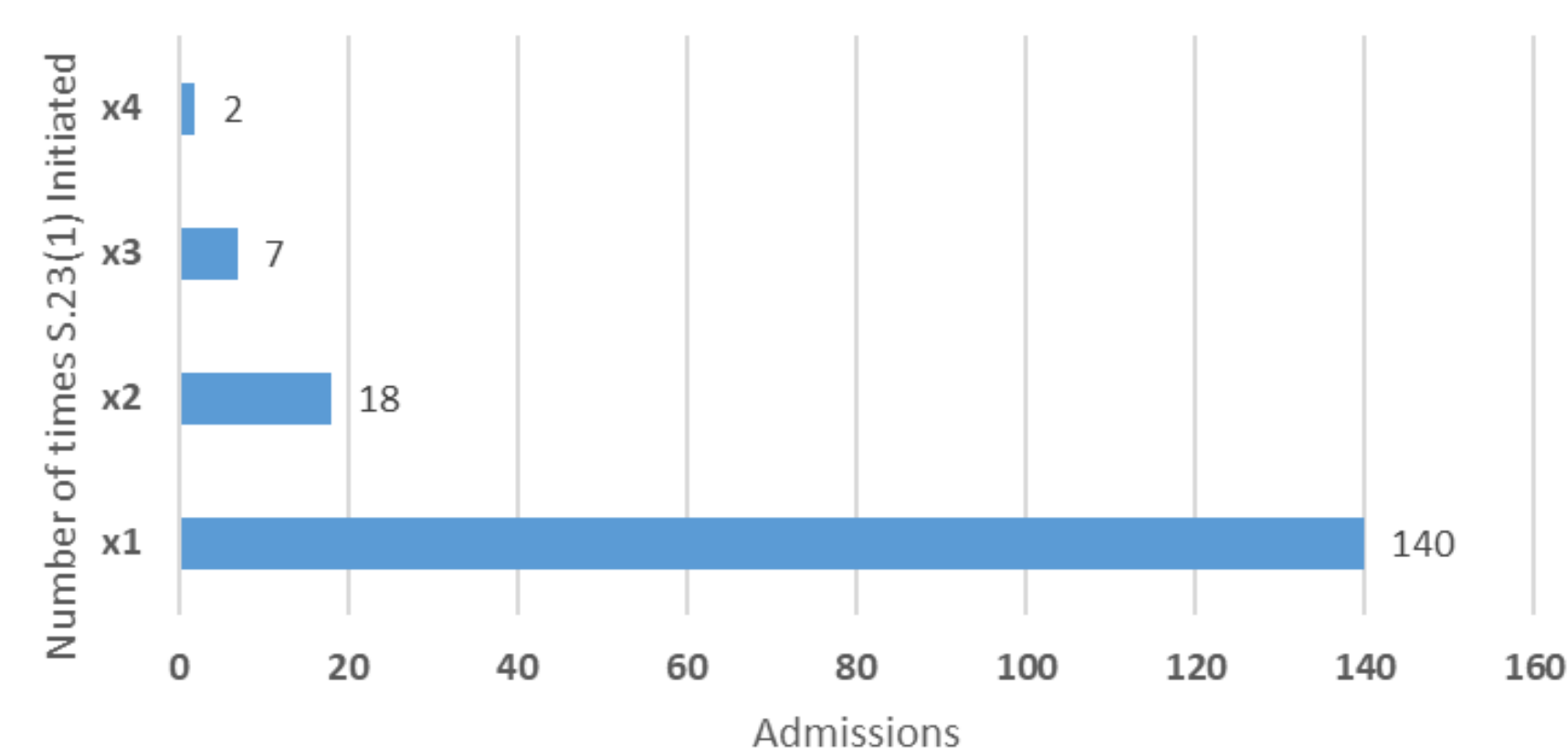
Admissions during which S.23(1) was initiated
n=167



