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# Implementation of First Croatian Law on Protection of Persons with Mental Disorders

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**A B S T R A C T**

*The aim of this article was to examine Croatian psychiatric practice regarding involuntary hospitalization, after the Law on Protection of Persons with Mental Disorders became effective, on January 1, 1998. Data on the practice of involuntary hospitalizations of patients with mental disorders in Vrapče Psychiatric Hospital were collected from the medical records, for the years 1998 and 1999. Data regarding involuntary hospitalizations from other Croatian hospitals and departments were obtained from heads of psychiatric hospitals and departments for the first five months of 1998. The rate of involuntarily hospitalized patients in Vrapče Psychiatric Hospital rose significantly from 1998 to 1999 ($p<0.01$). The rate of patients involuntarily hospitalized under section 21, subsection 3 rose significantly from 1998 to 1999 ($p<0.01$), while rate of patients involuntarily hospitalized under section 22, subsection 1 decreased significantly in the same period ($p<0.01$) in Vrapče Psychiatric Hospital. The implementation of the Law on protection of persons with mental disorders was not applied uniformly in all Croatian psychiatric institutions during first five months of 1998. Further analyses on this subject are necessary in order to investigate the influence of changes and supplements to the Law on the protection of persons with mental disorders on the practice of involuntary hospitalizations.*

***Key words:*** *involuntary hospitalization, law, mental disorders, patients*

## Introduction

The place of human rights in the context of health care is an issue that has received increased attention in recent years by international health agencies (WHO, UNICEF), nongovernmental organizations, policy makers and scholars[1]. During the 19th and 20th centuries different approaches to regulating the application of coercive measures were developed across Europe and all over the world that depend on a variety of cultural or legal traditions, as well as on different concepts and structures of mental health care delivery[2].

Since World War II, there have been numerous, and still ongoing, activities to ensure the protection of the human rights and dignity of people suffering from mental disorder, especially of those placed as involuntary patients. In 1948, the United Nations detailed items which are now generally accepted as Human Rights[3]. Only two years later the European »Convention for the Protection of Human Rights and Fundamental Freedom« was signed[4]. Although basically safeguarding the »right to liberty and security of the person«, this document also defines exceptions for which basic human rights could be suspended. Thus, detention or involuntary placement might be permitted for persons of unsound mind, alcoholics, drug addicts or even vagrants or for preventing contagious diseases, when detention is processed »in accordance with a procedure defined by law«[4]. On a European level, the Committee of Ministers of the Council of Europe (1983) adopted guidelines for the legal protection of involuntarily placed persons suffering from mental disorder (Recommendation R/83/2); the Parliamentary Assembly of the Council of Europe (1994) recommended to the Committee of Ministers to adopt the rules laid down in this document (Recommendation R1235)[5]. The Committee of Minister's Working Party on Psychiatry and Human Rights under the authority of the Steering Committee on Bioethics (CDBI-H) presented a »White Paper« (2000) that draws up guidelines for a new legal instrument of the Council of Europe to ensure the protection of the human rights and dignity of involuntarily placed persons with mental disorder[2]. These efforts benefited from the experience of the European Committee for the Prevention of Torture and Inhu-

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man or Degrading Treatment or Punishment (CPT), whose activities also addressed the involuntary placement in psychiatric facilities[2]. In 1991, the United Nations (1991) provided in its »Principles for the Protection of Persons with Mental Illness« detailed guidelines for safeguarding human rights during daily routine or processes and procedures[6]. The World Health Organization also published ten basic principles for mental health law[7].

Criteria for civil commitment have been substantially revised during the last three decades. Beginning in the United States, the process has been paralleled to some extent by similar reforms in Europe[8]. Prior to 1969, most legal frameworks stipulated a given need for treatment as a standard criterion for compulsory admission. At that time, California adopted a new standard stipulating that a person had to be dangerous to her-/himself or to others to be considered for involuntary placement. Since then, most states in the U.S. have passed similar acts[9].

Medical ethics has become an important part of the medical curriculum, including small academic settings, such as Croatia[10]. During their education, psychiatrists learn about the complications and complexity of providing psychiatric care to those with mental disturbances. On the other hand, traditional medical education does not prepare them for the complicated legal questions they will face in practice[11].

In Croatia, the problem of involuntary hospitalization of mentally ill patients is regulated by Croatian Law on Protection of Persons with Mental Disorders, brought in 1997, which came into force on the January 1, 1998[12,13,14]. Before this, involuntary hospitalization was regulated by the Laws on Health Care and Health Insurance from 1934, 1980 and 1993, respectively[14]. Even before these legal regulations, there were very clear signs of regulation of, not only the problem of involuntary hospitalization but also other problems, such as rights of mental patients. A »Book of Regulations Concerning Admission of Mental Patients in Psychiatric Institutions« was published in 1856. The Statute of Vrapče Psychiatric Hospital (then called »Institution for Mentally Ill, Stenjevec«), was a very modern, advanced and detailed law and was passed in 1880[14].

