

# Living arrangements as predictors of involuntary admission of psychiatric patients

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## Aim

The current study aims at examining the type of living arrangements as risk factors for involuntary admission and the role of psychosocial factors (social support and social networks) and clinical factors (symptom severity and global functioning) in mediating this relationship.

## Methods

It is a retrospective cross-sectional study. Data is derived from the multisite research project “Study of Involuntary Psychiatric Hospitalizations in Greece (MANE)”. The sample consists of 1,003 consecutive admissions in the participating psychiatric clinics of Thessaloniki. 12-month data collection period from March 2018 to February 2019. Data were derived from administrative and medical records and assessment of clinical vignettes. Measures: Oslo Social Support Scale, European Social Survey, HoNOS and GAF.

## Analysis

Data will be analyzed with methods of correlation, chi-square and multivariate regression analysis and structural equation modeling. Latent Profile Analysis is being currently used for the analysis of the first set of the independent variables’ dimensions (Living alone vs Living with others).

Figure 1. Diagram of the research model variables and their relationships

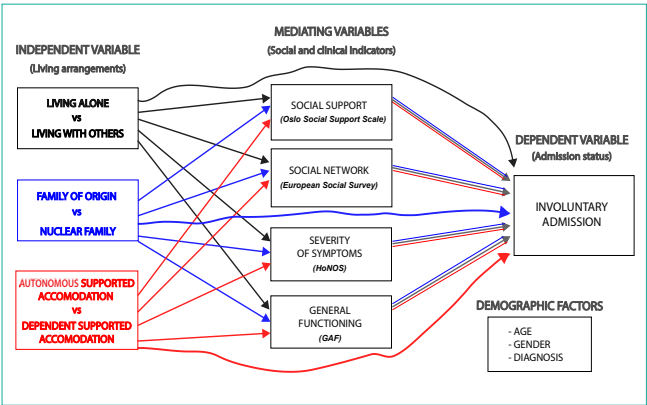


Table 1. Descriptive statistics

Admission status			
	Involuntary	Voluntary	Total
Frequency	297	706	1003
Percentage	29.6%	70.4%	100%
Sex			
	Involuntary	Voluntary	Total
Male	263	238	501
Female	34	468	502
Total	297	706	1003
Percentage	29.6%	70.4%	100%
Age group			
	Involuntary	Voluntary	Total
18-29	98	108	206
30-39	15.7%	13.1%	28.8%
40-49	24.6%	17.0%	41.6%
50-59	25.1%	28.7%	53.8%
60-69	20.1%	21.7%	41.8%
70+	7.9%	8.3%	16.2%
Total	297	706	1003
Percentage	29.6%	70.4%	100%
Living arrangements			
	Involuntary	Voluntary	Total
Living alone	171	108	279
With family of origin	20.2%	15.3%	35.5%
With their own family	48.5%	38.7%	87.2%
In supported accommodation	3.0%	3.1%	6.1%
With relative not related	2.7%	2.8%	5.5%
In non-permanent shelter/homestay	1.8%	1.3%	3.1%
Total	297	706	1003
Percentage	29.6%	70.4%	100%
Primary diagnosis			
	Involuntary	Voluntary	Total
F20-F29 Schizophrenia, delusional disorder	54.0%	27.6%	81.6%
F30-F39 Bipolar disorder	4.0%	7.4%	11.4%
F32-F33 Depression	12.3%	16.7%	29.0%
F40-F49 Organic mental disorders	2.7%	25.1%	27.8%
F41-F49 Anxiety disorders	6.8%	3.2%	10.0%
F50-F59 Personality disorders	1.1%	3.2%	4.3%
F60-F69 Substance use disorders	4.7%	0.9%	5.6%
Other	1.9%	7.9%	9.8%
Total	297	706	1003
Percentage	29.6%	70.4%	100%

Figure 2. Descriptive statistics on admission status, living arrangements, sex, age and primary diagnosis

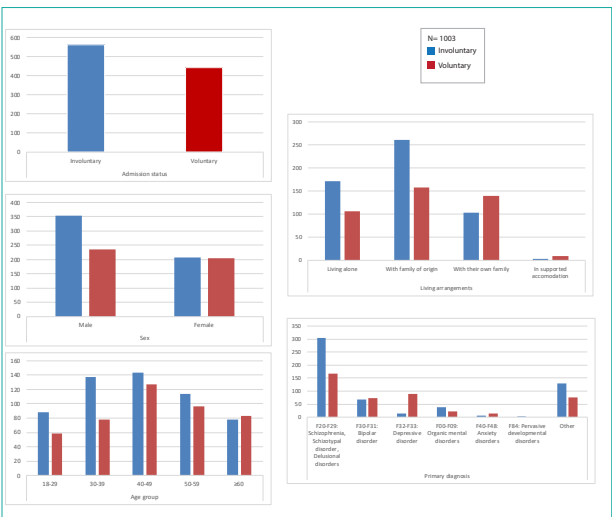
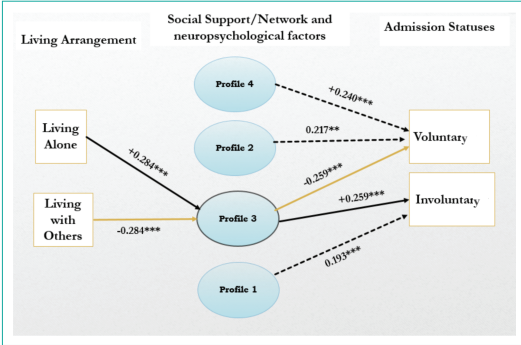


Table 2. Qualitative description of the four Profiles/Clusters.

	Cluster1	Cluster2	Cluster3	Cluster4
OsloQ1	High	Medium	Low	High
OsloQ2	Low	Medium	High	medium
OsloQ3	Low	Medium	High	Low
ESSQ1	High	Low	Low	High
ESSQ2	High	Low	Low	High
HoNOS	Medium	Medium	High	Low
GAF	Low	Medium	Low	High

Figure 3. The Latent Profile Model with Living arrangements as covariate and Admission statuses as distal outcome.



## Research questions

- How are Living arrangements (living alone vs living with others, living with family of origin vs living with nuclear family and living in autonomous vs dependent supported accommodation) related to involuntary admission?
- Do social support and networks, severity of symptoms and general functioning mediate the relationship between living arrangements and involuntary admission?

## Research hypotheses/Expected results

- Patients living alone are expected to be more often involuntarily admitted.
- Patients living alone are expected to present reduced social support and networks and more severe clinical indicators.
- Better social and clinical indicators are expected for patients living with their own (nuclear) family (Exploratory hypothesis due to contradicting research data).
- Better social and clinical indicators and less likelihood of involuntary admission are expected for patients living in more autonomous supported accommodation compared to patients living in more dependent supported accommodation.

## Preliminary findings

Findings (Table 2/Figure 3) confirm our hypothesis as, according to the Latent Profile Analysis (LPA), the cluster with the characteristics of low social support and network, severe symptomatology and low general functioning (Cluster 3) is significantly related with living alone and involuntary admission.

Further and focused investigation of living arrangements on the dimensions of Living with others is expected to clarify the current findings.