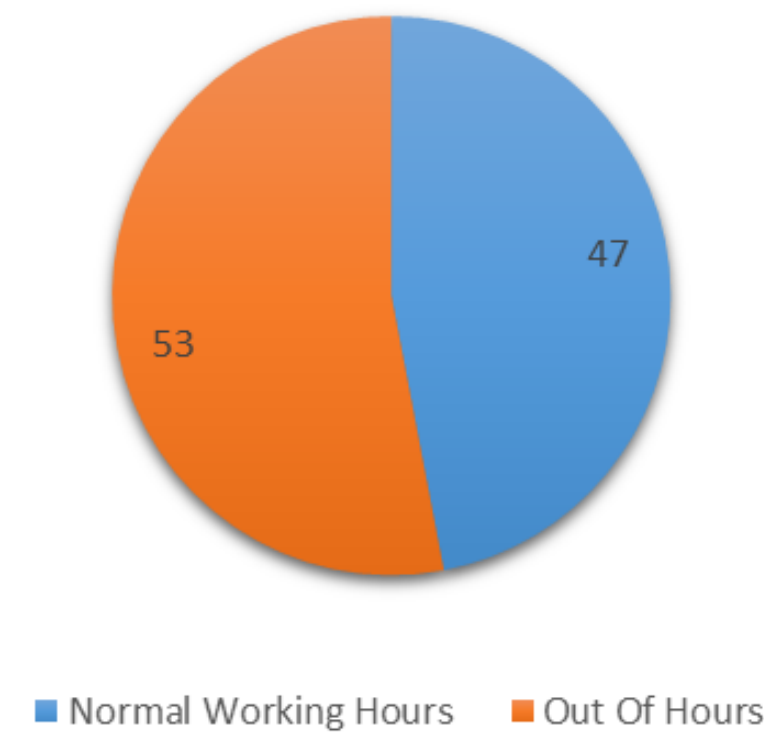
Of 205 initiations of S.23(1):

- Initiated more than once during 27 admissions
- 53% occurred Out Of Hours
- 52% occurred within 1 week of admission
 - 13.7% occurred within 24 hours of admission

