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RESEARCH ARTICLE

Involuntary psychiatric hospitalizations in Greece: Contemporary research and policy implications

Stelios Stylianidis,[1] Eugenie Georgaca,[2] Lily Evangelia Peppou,[3] Aikaterini Arvaniti,[4] Maria Samakouri,[4] and the MANE Group[5]

[1]Department of Psychology, Panteion University of Social Sciences & EPAPSY, Athens, Greece
[2]School of Psychology, Aristotle University of Thessaloniki, Thessaloniki, Greece
[3]Department of Psychology, Panteion University of Social Sciences, Athens, Greece
[4]Department of Psychiatry, Medical School, Democritus University of Thrace & University General Hospital of Alexandroupolis, Alexandroupolis, Greece
[5]MANE Group: Vasileios Panteleimon Bozikas, Othon Charalampakis, Ioannis Diakogiannis, Athanasios Douzenis, Konstantinos Fokas, Georgios Garyfallos, Ioanna Gkolia, Vassiliki Karpouza, Ioannis Nimatoudis, Georgios Patsinakidis, Dimitrios Sevris, Pipitsa Theodoropoulou Arseniou, Aikaterini Vlachaki

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---------- **ABSTRACT** ----------

Involuntary psychiatric hospitalization is a contested issue in mental health care provision. Despite indications of very high rates of involuntary hospitalizations in Greece, no valid national statistical data has been collected. After reviewing current research on involuntary hospitalizations in Greece, the paper introduces the Study of Involuntary Hospitalizations in Greece (MANE), a multi-centre national study of the rates, process, determinants and outcome of involuntary hospitalizations, conducted in the regions of Attica, Thessaloniki and Alexandroupolis, from 2017 to 2020, and presents some preliminary comparative findings regarding the rates and process of involuntary hospitalizations. There is a major difference in the rates of involuntary hospitalizations between Alexandroupolis (around 25%) and Athens and Thessaloniki (over 50%), that is possibly related to the sectorized organization of mental health services in Alexandroupolis and to the benefits of not covering a metropolitan urban area. There is a significantly larger percentage of involuntary admissions that end in involuntary hospitalization in Attica and Thessaloniki compared to Alexandroupolis. Reversely, of those accessing the emergency departments voluntarily, almost everyone is admitted in Athens, while large percentages are not admitted in Thessaloniki and in Alexandroupolis. A significantly higher percentage of patients were formally referred upon discharge in Alexandroupolis compared to Athens and Thessaloniki. This may be due to increased continuity of care in Alexandroupolis and that might explain the low rates of involuntary hospitalization there. Finally, re-hospitalization rates were very high in all the study centers, demonstrating the revolving-door phenomenon, especially for voluntary hospitalizations. The MANE project came to address the gap in national recording of involuntary hospitalizations, by implementing, for the first time, a coordinated monitoring of involuntary hospitalizations in three regions of the country with different characteristics, so that a picture of involuntary hospitalizations can be drawn at national level. The project contributes to raising awareness of this issue at the level of national health policy and to formulating strategic goals to address the problem of violation of human rights and to promote mental health democracy in Greece.

KEYWORDS: Involuntary psychiatric hospitalization, mental health care practices, law implementation, human rights.

Corresponding Author: Stelios Stylianidis, Department of Psychology, Panteion University of Social Sciences & EPAPSY, Athens, Greece, E-mail: stylianidis.st@gmail.com

Introduction

The involuntary hospitalization of persons with mental health problems is a contested issue in mental health care provision, mainly due to the restrictions it imposes on the liberty, fundamental rights and autonomy of these patients. Epidemiological studies in European countries document significant variation in the frequency of involuntary admissions,[1] ranging from 3.2% to 30% of psychiatric hospitalizations, which can be attributed to differences between E.U. member states regarding the legal framework, psychiatric culture, organization of mental health services, availability of alternative forms of care, patient characteristics, degree of social cohesion, as well as broader socioeconomic indicators.

