



1.1 Rate of involuntary committals in psychiatric hospital wards (/10 000 population) (MH-4)

1.1.1 Documentation sheet

Description	Rate of involuntary committals in psychiatric hospitals or psychiatric services of general hospitals per capita
Calculation	Numerator: Number of involuntary admissions per year Denominator: Total midyear Belgian population
Rationale	<p>Involuntary committal (or placement under observation, also known as formal admission) is subject to specific conditions which are stated in the Law of 1990: the person must be suffering from a mental illness, he/she must constitute a danger for him/herself or for society, and there can be no other treatment option, such as voluntary admission or treatment at home. A patient can be ordered into involuntary admission by a magistrate and is usually admitted to a psychiatric hospital. The observation period is limited to 40 days, but can be extended if necessary. During the first period of observation (10 days maximum), a period of observation takes place and the psychiatrist submits a medical report to the judicial authority.¹</p> <p>The need to minimise unnecessary involuntary admissions but provide appropriate treatment, supervision and protection for persons with serious mental illness is a key system goal.² An involuntary admission is indicative of a crisis episode but can also shed some insights into the availability and adequacy of inpatient resources and alternative forms of care for the group of more demanding patients.³ In addition, this risk of involuntary admissions has been shown to be greater for ethnic minority groups.^{3,4}</p> <p>In order to better protect psychiatric patients, most European countries have reformed their mental protection laws and reviewed their criteria for involuntary commitment.³ Despite these reforms, there are international and intra-regional differences in the use of involuntary admissions with rates increasing in some western European countries that cannot be explained by increased prevalence of severe mental disorders.⁵ While some authors have expressed concern that an increased number of forensic beds signals re-institutionalisation, this has not been accompanied by a consistent rise in forensic involuntary admissions.⁵</p>
Data source	MPG – RPM provided by FPS Public Health SPSCAE – FOD VVVL
Technical definitions	All involuntary admissions identified in MPG by variable “MA09 Type of admissions” by the following response categories (21” admission for observation”; 22 “internment”; 23” continuation forced stay”; 24 “probation”; 29 “other legal conditions”). For regional figures, calculations are based on patient’s residence.
International comparability	<p>This indicator is included in the International Mental Health Comparisons (adults and older adults services) from the NHS Benchmarking Network and referred to as detention rate.</p> <p>The interpretation of this indicator in an international context requires investigation into the operation of legislation pertaining to such admissions and number of beds in the countries under analysis. For instance, where the number of beds is low, patients that require involuntary admissions in accordance with legal requirement, may be prioritised over patients requiring inpatient care voluntarily (i.e. not under legislation). This explains why New Zealand and England reported the two highest rates of adult involuntary committals and the two lowest number of general adult psychiatry beds per 100 000 population.</p> <p>In Belgium, a change in status from involuntary towards voluntary admission during the hospitalisation period is not taken into account whereas this was usually done by other countries.⁶</p>



	Data reporting period varied across countries: 2019-2020 for Australia, 2020-2021 for Canada and New Zealand, 2021 for Sweden, Switzerland and Ireland, and 2021-2022 for the UK.
Dimension	Quality (appropriateness of mental healthcare)
Related indicators	
Reviewer	Nathalie Terryn (FPS Public Health)

1.1.2 Results

Belgium

The rate of involuntary committals in psychiatric hospitals or psychiatric services of general hospitals increased from 7.09 per 10 000 inhabitants in 2010 to 9.43 in 2021 (see Figure 1). In 2020, 87% of involuntary committals were in psychiatric hospitals and the number of involuntary admissions in these hospitals increased by 34% in 2011-2020.¹ In psychiatric services of general hospitals, the number of involuntary committals doubled since 2019 and increased by 84% between 2011 and 2020.¹ Furthermore, the average length of stay of involuntary committals decreased from 171 days in 2012 to 90 days in 2021.