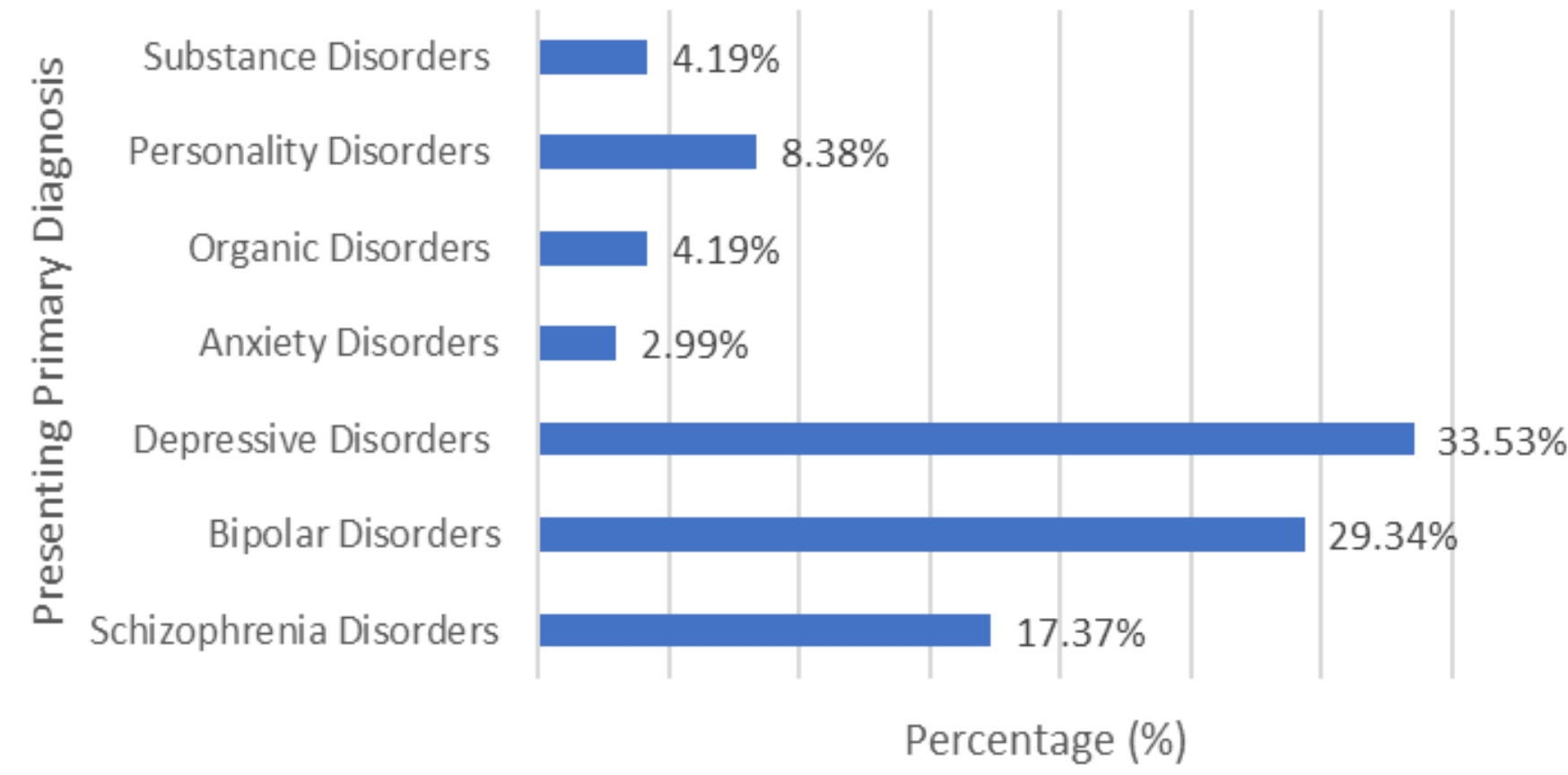
Number of Initiations of S.23(1) per Admission
n=167



Timing of S.23(1) Initiations (%)



