

REVIEW ARTICLE

Compulsory Psychiatric Admissions in Two Districts of Berlin – How Open Are the Psychiatric Services?

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SUMMARY

Introduction: There has been an increase in compulsory psychiatric hospital admissions in Germany. This could indicate a tendency towards a more custodial approach in psychiatry. **Methods:** The number and nature of involuntary admissions in 2 Berlin districts over the past 30 years is discussed against the background of available data, and in the context of the reduction in psychiatric hospital beds in the 1990s. **Results:** One district showed an increase in compulsory admissions which is largely accounted for by an increase in overall patient numbers and a reduction in length of stay, attributable to higher numbers of patients with shorter lengths of stay. However, over the same period, admission wards in both districts were turned into open wards. These changes were initiated and maintained on therapeutic grounds. **Discussion:** The number of compulsory admissions in psychiatry has increased, in parallel with the increase of admissions in general, reflecting a higher patient turnover with shorter lengths of stay at a time of bed reductions. Independently of this, the opening of inpatient wards – initiated through major reforms since the 1960s – has been further implemented.

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Key words: compulsory admissions, time course, open door, psychiatric medical care, social psychiatry

Two years ago, Deutsches Ärzteblatt published an article that presented data on the increase in compulsory admissions in psychiatric care in Germany and triggered a furious debate about the importance of these findings (1). The article mentioned several factors that may have contributed to this increase, including greater risk averseness among doctors, changed legal requirements, and a new zeitgeist in which a stronger need for safety/security was felt. The debate throws up two central questions: are the numbers indicating an increase in compulsory admissions really that clear cut, and how should compulsory admissions be assessed in practice?

With regard to the numbers: in several European countries with different traditions, legal rules and regulations, and healthcare systems, the number of spaces in forensic psychiatry and in sheltered housing institutions have risen substantially. This development was also known as "re-institutionalization" and needs to be considered on a background of notably higher numbers of prison inmates in all those countries. There really does seem to be a general trend in society towards being more risk averse and towards institutional exclusion of disruptive people, which includes psychiatry (2). As this trend has become obvious in several countries, it is probably related to national changes in the law or in healthcare conditions (3).

But especially for compulsory admissions, the data situation is not clear. There is no single international trend. For Germany, a recent, published debate has shown the difficulties of a standardized interpretation (4). The data relating to the increase in compulsory admissions are impressive, but they are not entirely reliable and have to be seen on a background of generally increasing numbers of inpatient treatments. If the number of inpatient admissions in general is rising because of a change in the practice of health care, with shorter stays in hospital, then can compulsory admissions not be expected to increase simultaneously,

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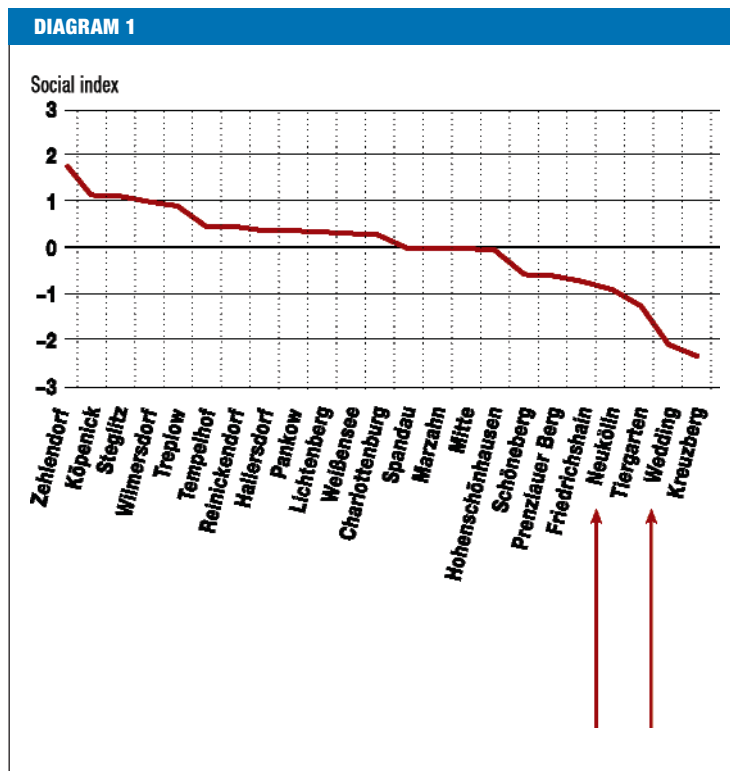
without indicating a greater readiness on the part of the doctors to administer compulsory treatment? To answer this question, a comparison of reliable and detailed data from different regions and an exact analysis of possible differences would be helpful. But such data and comparisons do currently not exist.