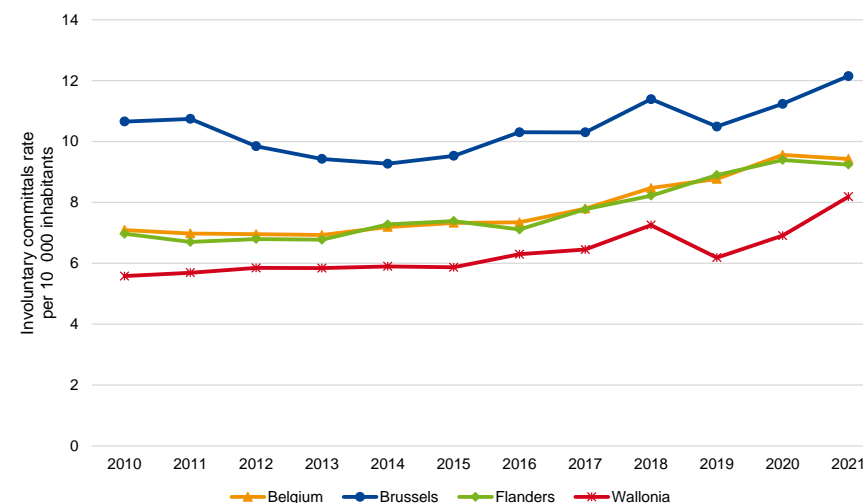
Analysis by demographic characteristics

It is higher for men (2021: 11.62/10 000) compared to women (2021: 7.30/10 000) and highest in individuals aged 18-40 years and lowest in individuals aged below 18 years (2021: <18 years: 1.61/10 000, 18-40 years: 17.28/10 000, 41-64 years: 10.33/10 000, ≥65 years: 4.43/10 000).

Regional comparison

Large differences can be observed between regions (in 2021): Flanders 9.24/10 000; Brussels 12.15/10 000; Wallonia: 8.19/10 000). Several initiatives are taken to deal with this increasing trend. The rate of involuntary committals was highest in the province of Limbourg and the Brussels-Capital Region. In 2021, the average length of stay was higher in Flanders (101 days) and Wallonia (86 days) than Brussels (53 days). However, the average length of stay decreased over time across all regions (see Figure 2).

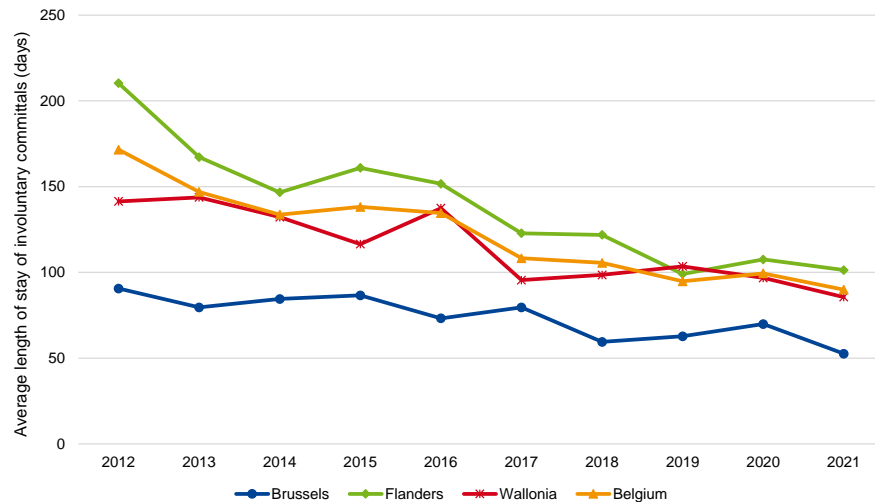
Figure 1 – Rate of Involuntary Committals per 10 000 inhabitants (2010-2021)



Source: SPF SPSCAE – FOD VVVL



Figure 2 – Average length of stay of involuntary committals (days), by region (2012-2021)