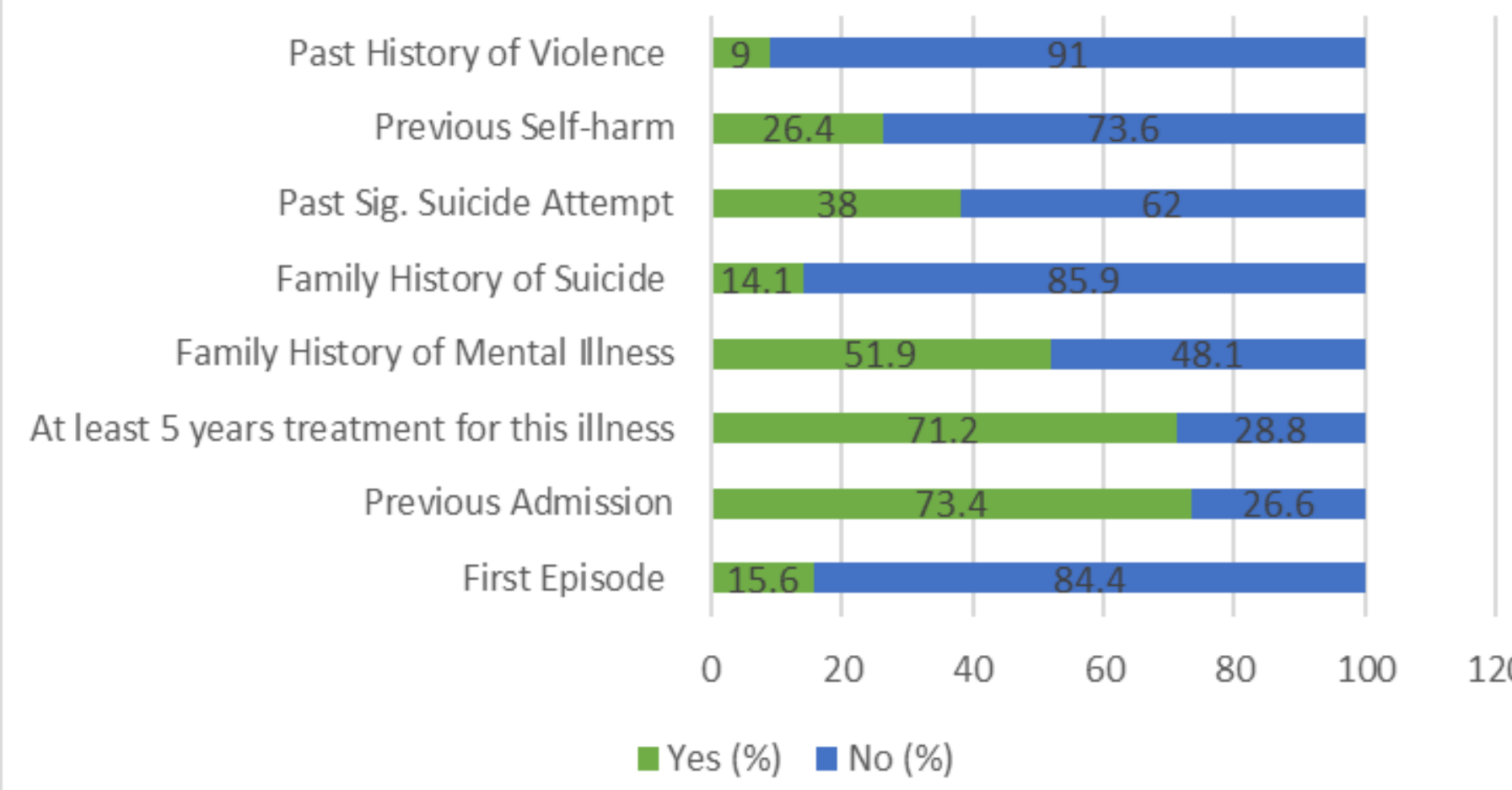
Primary Diagnosis of Patients to whom S.23(1) was applied
n=167