Despite indications of very high rates of involuntary hospitalizations in Greece, there is no valid national statistical data collected, like in other European countries.[2-5] The lack of national data is cause for concern, especially because of the double condemnation of the country in the European Court of Human Rights, as well as indications from various sources of inadequate implementation of the relevant legal regulations and protection of patients' rights.[6-8] The recent research report of the Five-Year Special Committee of Control for the Protection of the Rights of Persons with Mental Disorders confirms the previous data.[9] Simultaneously, the incomplete character of mental health reform leads to insufficient continuity of care, inadequate community mental health services, poor psychiatric leadership, insufficient implementation of sectorization and uncoordinated provision of care between psychiatric hospitals, psychiatric departments and community mental health services; the national health care system has been evaluated by external experts as fragmented, un-integrated and unstable.[10,11]

The aim of this paper is to present the recent data concerning psychiatric hospitalizations in three Greek regions and to propose future national policy mental health plans in order to address this problem.

Rates, risk factors and process of involuntary hospitalizations in Greece

There is a small but growing trend of research on involuntary hospitalizations in Greece. The rates and process of involuntary hospitalizations, as well as its associated factors, have been examined in specific psychiatric units in Thessaloniki,[12] Patras,[14,15] Ioannina[16] and Attica.[17] The process of involuntary admission has also been investigated through analyzing court and police records.[18-20] Finally, there are a few studies examining the views of patients and other stakeholders on involuntary hospitalization.[21-23]

While before the implementation of the current law regulating involuntary hospitalization (Law 2071/1992) the rates of compulsory hospitalizations were estimated to be as high as 97%[24] and did not seem to change much in the subsequent period,[25] more recent studies estimate it at 28% in the region of Ioannina[16] 45% in the region of Patras,[15] 55% in Thessaloniki[13] and around 60% in Attica.[17] This verifies the observation that the rate of involuntary hospitalizations in Greece is much higher than most European countries. It also indicates differences between geographical regions, between urban and rural areas, as well as between psychiatric hospitals and psychiatric wards in general hospitals. The two longitudinal studies conducted to date reveal a stable course in numbers of involuntary admissions in Ioannina[16] and a steady increase in Patras,[14] also indicating variable trends

within the country.

The persons who are at greater risk of being involuntarily admitted seem to be unmarried men, who are unemployed, self-employed or workers and lack social support and financial resources.[16,13,15] In terms of clinical factors, the diagnosis of schizophrenia spectrum disorders is most frequently given to involuntarily admitted patients, followed by a diagnosis of mood disorders, most commonly bipolar disorder,[16,.13,18,26,15] while a diagnosis of unipolar depression reduces the risk.[17] Severity of symptomatology and aggression precipitate involuntary admission, while suicidality seems to predict voluntary hospitalization.[27] Previous admissions, mainly involuntary, were found to increase the risk of involuntary hospitalization,[16,13] while previous contact with community mental health services operates as a protective factor.[27,17] This supports arguments for the crucial role of community-based continuity of care for reducing involuntary hospitalizations, something that has been repeatedly documented with data from different regions of the country.[28-30.]

The very high re-admission rates documented[26] portray a pervasive revolving door process, raising concerns about the efficacy of the mental health service system in dealing with severe and chronic mental health difficulties. On the other hand, the high percentage of involuntary admissions of persons with a first psychotic episode[13,15] indicates system inadequacies in addressing the early stages of severe mental distress and points to the need for early intervention services.[31]

Studies examining the process of involuntary hospitalization provide a clear picture of the procedures followed, with emphasis on the ways in which the law is implemented and the degree to which it safeguards admitted patients' rights. It seems that the letter of the Law 2071/1992 protects human rights but its enforcement is defective.[7,9] In the majority of cases the process is initiated by relatives,[18,7,17,15] mainly on grounds of deterioration of mental state and lack of adherence to medication. The study by Chatzisimeonidis (2021)[18] portrays two distinct routes into involuntary hospitalization: for younger persons the process is initiated by the police on grounds of interpersonal conflicts, while for older persons by relatives on grounds of deterioration of mental state; it is not clear whether each route is driven by age or by disorder chronicity. Invariably, transport to the mental health facility is conducted by the police[18,15] and police officers tend to be present during the psychiatric assessment[7]. Once admitted, patients are not typically informed of their rights[15] and they do not seem to be aware of them.[23] Other coercive measures, usually chemical and mechanical restraint, are typically applied to a significant percentage of involuntarily admitted patients.[16,32,33]