Spengler (5) compared admissions under the state law governing assistance for and protective measures in psychiatric disorders (i.e. psychiatric practice) and the right to be looked after (civil code) in Germany in 1992–2003 with the total case numbers and found that, after adjusting for methodological shortcomings and systematic error sources, most regions had gone through a stable course of compulsory admissions in terms of the law. An exception to this are the new German states; since reunification, the numbers have increased notably. Compulsory admissions under civil law in 1992–2003 in all of Germany rose by 38%. But these numbers include admissions to non-psychiatric institutions, double counting after a change in procedure (law on psychiatric practice in the federal civil code) and so-called compulsory detentions (extension procedures), so that the real rise can be expected to be lower.

The increase in compulsory admission procedures under civil law is also obviously due to the rising numbers of dementia patients, tendencies towards determining everything in terms of laws, and methodological problems in collecting data (5). Further problems arise because of the limited national and international comparability of admission numbers, because of sometimes substantial differences in the applicable laws, definitions, or procedures. This explains the heterogeneous and often contradictory research results (6, 7). We therefore conclude that the numbers are not uniform, but this is no reason to ignore them.

Experiences in two Berlin areas with social problems

The second question is how compulsory treatments are dealt with in practice and how they can be assessed accordingly. The cover of the Deutsches Ärzteblatt showed a female patient behind a locked door and thus created the impression that compulsory admissions are inevitably admissions to closed wards. This implication contradicts the authors' own experiences in the services for patients in the Berlin districts of Mitte and Neukölln. The two districts, and the suburb of Wedding (which is part of Mitte), are social flash points,



Social index Berlin districts – old administrative structure (23 districts) (data source/calculation and illustration: SenGesSozV-IIA-)

with lower than average incomes, higher unemployment, and a higher number of people on state benefits (8) (diagram 1). Wedding has a high number of Turkish immigrants.

Methodological problems affecting data collection

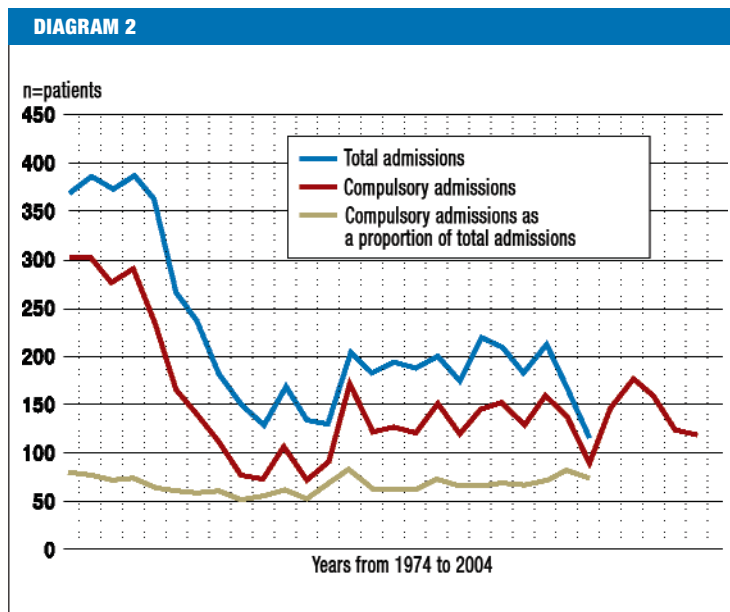
Research into compulsory measures in psychiatry consists mainly of epidemiologic studies attempting to capture the quantitative aspects of compulsory measures. Most are studies of predictive factors, frequency, and result variables that can be quantitatively captured in the context of compulsory measures (9, 10, 11). Even at this level, methodological problems occur. The time courses, if present or officially registered, show variations that imply different factors of influence. In Germany and four other EU countries, no official institution is responsible for the registration of compulsory measures (6, 12). Attempts to provide reasons and interpret different time courses for compulsory measures are even more complex and error prone. The following factors are involved:

- Health economic aspects, such as the behaviour of health insurance companies/sickness funds;
- Legal factors, such as the results of changes to the law;
- Medical influences, such as a modification of the therapeutic options and effectiveness; and
- Methodological aspects such as study design and validity (5).