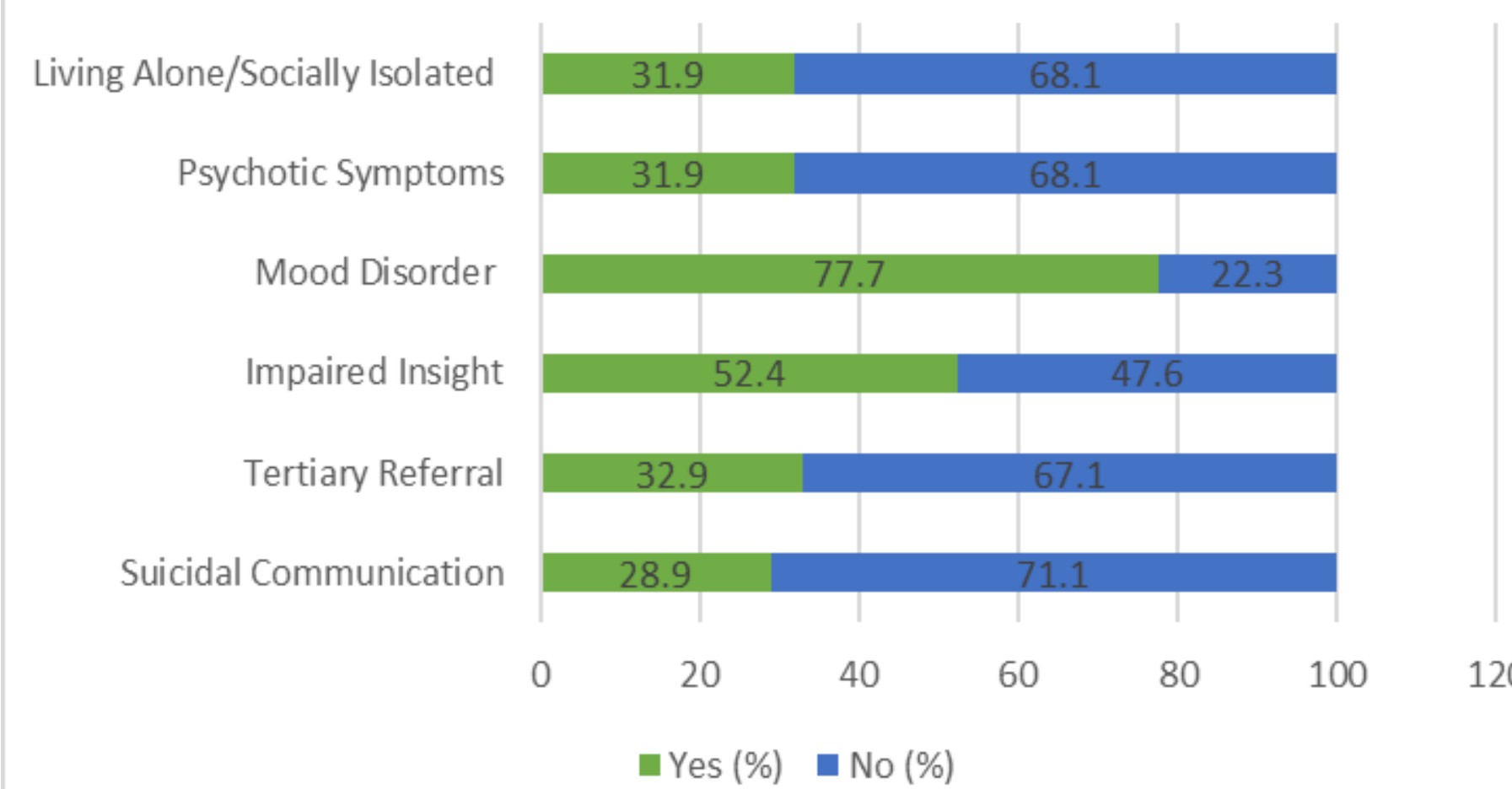
The most common presenting primary diagnoses were Depressive (33.5%), Bipolar (29.3%) and Schizophrenia Disorders (17.3%).

Although 4.19% of patients had a primary diagnosis of Substance Use Disorder (including Alcohol and Drugs) on admission, active drug misuse was identified in 10.2% of admissions and active alcohol misuse identified in 9.6%.