The court hearing, that is by law the process through which involuntary hospitalization is decided, takes place much later, often after discharge, and in some cases geographically far from the patient's residence. Most of patients are not informed of their pending hearing, are discouraged from attending and/or declare that they are not interested; the above result in patients not being present in court hearings, nor their lawyers. It is not surprising, then, that in almost all cases the court verdicts agree with the psychiatric assessment.[19,15] Investigation of the legal and court processes is important, since it has been shown that proper adherence to legal safeguards and patient legal representation and advocacy reduce the rates of involuntary hospitalization.[2]

Upon discharge, half of the patients are referred to outpatient services of the same hospital, while one third is not formally referred to any mental health provider[17]. Given the importance of continuity of care in community settings, this might explain the high rates of re-admission.[26] The only follow-up study to date[26] documented significant improvement in symptomatology and functioning from admission to discharge and over the following two years for both voluntarily and involuntarily admitted patients.

The Study of Involuntary Hospitalizations in Greece (MANE)

Given the dearth of studies on involuntary hospitalizations in Greece in previous decades, the

Association for Regional Development and Mental Health (EPAPSY), in collaboration with Panteion University and the Psychiatric Hospital of Attica "Dafni", led the Study of Involuntary Hospitalizations in Attica (acronym MANA) from 2011 to 2016, conducting a group of related studies, that were presented in the previous review.

The need to expand the investigation to national level through a comparative examination of various areas led to the implementation of a multi-centre national study in the regions of Attica, Thessaloniki and Alexandroupolis, from 2017 to 2020, named Study of Involuntary Hospitalizations in Greece (acronym MANE).

Method

Setting

MANE was conducted in Attica under the auspices of Panteion University and the participating units consisted the 3rd, 4th and 5th Units of the Psychiatric Hospital of Attica – Dafni, the Psychiatric Unit of Sismanogleio General Hospital and the Second Department of Psychiatry, University of Athens-Attikon Hospital. In Thessaloniki, the study was conducted under the auspices of the Aristotle University of Thessaloniki. All the public acute psychiatric units in Thessaloniki participated; specifically, the A, B, C and D Acute Wards and the 2nd Department of Psychiatry of the Psychiatric Hospital of Thessaloniki, the 1st Department of Psychiatry at the General Hospital "Papageorgiou" and the 3rd Department of Psychiatry at AHEPA University General Hospital. In Alexandroupolis, the study was conducted in the University Psychiatric Department and the National Health System Psychiatric Department of the University General Hospital of Alexandroupolis, under the auspices of Democritus University of Thrace. Therefore, it has been a joint venture of many universities and mental health services in the country with the aim to shed light on the underpinnings of compulsory admissions and to place the topic high in the health policy agenda.

Sample

The sample of the present study consists of all adult patients who had been admitted, voluntarily and involuntarily in the aforementioned participating psychiatric wards, during a 12-month period, from March 2018 to February 2019.

Procedure

To this end, two interrelated studies were implemented, a cross-sectional survey on the rates and determinants of involuntary hospitalizations, including the extent to which the pertinent legislation is enforced, and a longitudinal study on its outcome. Some preliminary descriptive findings are presented below.

Results

The preliminary descriptive statistical analysis (main findings can be found in Table 1) illustrates interesting findings and important differences across sites.

In Attica, 57% of requests for treatment in psychiatric emergency departments are involuntary and 43% voluntary. 96.9% of involuntary requests lead to involuntary admission, while 96.1% of voluntary requests lead to voluntary admission. Correspondingly, 57.2% of admissions are involuntary and 42.8% voluntary. This is in line with previous findings of 57.4% involuntary hospitalizations in the Psychiatric Hospital "Dafni".[17] The mean hospitalization duration is 18,81 days for voluntary admission and 23,21 days for involuntary admission. At discharge, 36.4% were referred to the outpatient department of the same hospital, 12.4% to community mental health services, while for 41.8% of patients there was no referral recorded.

