P-631 - EPIDEMIOLOGY AND PREDICTORS OF COMPULSARY ADMISSIONS IN FLANDERS, BELGIUM. A GENERAL-POPULATION PERSPECTIVE (2007-2009)

K.Schoevaerts, R.Bruffaerts, K.Van Landeghem, J.Vandenberghe, Steering Group Compulsory Admission, Flemish Community

Psychiatry, KU Leuven, Leuven, Belgium

Introduction: Epidemiological data regarding compulsory admission are mainly limited to unpublished reports and databases, often gathered unsystematically with great heterogeneity in both definitions and data recording methods. The scarcity of scientifically validated and published data is in sharp contrast with the societal relevance of coercion. Therefore the Flemish Community implemented since 2007 a uniform data collection and recording method inspired by the Dutch registration, resulting in a database of incident cases of compulsory admission.

Objectives and aims:

(a) to investigate the epidemiology of compulsory admission in Flanders in terms of sociodemographic and psychiatric characteristics, past use of services, and temporal trends;

(b) to compare Flemish epidemiological profiles with Belgian population-representative data (N=7,821; 1997-1998) and data gathered from a Belgian university teaching hospital (N=1,501; 2000-2010).

Methods: Data were systematically collected and quality controlled by a government agency, supervised by a scientific committee. All incident cases of compulsory admission were included prospectively (2007-2009, N=10,607, response rate=100%). Descriptive statistics, advanced uni- and multivariate regression models and time-trend models were applied.

Results: Epidemiological profiles of prevalence and incidence data comprising data from all three sources will be presented. Data will be disaggregated by sociodemographic profiles (e.g. gender/age comparisons), psychiatric disorders, severity estimates, correlates of compulsory admissions, and temporal trends in these disaggregation variables.

Conclusions: This is the first study investigating the epidemiology of compulsory admissions in Belgium using large and longitudinal databases. Our findings will be placed into an international context relating to implications for further epidemiological research, legislative issues, and methodological improvements.