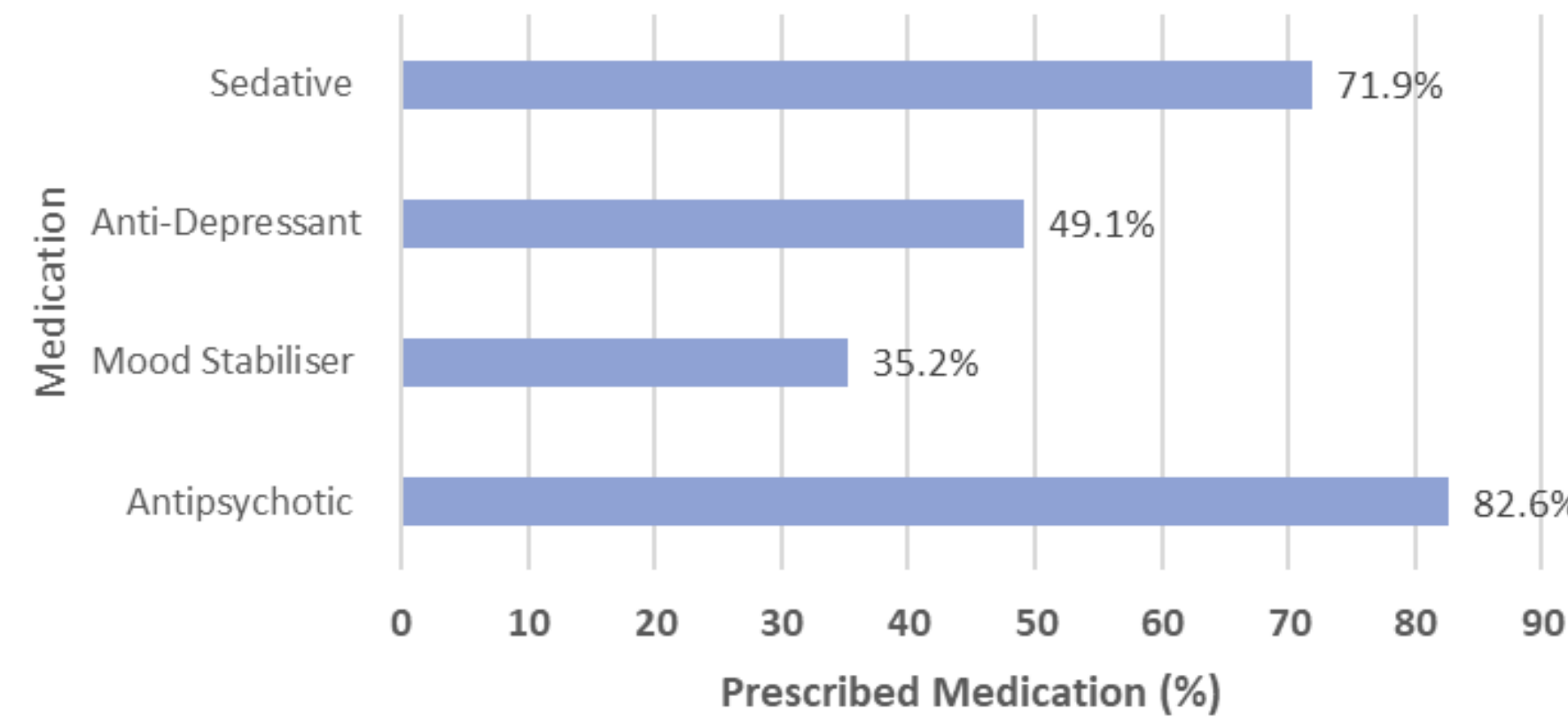
Psychiatric History



Present on Admission