The percentage of involuntary hospitalizations was higher in the psychiatric hospital (60.5%) than in the psychiatric units of general hospitals (53.2%).

In Thessaloniki, 27% of requests for treatment in psychiatric emergency departments were involuntary and 73% voluntary. There was large variation between departments in percentages of voluntary (59-82%) and involuntary (18-41%) requests. A higher percentage of voluntary requests (77%) was recorded in psychiatric departments of general hospitals in comparison to the one of the psychiatric hospital (71%). Twenty-nine (29%) of voluntary requests led to voluntary admission, while 67.6% of patients were not admitted. There was wide variation between departments regarding the percentages of voluntary requests that lead to voluntary hospitalization (17.5-44%) or to non-admission (46-82%). On the other hand, 88.5% of involuntary requests led to involuntary admission and 9.5% to negative assessments and non-admission. The percentage of non-admission of involuntary requests suggests that there is no automatism in the process of psychiatric assessment for involuntary admission. It is worth noting, however, that there is wide variation between departments regarding the percentage of involuntary requests that lead to involuntary admission (70-96,5%), to non-admission (1-27%) and to voluntary admission (0-4,5%), indicating differing practices in handling involuntary assessment requests. In Thessaloniki, 53.5% of admissions are involuntary and 46.5% are voluntary, with variation between psychiatric departments in terms of rates of involuntary (47-69%) and voluntary (31-53%) admissions. Also, the percentage of involuntary admissions is slightly higher in the psychiatric hospital (54%) than the general hospitals (51.5%).

The majority of hospitalizations concerns residents of Thessaloniki, with 10% of hospitalized persons living in the surrounding area and 24% outside the region. Rates of involuntary hospitalizations are much higher for out-of-region hospitalizations (62.4%) than for residents of the city (51%) or surrounding areas (49.4%). Similarly, the majority of persons requesting hospitalization reside in Thessaloniki, with 10% residing in surrounding areas and 17.8% in other regions. Again, rates of involuntary hospitalizations are much higher for out-of-region requests (42.5%) than for requests of residents of the city (25,2%) or surrounding areas (25,5%).

The mean hospitalization duration is 13,2 days for voluntary admission and 18,5 days for involuntary admission. At discharge, 77% of patients were not formally referred to mental health services. Wide differences in referral rates were recorded between departments (11-73.5%). General hospitals (28%) tended to refer more than psychiatric hospital departments (21%). Most commonly referrals were made to the outpatient department of the same hospital (29%), substance rehabilitation services (17%) and private psychiatrists (16%). Finally, 14% of the involuntary and 25% of voluntary hospitalizations recorded were re-admissions within the 12-month study period. This indicates a high rate of re-admission, especially for voluntary hospitalizations.

In Alexandroupolis, 21.8% of requests for treatment in psychiatric emergency departments were involuntary and 78.2% voluntary. Around forty-five (45.5%) of voluntary requests led to voluntary admission, while 54.5% of patients were not admitted. In terms of involuntary requests, 52.7% led to involuntary admission and 28% to negative assessments and non-admission. As a result, 24.4% of admissions were involuntary and 75.6% voluntary. Forty-one (41.2%) of persons hospitalized reside outside the region of Evros. The mean hospitalization duration was 14,3 days for voluntary admission and 23,6 days for involuntary admission. At discharge, 86% of patients received a formal referral. Sixth four (64.1%) of those voluntarily admitted and 41.3% of those involuntarily admitted were referred to their treating clinician in the hospital, and 13.8% and 38.5% respectively were referred to community support services.

[Table 1]

Discussion

The differences in findings between the study centres may be explained by the differences in the settings between Athens as a metropolitan capital, Thessaloniki as a large urban centre and Alexandroupolis as a regional capital city, with different populations and organization of mental health services.

