

Oral presentation

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Continuity of care after involuntary admission: does integration of mental healthcare matter?

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from WPA Thematic Conference. Coercive Treatment in Psychiatry: A Comprehensive Review
Dresden, Germany. 6–8 June 2007

Published: 19 December 2007

BMC Psychiatry 2007, 7(Suppl 1):S12 doi:10.1186/1471-244X-7-S1-S12

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/S12>

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Objectives

To evaluate continuity of care after acute involuntary admission. The correlation between deinstitutionalization, patients not receiving appropriate mental healthcare (discontinuity of care), and involuntary hospitalizations has been frequently hypothesized, but not often tested [1]. The effect of deinstitutionalization may be counter-balanced by integration of services [2]. We expected better continuity of care and fewer readmissions after deinstitutionalization in areas where services have better collaborative or formal relationships.

Methods

Retrospective study, periods 1991 to 1993 and 2001 to 2003, using administrative data of the psychiatric case register for Rotterdam, the Netherlands. We included patients in the age of 18 to 60 years, living in Rotterdam, who had a first involuntary admission (N = 830). Patients' history was assessed and service-use was monitored for a 12-month follow-up. We used survival analyses to compare time-intervals between involuntary admission and aftercare. We also calculated time-variant indicators of continuity of care. Generalized linear models for repeated measures were used to analyze patterns of care.

Results

Involuntary readmission decreased, length of stay increased and the time between hospital discharge and outpatient follow-up did not decrease over time. Total use of services after involuntary admission showed little variability. Some continuity-of-care measures were related to integrated services vs least formalized approaches, but overall we found moderate differences.

Conclusion

The use of involuntary admission has changed in the study period. Time-effect was more important than integration-effect. Positive association between service integration and continuity of care could only partially be demonstrated. This suggests that for instance interagency linkages and assertive community treatment are more important than formal integration of services.

References

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