Source: SPF SPSCAE – FOD VVVL

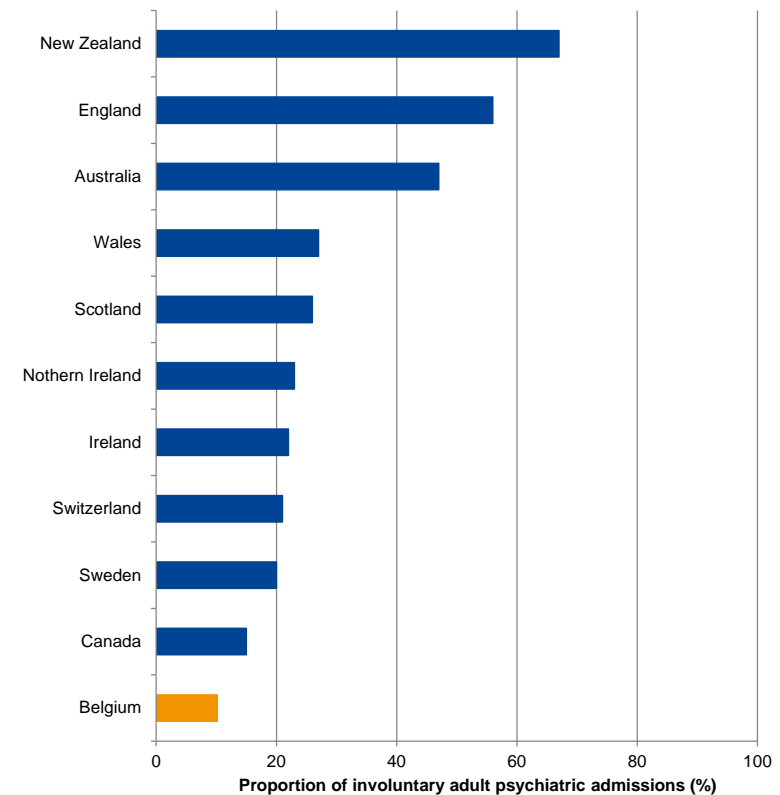
Impact of the COVID-19 pandemic

Based on the analyses above, there was no reduction in the rate of involuntary committals during the COVID-19 pandemic (2020-2021). In contrast to voluntary admissions, measures to combat the COVID-19 pandemic had no impact on the number of involuntary committals.¹

International Comparison

In 2021-2022, the proportion of adult psychiatric admissions that were involuntary was lower in Belgium (10%) than in other countries, including New Zealand, the UK (Wales, Scotland, Northern Ireland), Ireland, Switzerland, Sweden and Canada (mean: 30%, median: 23%; see Figure 3).⁷ There was substantial variation in results across the 11 countries.⁷

Figure 3 – Proportion of adult psychiatric admissions that were involuntary in 2021-2022 (or most recent reporting period available; international comparison)



Source: NHS Benchmarking Network 2022



Key points

- **The involuntary committal rate in psychiatric hospital wards rose from 7.1 / 10 000 pop. in 2010 to 9.4 / 10 000 pop. in 2021.**
- **The average length of stay of involuntary committals decreased from 171 days in 2012 to 90 days in 2021.**
- **Large differences between regions exist with higher rates in Brussels (12.2 involuntary committals per 10 000 inhabitants) compared to Flanders (9.2 / 10 000) and Wallonia (8.2 / 10 000).**
- **In 2021-2022, the proportion of adult psychiatric admissions that were involuntary was lower in Belgium (10%) than in a selection of other countries, including New Zealand, the UK, Ireland, Switzerland, Sweden and Canada (mean: 30%, median: 23%).**

References

1. SPF Public Health. Mises en observation dans les HP et SPHG. 2022. Available from: https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_t_heme_file/20220816_rapport_gedwongen_opnamen_fr.pdf
2. McEwan KL GE. Accountability and Performance Indicators for Mental Health Services and Supports. 2001
3. Lorant V, Depuydt C, Gillain B, Guillet A, Dubois V. Involuntary commitment in psychiatric care: what drives the decision? Soc Psychiatry Psychiatr Epidemiol. 2007;42(5):360-5.
4. Morgan C, Mallett R, Hutchinson G, Leff J. Negative pathways to psychiatric care and ethnicity: the bridge between social science and psychiatry. Soc Sci Med. 2004;58(4):739-52.
5. Priebe S, Badesconyi A, Fioritti A, Hansson L, Kilian R, Torres-Gonzales F, et al. Reinstitutionalisation in mental health care: comparison of data on service provision from six European countries. BMJ. 2005;330(7483):123-6.
6. Salize HJ, Dressing H. Epidemiology of involuntary placement of mentally ill people across the European Union. Br J Psychiatry. 2004;184:163-8.
7. NHS Benchmarking Network. International Mental Health Benchmarking. 2022.