The rates of requests for involuntary admission of those accessing the psychiatric emergency departments in the three study centres are much higher in Athens (57%) than in Thessaloniki (27%) and Alexandroupolis (21.8%). Of those accessing the emergency departments voluntarily, almost everyone is admitted in Attica (96.1%) while only 29% in Thessaloniki and 45.5% in Alexandroupolis are admitted, suggesting that hospitals there operate as primary and secondary care units. On the other hand, the requests for involuntary admission end in involuntary hospitalization in 96.9% of cases in Attica and 88.5% of cases in Thessaloniki as opposed to 52.7% in Alexandroupolis. This is a significant discrepancy, possibly reflecting differing organization of services, that needs further investigation.

There is a major difference in the rates of involuntary hospitalizations between Alexandroupolis, in which the percentage is around 25% of all hospitalizations, and Athens and Thessaloniki, both of which record a rate of over 50%, with a significant difference between psychiatric hospitals and general hospitals. The reasons for the significantly reduced rates of involuntary hospitalizations in Alexandroupolis, that are in line with recent data from Ioannina[16], are possibly related to the sectorized organization of mental health services and definitely merits further study. Alternatively, it may well be the case that Alexandroupolis does not face the challenges of metropolitan areas; it is a more compact region, less diffused, with stronger community cohesion and as a result of this patients are more easily monitored and supported.

A significant difference was also recorded in post-hospitalization referral practices, with 86% of patients being formally referred upon discharge in Alexandroupolis as opposed to less than 30% in Athens and Thessaloniki. The bulk of referrals are made to the outpatient departments of the same hospitals in all centres, followed by community support services in Alexandroupolis, especially for involuntarily admitted persons. This may indicate increased continuity of care in Alexandroupolis, that might explain the low rates of involuntary hospitalization there. Finally, re-hospitalization rates are very high in both the centres where this data was recorded, demonstrating the revolving-door phenomenon, especially for voluntary hospitalizations.

Implications of systematically recording involuntary hospitalizations

As mentioned above, involuntary hospitalizations in psychiatric units are alarmingly common in Greece, with percentages at much higher levels than most European countries. It is also an ethically and scientifically contested practice, since, in order to protect the person's mental health and to prevent actions that would endanger the person and others, basic human rights of patients are being affected[3]. The MANE project came to address the gap in national recording of involuntary hospitalizations, by implementing, for the first time, a coordinated monitoring of involuntary hospitalizations in three regions of the country with different characteristics, so that a picture of involuntary hospitalizations can be drawn at national level. Beyond recording the percentages of involuntary hospitalizations, the study monitors the process of involuntary hospitalizations and related practices, aiming to investigate allegations regarding inadequate and inappropriate implementation of the law, to record the practices utilized during involuntary hospitalizations and consequently to contribute to the formation of proposals for good practices regarding the management of involuntary hospitalizations.

The participation of three cities which differ between them in terms of social, demographic and geographical characteristics can bring to light differences in terms of risk factors for involuntary hospitalizations between regions, and thus to serve as a more precise guide for addressing them in different parts of the country.

Such an extensive study of the outcome of involuntary hospitalizations is also implemented for the first time in Greece. The longitudinal study is expected to verify the more negative outcome of involuntary hospitalizations, compared to voluntary hospitalizations, which is documented in international literature, and to highlight the factors that are related to this outcome, leading to recommendations for improving its practice and overuse, if not misuse.

Apart from the scientific originality of the study, which in many respects is a unique undertaking for Greece, and thus its expected impact in terms of understanding the phenomenon of involuntary hospitalizations, this research project aims to raise awareness of this problem at the level of national health policy and to formulate strategic goals to address the problem of violation of human rights and to promote mental health democracy in Greece.[34-36] Actions in this direction may include using the definitions of human rights and fundamental freedoms in the United Nations Convention on the Rights of Persons with Disabilities as a tool to change the legal status of the procedure of involuntary hospitalization, engaging with and empowering mental health service users, family and carers, changing mental health practice culture through training mental health professionals, justice officers, police officers, organizations and communities, creating a national observatory to monitor involuntary hospitalization.[37] Encouraging family involvement and psychoeducation as part of routine mental health care may change carers' attitudes and practices regarding recourse to coercive psychiatric treatment.[38,39]

Ultimately, through tackling the thorniest issue of the mental health care system, the research project aims to contribute to the improvement and upgrading of the dysfunctional mental health reform in Greece, especially during a long period of consecutive crises.