In Berlin, compulsory admissions are undertaken where someone presents an acute danger to the self or others according to the state law governing psychiatric practice (PsychKG), and the participation of the social psychiatric services is obligatory. This means that the social psychiatric services have to be represented during each procedure where a patient is compulsorily admitted under the law on psychiatric practice. This procedure takes place in the hospital to which the patient was admitted.

In the suburb of Wedding, situated in the administrative district of Berlin Mitte, the social psychiatric services documented the number of compulsory admissions it was involved in for 1974–2004. In view of the regular participation of the social psychiatric services, it can be assumed that no relevant numbers of patients from Wedding were compulsorily admitted without participation of the services. Such a scenario is possible where a patient from a particular district decompensates while on holiday elsewhere.

Admissions outside the office hours of the social psychiatric services that are continued for the following 24 hours on a voluntary basis, are not recorded, and consequently the



Data from social psychiatric services in Wedding. Compulsory admissions under the law are shown as a proportion of total admissions effected by the social psychiatric services. The total number of admissions fell in the early 1980s, and so did the number of compulsory admissions. Proportionally, compulsory admissions have remained the same.

services are not informed. The number of admissions was recorded in which the social psychiatric services participated but which were not compulsory – for example, in the context of a home visit.

For the district of Neukölln, no comparable data for the social psychiatric services are available. Statistical data from Neukölln Hospital are available for evaluation, which were compiled from the basic documentation of the hospital. Their significance is limited because not every compulsory admission of a patient from Neukölln has to occur in Neukölln hospital, although as a rule this is the case.

Compulsory admissions in the context of a reduction in psychiatric inpatient care

In Berlin, the number of beds in psychiatric wards was reduced from 6 600 to 2 847 between 1990 and 2000, 0.7 per 1000 population (13). This may result in shorter inpatient stays and an increase in the number of emergency admissions. The coverage of outpatient psychiatric services is better in Berlin than in Germany's non-city states and worse than in other city states, in Saxony, and in North Rhine Westphalia. As a result of the desired relocation of psychiatric services closer to places of residence, the social psychiatric services gained in importance; in Berlin they are regularly involved in all admissions procedures and in the case-related management in all patients with persistent mental disorder directly in compulsory admission. The density of care provision in the Berlin conurbation (150 000 inhabitants per member of staff in the social psychiatric services) is lower than in the new German states. In Brandenburg, for example, the ratio is 62 000/1 (14).

The data from the social psychiatric services in Wedding were documented by the responsible member of staff and show a fall in the number of compulsory admissions at the beginning of the 1980s. Afterwards the number of compulsory admissions remained constant, even in the time of the bed reduction in Berlin (*diagram 2*). The statistical data of the clinic for psychiatry and psychotherapy at Neukölln Hospital were collected by the medical director (Erdmann Fährndrich) and show an increase in the number of compulsory admissions under the law on psychiatric illness as well as the care law – a direct contrast to the situation in Wedding. Over the same time period, the case numbers rose appreciably, so that the proportion of compulsorily admitted patients remained the same (*table*).

Data from both districts in Berlin do not testify a shift of psychiatric patients into the forensic sector. In Neukölln Hospital in 2000, of a total of 52 inpatients who had been admitted under the law on psychiatric illness after crimes such as arson, only 2 were transferred into the forensic sector (according to §126a StPO). At the psychiatric university clinic of the Charité in St Hedwig's Hospital and Campus Mitte, which covers the Wedding district, no patient was transferred into the forensic sector within the past 3 years.

Effects on inpatient care

In neither of the two districts in Berlin do compulsory admissions inevitably result in a compulsory stay in a closed ward. Neukölln Hospital does not even have any closed wards. The doors are open, but they can be monitored from a cockpit and locked electronically if needed.