Involuntary hospitalization of mental patients is regulated by section 22 of the Law on Protection of Persons with Mental Disorders. The paragraph states that a »person with more severe mental disturbance who, as a result of his or her mental illness, brings his or her life, health or safety, or other people's lives, health or safety into jeopardy, can be placed in psychiatric hospital without consent, according to the procedure for involuntary hospitalization, regulated by this Law». In the following text of the Law, the procedure for reporting involuntary hospitalization to the authorized court is stated: (1) the court must visit an involuntarily admitted person within 72 hours, (2) must name an expert psychiatrist who is required to give an expert opinion regarding the necessity for involuntary hospitalization; and (3) the court must make the decision regarding involuntary hospitalization within eight days[15]. In another part of the Law, involuntary hospitalization of mental patients who committed a criminal offence in the state of mental incompetence is regulated.

Involuntary hospitalization in psychiatric hospitals and departments seems to be related to diagnosis of psychosis, social and cultural influences, pressure of patient's family and the characteristics of the psychiatrist[16–22]. Regarding demographic variables, involuntary hospitalizations of mental patients were connected with masculine gender, and being single and young[17,18]. The strong association of involuntary legal status at first admission with involuntary status at second admission and with the number of involuntary admissions over time suggests that the involuntary first admission may be an important factor in assessing whether patients are likely to be readmitted involuntarily[23]. The increased number of malpractice suits, especially in the event of post discharge suicide, has had an impact on the practice of medicine[24,25]. We may speculate that negative experiences in psychiatric treatment contribute to a patient's decision to turn to alternative practitioners (i.e. herbalists, magic healers or bioenergists), especially in the countries where traditional beliefs concerning the cause of mental illness have a strong influence on the therapeutic process[26,27].

Because of the fact that psychiatry is a part of medicine with many legal issues, psychiatrists have an obligation to be acquainted with and aware of legal questions in psychiatric practice, particularly those related to issues of hospital practice[28]. In psychiatry, the interest is mainly directed to the ethical and deontological dilemmas concerning enforced hospitalization, interruption of enforced medical treatment, right to refuse the treatment or diagnostic procedures, forensic psychiatry dilemmas, and others[29].

The aim of this article was to examine Croatian psychiatric practice regarding involuntary hospitalization, after the Law on Protection of Persons with Mental Disorders became effective, on January 1, 1998.

## Subjects and Methods

Data on the practice of involuntary hospitalizations of mental patients according to section 22, section 21, subsection 3 (hospitalized »against their will«) and section 44 in Vrapče Psychiatric Hospital from 1998 and 1999 were collected from the medical records. Heads of psychiatric hospitals and departments were required by the Croatian Ministry of Health to report the number of patients who were involuntarily hospitalized according to section 22, subsection 1 and section 21, subsection 3 (patient not competent to consent for hospitalization) of the Law on Protection of Persons with Mental Disorders, for the period of first five months of 1998. Patients were diagnosed according to ICD-10 criteria[30]. When a patient had two or more diagnoses, he/she was placed in category of the primary diagnosis.

Patients with more severe mental disturbance who, as a result of his or her mental illness, brought his or her life, health or safety, or other people's lives, health or safety into jeopardy were involuntarily hospitalized under section 22, subsection 1. Patients, who were not competent to consent for hospitalization due to mental condition and did not have caregiver, were involuntarily hospitalized under section 21, subsection 3. Section 44 applied to forensic patients. Results were statistically analyzed using methods of descriptive statistics and chi-square test. Statistical analysis was performed using the Statistica software, Version 6.0[31]. Statistical significance was set to a value of $p<0.01$.

## Results

A total of 6,596 patients were admitted to Vrapče Psychiatric Hospital in 1998. 2,008 (30.8%) involuntarily and 4,568 (69.2%) voluntarily. A total of 6,190 patients were admitted to Vrapče Psychiatric Hospital in 1999, 2,453 (39.6%) involuntarily and 3,737 (60.4%) voluntarily (Table 1). The rate of involuntarily hospitalized patients rose significantly from 1998 to 1999 ($p<0.01$) (Table 1). Of all patients admitted involuntarily to Vrapče Psychiatric Hospital during 1998, 1,103 (54.4%) were incompetent to consent for hospitalization, 895 (44.1%) explicitly opposed hospitalization and 30 (1.5%) were forensic patients. Of all patients admitted involuntarily to Vrapče Psychiatric Hospital during 1999, 1977 (80.6%) were incompetent to consent for hospitalization, 472 (19.2%) explicitly opposed hospitalization and 4 (0.2%) were forensic patients. The rate of patients involuntarily hospitalized under section 21, subsection 3 rose significantly from 1998 to 1999 ($p<0.01$), while rate of patients involuntarily hospitalized under section 22, subsection 1 decreased significantly in the same period (Table 2). Compared to 1998, in 1999 rates of patients involuntarily hospitalized under section 21, subsection 3 increased significantly in all observed diagnostic categories ($p<0.01$). In the same period rates of patients involuntarily hospitalized under section 21, subsection 3 decreased significantly in diagnostic categories of alcoholism (F10) and schizophrenia and other psychotic disorders (F20–F29, $p<0.01$), while no significant difference was found in diagnostic categories of delirium, dementia or other cognitive disturbances (F00–F07) and mood disorders (F30– F34, Table 3).