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Table 1. Main descriptive findings regarding involuntary/voluntary requests and hospitalizations, across sites

	Athens N (%)	Thessaloniki N (%)	Alexandroupolis N (%)
Rates of involuntary requests Rates of voluntary requests Total requests	480 (57.0) 362 (43.0) 842 (100)	1539 (27.0) 4171 (73.0) 5710 (100)	237 (21.8) 850 (78.2) 1086 (100)
Rates of involuntary requests turning into involuntary hospitalizations	465 (96.9)	1362 (88.5)	125 (52.7)
Rates of voluntary requests turning into voluntary hospitalizations	348 (96.1)	1209 (29.0)	387 (45.5)
Rates of involuntary hospitalizations Rates of voluntary hospitalizations Total hospitalizations	465 (57,2) 348 (42.8) 813 (100)	1418 (53.5) 1232 (46.5) 2650 (100)	125 (24.4) 387 (75.6) 512 (100)
Mean stay for involuntary admissions (days)	23.21	18.5	23.6
Mean stay for voluntary hospitalizations (days)	18.81	13.2	14.3

PSYCHIATRIKI

ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Ακούσιες ψυχιατρικές νοσηλείες στην Ελλάδα: Σύγχρονη έρευνα και επιπτώσεις στην πολιτική

Στέλιος Στυλιανίδης,[1] Ευγενία Γεωργάκα,[2] Λίλυ Ευαγγελία Πέππου,[3] Αικατερίνη Αρβανίτη, [4] Μαρία Σαμακουρή[4] και η Ομάδα ΜΑΝΕ[5]

[1]Τμήμα Ψυχολογίας, Πάντειο Πανεπιστήμιο Κοινωνικών Επιστημών & ΕΠΑΨΥ, Αθήνα
[2]Τμήμα Ψυχολογίας, Αριστοτέλειο Πανεπιστήμιο Θεσσαλονίκης, Θεσσαλονίκη
[3]Τμήμα Ψυχολογίας, Πάντειο Πανεπιστήμιο Κοινωνικών Επιστημών, Αθήνα
[4]Ψυχιατρική Κλινική, Τμήμα Ιατρικής, Δημοκρίτειο Πανεπιστήμιο Θράκης & Πανεπιστημιακό Γενικό Νοσοκομείο Αλεξανδρούπολης, Αλεξανδρούπολη
[5]Ομάδα ΜΑΝΕ: Αικατερίνη Βλαχάκη, Γεώργιος Γαρύφαλλος, Ιωάννα Γκόλια, Ιωάννης Διακογιάννης, Αθανάσιος Δουζένης, Πιπίτσα Αρσενίου Θεοδωροπούλου, Βασιλική Καρπούζα, Βασίλειος Παντελεήμων Μποζίκας, Ιωάννης Νηματούδης, Γεώργιος Πατσινακίδης, Δημήτριος Σεβρής, Κωνσταντίνος Φωκάς, Όθων Χαραλαμπάκης

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---------- **ΠΕΡΙΛΗΨΗ** ----------