In the Hospital for Psychiatry and Psychotherapy at the Charité University of Berlin, Campus Mitte, the doors have also been opened in the admitting wards over the past years and are now locked only when needed. This change in the ward policies occurred without a change to the number or formal qualifications of the staff. Architecturally it seems advantageous that the nurse's room is at the exit in one ward. Placing the nurses' room in the middle of the ward – without a view of the exit door – resulted in the door being locked more often. The open door policy seems to have helped defuse tensions on the ward. At the Charité, the number of fixations less than halved after the ward was restructured. No suicides have been committed in the context of inpatient treatment since the doors were opened.

Discussion

In Neukölln Hospital, an increase in the number of cases has been noted over the past 20 years that reflects the trend for all of Germany – from 1992 to 2003, the case numbers rose substantially (5). This rise in case numbers explains the increase in compulsory admissions under the law on psychiatric practice and the civil code in Neukölln Hospital. The same proportion of patients was admitted, but the rise in case numbers that accompanied shorter

TABLE					
Admissions under PsychKG and BGB in Neukölln					
	1984	1988	1995	1999	2003
PsychKG			197	259	292
BGB			80	137	161
Total	255	146	277	396	453
Per cent of all admissions	28.6 %	13.1 %	12.0 %	13.2 %	12.9 %

(modified from Fährdrich, Eichler 1995, Fährdrich 2005)
 PsychKG, law on psychiatric practice; BGB, German civil code

inpatient stays – the Berlin average is about 19 days – resulted in a higher number of legal compulsory admissions in Neukölln. In the district of Wedding, however, the absolute number of admissions under the psychiatric illness law did not rise. The question whether particularities of Berlin's care providing services – such as case-related coordination or an increase in outpatient services – play a part in these developments needs to be investigated in further studies. However, the expansion in outpatient care services may be expected to result in an increase in admissions, which is indirectly noticeable in the statistics of Neukölln Hospital: since the early 1990s the outpatient services provided for the care of people with psychiatric or addiction disorders have expanded substantially. In 1994, for example, initial extramural projects started offering care services; day clinics came into being, and existing institutions for chronically ill people changed their profiles and adapted more to the needs of patients with psychiatric disorders.

In England, so-called case managers have been introduced into the healthcare system. Interestingly, subsequent to this measure, the number of admissions rose very notably (15). The higher number of admissions in spite of improvements to outpatient care does not seem to be indicative of a conceptual weakness of case management. It is more likely that the pre-existing under-provision for psychiatric patients in need of care was corrected by outpatient case management (16). On this background, a concluding assessment of the case management system with regard to the frequency of admissions is difficult (17), the danger of a possible re-institutionalization (3) should be considered, however.

These reflections make it clear that the admission of psychiatric patients against their will cannot be understood merely as a bureaucratic measure serving to protect the general public. There is a care aspect to this, under which the admission happens because of illness-related dangers to the self. Psychiatry takes on tasks that society cannot deal with adequately any more, for example – as with old people's homes and nursing homes – provision of care for the increasing numbers of dementia patients who are increasingly placed under care (5, 14).

The experiences from Berlin contradict the assumption that scarce financial resources and a massive decrease in the number of beds necessarily go hand in hand with an increase in the number of compulsory admissions to closed wards. Rather, it became possible to open up the district admission wards, although in one district (Neukölln) the numbers of compulsory admissions tended to rise. For the daily care of patients in a scenario of a reduction in beds, the importance of the network of outpatient care institutions cannot be emphasized enough (18).

In these days of limited resources, it is important to be conscious of the stigmatization associated with psychiatric disorders that surrounds patients and their relatives, as well as those working in the healthcare system, and which can result in a scenario where psychiatric disorders are treated too late, wrongly (in the sense of an incorrect inpatient admission), or not at all. A low number of compulsory admissions is therefore not really a sign of high tolerance towards and integration of people with psychiatric disorders, but may be an expression of neglect of these patients and their illness.

