Outcomes of involuntary hospital admission: a review
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CRD summary
The authors concluded that a substantial number of patients admitted involuntarily to general psychiatric units did not feel their admission was justified or beneficial. The conclusions should be viewed with some caution, given the lack of reporting of review methods and limited quality of the included studies.

Authors' objectives
To determine the outcomes and predictors of outcomes of involuntary hospital admission in general adult psychiatry.

Searching
PsychINFO, MEDLINE, PREMEDLINE and EMBASE were searched to June 2004 for studies in English. Search terms were reported. Reference lists were searched for relevant studies. Authors and experts in the field were contacted up to August 2005 to identify additional papers.

Study selection
Studies assessing observer-rated clinical change or patient-rated outcomes of involuntary hospital admission and subsequent treatment in adult participants admitted to acute general psychiatric wards were eligible for inclusion. Studies of eating disorders, forensic or drug addiction units and studies of mixed samples of involuntary and voluntary patients where analysis was not stratified were excluded.

Participants were admitted to a variety of different units including acute, behaviour modification and rehabilitation. They included civil and criminal commitments. One study reported including participants with schizoaffective disorders. No details on participants were reported in the other included studies. Outcomes were assessed using interviews and a range of published instruments. Times of assessment varied.

The authors stated neither how papers were selected for the review nor how many reviewers performed the selection.

Assessment of study quality
Validity was assessed using study design, inclusion criteria, sample size, response and attrition rates, analysis and reporting differences between responders and non responders to treatment, attrition bias and status of interviewers (maximum score of 8). Studies were rated low quality (scoring 0 to 2 points), medium quality (scoring 3 to 5 points) and high quality (scoring 6 to 8 points). The authors did not state how many reviewers performed the assessment.

Data extraction
Data were extracted onto a standardised form. The authors did not state how many reviewers performed the data extraction.

Methods of synthesis
The studies were combined in a narrative synthesis with accompanying tables.

Results of the review
Eighteen studies (n=1,140) were included in the review (nine prospective and nine retrospective).

Nine studies were scored low quality, six studies scored medium quality and three studies scored high quality. Three studies scored 0. No study scored higher than 6. Seven studies clearly described samples. Eleven studies had sample sizes of 50 or more. Nine had response rates of 50 per cent or more.

Observer-rated clinical outcomes: Participants showed improvements in symptoms and/or functioning at discharge and within the next four months (two high quality studies).
Self-reported outcomes: Between 33 per cent and 66 per cent of patients rated their admission as correct or necessary (two high-, two medium- and three low-quality studies). Three studies (one medium- and two low-quality studies) reported that 28 per cent to 48 per cent of participants believed they did not need hospital admission. Except for one low quality study, all studies assessing both positive and negative views reported the number of participants viewing their admission positively was higher than those with negative attitudes.

Between 39 per cent and 75 per cent of participants retrospectively stated that it was right that they had been involuntarily admitted and treated. Between 10 per cent and 47 per cent stated explicitly that their involuntary admission was unjustified (three medium- and four low-quality studies). Except for one medium-quality study, all studies assessing both positive and negative views reported the number of participants viewing their admission positively was higher than those with negative attitudes. Where reported, the association between participants’ views and length of time since admission showed a trend towards more positive views over time.

From 39 per cent to 81 per cent of participants perceived their hospitalisation as helpful. Between six per cent and 33 per cent perceived no benefits or felt harmed by treatment (four medium- and five low-quality studies).

When asked to report if participants felt they had clinically improved after involuntary treatment, 68 per cent to 76 per cent reported they felt better (two high-quality studies).

From 46 per cent to 73 per cent of participants reported satisfaction with the treatment they received (two high- and one low-quality studies).

Predictors: One high-quality study found no significant differences in terms of age, gender and diagnosis between participants who did and did not report improvement. Two medium-quality studies reported inconclusive results in terms of predictor variables. Two medium-quality studies reported that patients with a greater clinical improvement tended to report more positive views on their hospitalisation.

Authors’ conclusions
A substantial number of participants admitted involuntarily to general adult psychiatry units did not feel their admission was justified or beneficial. New methods of managing these patients may be required. Larger studies were needed to identify predictors of outcomes.

CRD commentary
Inclusion criteria were defined for intervention, participants and outcomes, but not for study design. Several relevant sources were searched, but no attempts were made to minimise publication and language biases. Methods used to select studies, assess validity and extract data were not described, so it was unknown whether efforts were made to reduce reviewer errors and bias. Validity was assessed, but only the composite score was presented, which made it difficult to comment independently on the reliability of the evidence presented. Given the differences between studies, a narrative synthesis was appropriate. Half of the included studies were retrospective in nature, and these were subject to various potential biases. Therefore, results from these studies and any synthesis may not be reliable. Characteristics of the included studies were presented in tables, but details of participants were not reported and it was, therefore, not possible to determine the generalisability of the findings. The authors’ conclusions should be viewed with some caution given the lack of reporting of review methods and limited quality of the included studies.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that future research should define the constructs reflecting outcomes and consistently assess them in order to inform development of practice and service. Sample sizes of sufficient statistical power should be used to allow identification of factors influencing outcomes and to analyse outcomes in specific population subgroups.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.