Η ακούσια ψυχιατρική νοσηλεία είναι ένα αμφιλεγόμενο ζήτημα στην παροχή φροντίδας ψυχικής υγείας. Παρά τις ενδείξεις για πολύ υψηλά ποσοστά ακούσιων νοσηλειών στην Ελλάδα, δεν έχουν συλλεχθεί έγκυρα εθνικά στατιστικά στοιχεία. Μετά από μία ανασκόπηση της τρέχουσας έρευνας σχετικά με τις ακούσιες νοσηλείες στην Ελλάδα, η παρούσα εργασία παρουσιάζει την Μελέτη Ακούσιων Νοσηλειών στην Ελλάδα (ΜΑΝΕ), μια πολυκεντρική εθνική μελέτη των ποσοστών, της διαδικασίας, των καθοριστικών παραγόντων και της έκβασης των ακούσιων νοσηλειών, που διεξήχθη στις περιοχές της Αττικής, της Θεσσαλονίκης και της Αλεξανδρούπολης, από το 2017 έως το 2020, και περιγράφει κάποια προκαταρκτικά συγκριτικά ευρήματα σχετικά με τα ποσοστά και τη διαδικασία των ακούσιων νοσηλειών. Υπάρχει μεγάλη διαφορά στα ποσοστά των ακούσιων νοσηλειών μεταξύ της Αλεξανδρούπολης (περίπου 25%) και της Αθήνας και της Θεσσαλονίκης (άνω του 50%), η οποία ενδέχεται να σχετίζεται με την τομεακή οργάνωση των υπηρεσιών ψυχικής υγείας και με τα οφέλη της μη κάλυψης μιας μητροπολιτικής αστικής περιοχής στην Αλεξανδρούπολη. Σημαντικά μεγαλύτερο ποσοστό ακούσιων προσελεύσεων καταλήγουν σε ακούσια νοσηλεία στην Αθήνα και τη Θεσσαλονίκη σε σύγκριση με την Αλεξανδρούπολη. Αντιθέτως, από όσους εισέρχονται εθελοντικά στα τμήματα επειγόντων περιστατικών, σχεδόν όλοι νοσηλεύονται στην Αττική, ενώ μεγάλα ποσοστά δεν εισάγονται στη Θεσσαλονίκη και την Αλεξανδρούπολη. Ένα σημαντικά υψηλότερο ποσοστό ασθενών παραπέμφθηκε επίσημα κατά τη διάρκεια του εξιτηρίου στην Αλεξανδρούπολη σε σύγκριση με την Αθήνα και τη Θεσσαλονίκη. Αυτό μπορεί να οφείλεται στην αυξημένη συνέχεια της φροντίδας στην Αλεξανδρούπολη, που μπορεί να εξηγήσει τα χαμηλά ποσοστά ακούσιας νοσηλείας εκεί. Τέλος, τα ποσοστά επανανοσηλείας είναι πολύ υψηλά σε όλα τα κέντρα μελέτης, καταδεικνύοντας το φαινόμενο της περιστρεφόμενης πόρτας, ειδικά για τις εκούσιες νοσηλείες. Το έργο ΜΑΝΕ ήρθε να καλύψει το κενό στην εθνική καταγραφή των ακούσιων νοσηλειών, εφαρμόζοντας, για πρώτη φορά, μια συντονισμένη παρακολούθηση των ακούσιων νοσηλειών σε τρεις περιοχές της χώρας με

διαφορετικά χαρακτηριστικά, έτσι ώστε να μπορεί να σχεδιαστεί μια εικόνα των ακούσιων νοσηλειών σε εθνικό επίπεδο. Το ερευνητικό αυτό έργο συμβάλει στην ευαισθητοποίηση για το θέμα αυτό σε επίπεδο εθνικής πολιτικής υγείας και στη διαμόρφωση στρατηγικών στόχων για την αντιμετώπιση του προβλήματος της παραβίασης των ανθρωπίνων δικαιωμάτων και την προώθηση της δημοκρατίας της ψυχικής υγείας στην Ελλάδα.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Ακούσια ψυχιατρική νοσηλεία, πρακτικές ψυχικής υγείας, εφαρμογή νόμου, ανθρώπινα δικαιώματα.

Επιμελητής συγγραφέας: Στέλιος Στυλιανίδης, Τμήμα Ψυχολογίας, Πάντειο Πανεπιστήμιο Κοινωνικών Επιστημών & ΕΠΑΨΥ, Αθήνα, Ελλάδα, E-mail: stylianidis.st@gmail.com