From a therapeutic position, Finzen clearly formulated this in 1988: "It would be unethical and inhuman to leave those sick people to their fate who cannot look for help because their illness has robbed them of the capacity to do so. The dilemma is inevitable. Applying compulsory measures may be brutal, but making do without them is not humane" (19). In the face of stigmatization of psychiatric patients, the attempt to open doors and to view

inpatient treatment as merely one link in a chain of treatment and rehabilitation measures can contribute to shape everyday life on the ward in as normal a way as possible. Psychiatric disorders are of particular medical and economic interest because psychiatric disorders have a leading rank in the global burden of disease, according to the World Health Organization (WHO) (20).

Conflict of Interest Statement

The authors declare that no conflict of interest exists according to the Guidelines of the International Committee of Medical Journal Editors.

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REFERENCES

1. Müller P: Zwangseinweisungen nehmen zu. *Dtsch Arztl* 2004; 101(42): A 2794–8.
2. Dressing H, Salize HJ: Forensic psychiatric assessment in European Union member states. *Acta Psychiatr Scand* 2006; 114: 282–9.
3. Priebe S, Badesconyi A, Fioritti A et al.: Reinstitutionalisation in mental health care: comparison of data on service provision from six European countries. *BMJ* 2005; 330: 123–26.
4. Müller P, Dressing H, Salize HJ: Pro und Kontra: Zunahme von Zwangseinweisungen psychisch Kranker. *Psychiatrische Praxis* 2006; 33: 157–9.
5. Spengler A, Dressing H, Koller M, Salize HJ: Zwangseinweisungen – bundesweite Basisdaten und Trends. *Der Nervenarzt* 2005; 76: 363–70.
6. Salize HJ, Dressing H: Epidemiology of involuntary placement of mentally ill people across European Union. *British Journal of Psychiatry* 2004; 184: 163–8.
7. Kallert TW, Glockner M, Onchev G et al.: The EUNOMIA project on coercion in psychiatry: study design and preliminary data. *World Psychiatry* 2005; 4: 168–72.
8. Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz (Hrsg.): Sozialstrukturatlas Berlin 2003; Berlin: Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz 2004.
9. Davies S, Thornicroft G, Leese M, Higgingsbotham A, Phelan M: Ethnic differences in risk of compulsory psychiatric admission among representative cases of psychosis in London. *BMJ* 1996; 312: 533–7.
10. Kisely SR, Xiao J, Preston NJ: Impact of compulsory community treatment on admission rates: survival analysis using linked mental health and offender databases. *Br J Psychiatry* 2004; 184: 432–8.
11. Rain SD, Williams VF, Robbins PC, Monahan J, Steadman HJ, Vesselinov R: Perceived coercion at hospital admission and adherence to mental health treatment after discharge. *Psychiatr Serv* 2003; 54: 103–5.
12. Kallert TW, Looks P, Leiße M, Hoffmann K, Franz M: Enthospitalisierungsprozesse in deutschen, psychiatrischen Großkrankenhäusern. *Fortschr Neurol Psychiatr* 2006; 74: 309–28.
13. Senatsverwaltung für Gesundheit und Soziales: Fortschreibung des Krankenhausplans 1999. Berlin: Senatsverwaltung für Gesundheit und Soziales 2005.
14. Gesundheitsministerkonferenz: Bestandsaufnahme zu den Entwicklungen der Psychiatrie in den letzten 25 Jahren. 76. Gesundheitsministerkonferenz 2/3. Juli 2003.
15. Adams C, Wilson P, Bagnall A-M: Psychosocial interventions for schizophrenia. *Quality in Health Care* 2000; 9: 251–6.
16. Fakhoury WK, Priebe S: The process of deinstitutionalization: an international overview. *Curr Opin in Psych* 2002; 15: 187–92.
17. Kisely S, Campbell LA, Preston N: Compulsory community and involuntary outpatient treatment for people with severe mental disorders (review). *The Cochrane Database of Systematic Reviews* 2005; Issue 3.
18. Joy CB, Adams CE, Rice K: Crisis intervention for people with severe mental illnesses. *The Cochrane Collaboration. The Cochrane Library* 2005; Issue 1.
19. Finzen A: Zwischen Hilfe und Gewalt. Das unausweichliche Dilemma in der Psychiatrie. *Z Fundamenta Psychiatrica* 1988; 2: 8–12.
20. Murray CJ, Lopez AD: Global mortality, disability, and the contribution of risk factors: Global Burden of Disease Study. *Lancet* 1997; 349: 1436–42.

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