Medications Prescribed
n=167



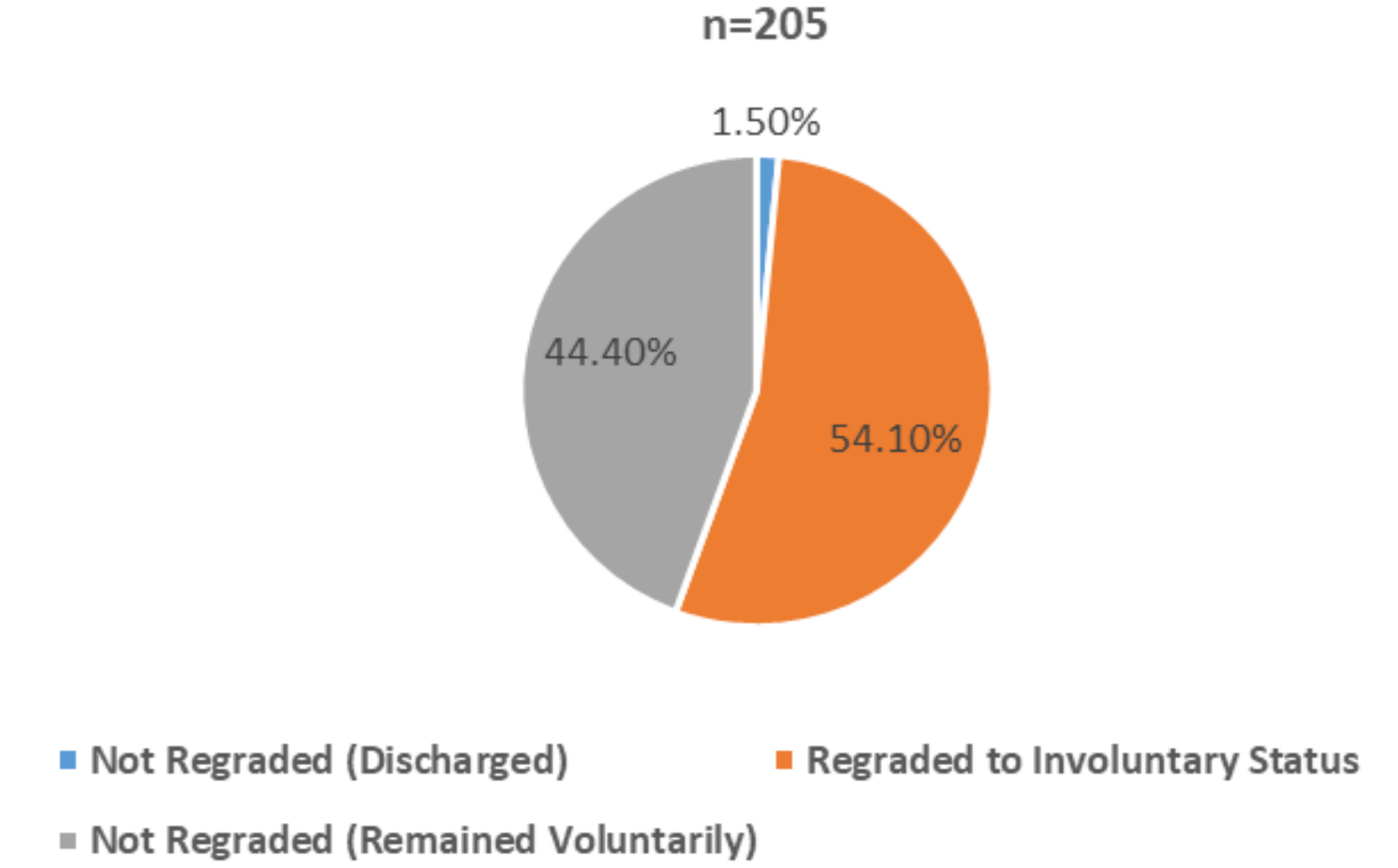
Of 205 initiations of S.23(1):

