

Geographical distribution of emergency involuntary admissions in The Netherlands

Dr. Albert M. van Hemert*), drs. Peter van Marle, drs. André Wierdsma, prof. dr. Niels (C.L.) Mulder

Many factors may contribute to involuntary psychiatric admissions. These include the presence of a psychiatric disorder, the availability of psychiatric services, the process of decision making, the availability of psychiatric hospital beds and local circumstances of tolerance or repression. In the Dutch national registry of involuntary admissions we had the opportunity to compare the rate of emergency involuntary admissions in geographical areas. Data were available for all 458 municipalities of the Netherlands over the 5-year period from 2001 to 2005. The total number of emergency involuntary admissions was 36,094. The average population size was 16.2 million. The average emergency involuntary admission rate was 4.4 per 10,000 per year. We found a 3-fold variation between the lowest rate of 2.6 per 10,000 to the highest rate of 7.5 per 10,000. The rate of involuntary admission increased with the population density and with the size of the cities. Other factors that seemed to contribute to the rate of admissions were availability of psychiatric hospitals and, perhaps, low socio-economic status. Although psychiatric disorders are more prevalent in the more densely populated and larger cities this cannot explain the 3-fold difference we observed. The same applies to the availability of psychiatric services and psychiatric hospital beds. The Netherlands is among the countries with the highest number of psychiatrists and the highest number of hospital beds in Europe. This leaves the process of decision making and local circumstances of tolerance and repression as the most likely explanation for the wide geographical variation of emergency involuntary admissions.

*) Parnassia centre for mental health care and drug addiction
Department of emergency psychiatry
Avocadostraat 2
2552 HS The Hague
The Netherlands