- 111 (54.1%) Regraded to Involuntary Status
- 94 (45.9%) Not Regraded

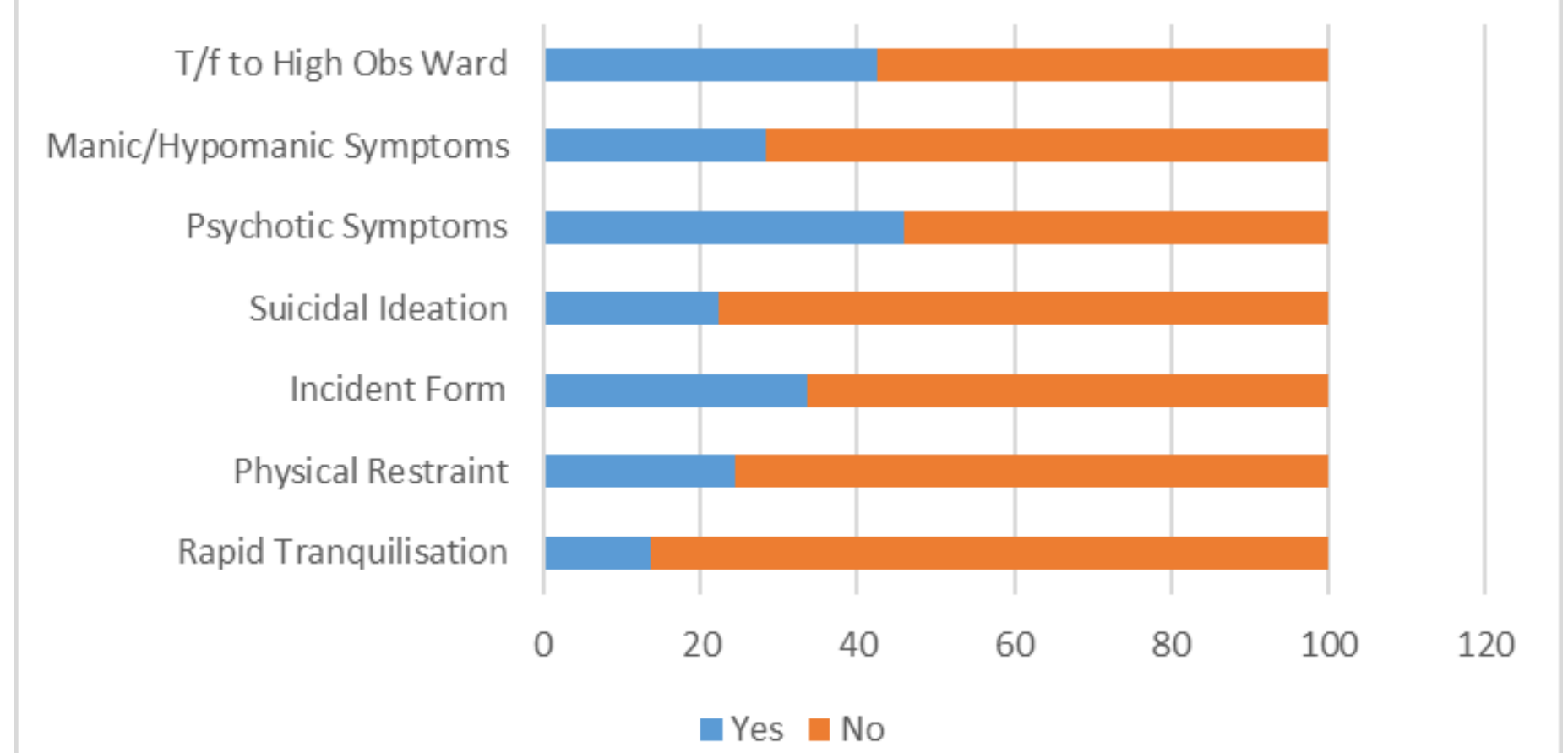
Of 94 initiations of S.23(1) Not Regraded:

- 91 (96.8%) Remained as voluntary patients
- 3 (3.2%) Discharged from hospital.

Outcomes of S.23(1) Initiation
n=205



At the time of S.23(1) Initiation



Length of Stay:

- Total LOS (days) Mean 78.4 SD 67.6
- LOS (Not Regraded) Mean 68.9 SD 52.84
- LOS (Regraded to Inv) Mean 86.5 SD 76.94

Discussion

S.23(1) MHA 2001 is a protective safeguard ensuring that patients suffering from a mental disorder who require inpatient admission are not prematurely discharged to the further detriment of their mental health.

SPMHS has an average of 3000 admissions per year. In this context, initiation of S.23(1) was an infrequent event, occurring in approximately 2% of yearly admissions.

That 54% initiations of S.23(1) required involuntary admission indicates the severity of mental illness that may have been discharged prematurely without its protection.

46% of all S.23(1) initiations were discharged following assessment by a Consultant Psychiatrist. Despite this, almost all (96.8%) of these patients chose to remain voluntarily for further treatment. This evidences that S.23(1) not only prevented premature discharge of this cohort too, but that the holding period allowed by S.23(1) provided patients valuable time to make a fully informed decision regarding the need for ongoing inpatient care.

These findings suggest a judicious role for S.23(1) in the context of the overall protection afforded to psychiatric inpatients by the MHA 2001.

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Permission:

Permission for this Service Evaluation was granted by the Clinical Governance Committee of St Patrick's Mental Health Services