Table 4 reveals how the Law on Protection of Persons with Mental Disorders was implemented in psychiatric institutions. According to acquired information, 1,306 patients were involuntarily admitted in all Croatian psychiatric institutions (according to section 22, subsection 1), and 1,047 patients were incompetent to give written consent for hospitalization (according to section 21, subsection 3). According to the acquired data, not a single patient was fit to be treated involuntarily according to Law on protection of persons with mental disorders in Psychiatry Departments in Osijek, Ogulin and Virovitica in this period. Psychiatric Hospital Vrapče had the highest number of patients whose hospitalizations were reported to the court of law (623 (47.7%) according to section 22, subsection 1 and 158 (15.1%) according to section 21, subsection 3; 781 (33.2%) in total), in this period.

**TABLE 1**
DIFFERENCE IN RATES OF INVOLUNTARY HOSPITALIZATIONS IN VRAPČE PSYCHIATRIC HOSPITAL, BETWEEN YEARS 1998 AND 1999

| Hospitalization | Number of patients (%) / year | | | |
|---|---|---|---|---|
| | 1998 | $\chi^2$ | p* | 1999 |
| Involuntary | 2,008 (30.8) | 111.073 | <0.01 | 2,453 (39.6) |
| Voluntary | 4,568 (69.2) | | | 3,737 (60.4) |
| Total | 6,596 (100.0) | | | 6,190 (100.0) |

*Difference in rates of involuntary hospitalizations

**TABLE 2**
DIFFERENCE IN RATES OF INVOLUNTARY HOSPITALIZATIONS, ACCORDING TO SECTION 21, SUBSECTION 3 AND SECTION 22, SUBSECTION 1, LAW ON PROTECTION OF PERSONS WITH MENTAL DISORDERS, IN VRAPČE PSYCHIATRIC HOSPITAL, BETWEEN YEARS 1998 AND 1999

| Law on protection of persons with mental disorders | Number of patients (%) / year | | | |
|---|---|---|---|---|
| | 1998 | $\chi^2$ | p* | 1999 |
| section 21, subsection 3* | 1,103 (54.4) | 353.574 | <0.01 | 1,977 (80.6) |
| section 22, subsection 1** | 895 (44.1) | 323.254 | <0.01 | 472 (19.2) |
| section 44*** | 30 (1.5) | | | 4 (0.2) |
| Total | 2,028 (100.0) | | | 2,453 (100.0) |

*Difference in rates of involuntary hospitalizations
**If a person is not competent to consent for hospitalization due to mental condition and does not have caregiver, authorized court will make decision regarding placement of the person in psychiatric institution, based on medical opinion.
***A person with more severe mental disturbance who, as a result of his or her mental illness, brings his or her life, health or safety, or other people's lives, health or safety into jeopardy, can be placed in psychiatric hospital without consent, according to the procedure for involuntary hospitalization, regulated by this Law.
**** The paragraph applies to forensic patients.

**TABLE 3**
DIFFERENCE IN RATES OF DIAGNOSTIC CATEGORIES OF PATIENTS INVOLUNTARILY HOSPITALIZED IN VRAPČE PSYCHIATRIC HOSPITAL, BETWEEN YEARS 1998 AND 1999

| Diagnosis | | Number of patients (%) / year | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Section 21, subsection 3* | | | | Section 22, subsection 1*** | | | |
| | | 1998 | $\chi^2$ | p*** | 1999 | 1998 | $\chi^2$ | p | 1999 |
| Delirium, dementia or other cognitive disturbances (F00–F07) | Involuntary | 420 (58.3) | 40.854 | <0.01 | 537 (74.3) | 71 (19.1) | 2.607 | 0.106 | 29 (13.6) |
| | Voluntary | 300 (41.7) | | | 185 (25.7) | 300 (80.9) | | | 185 (86.4) |
| | Total | 720 (100.0) | | | 722 (100.0) | 371 (100.0) | | | 214 (100.0) |
| Alcoholism (F10) | Involuntary | 235 (17.7) | 95.665 | <0.01 | 452 (34.6) | 210 (16.1) | 6.980 | <0.01 | 117 (12.1) |
| | Voluntary | 1,096 (82.3) | | | 853 (65.4) | 1,096 (83.9) | | | 853 (87.9) |
| | Total | 1,331 (100.0) | | | 1,305 (100.0) | 1,306 (100.0) | | | 970 (100.0) |
| Schizophrenia and other psychotic disorders (F20–F29) | Involuntary | 343 (21.4) | 189.903 | <0.01 | 771 (43.9) | 500 (28.4) | 20.174 | <0.01 | 264 (21.1) |
| | Voluntary | 1,258 (78.6) | | | 985 (56.1) | 1,258 (71.6) | | | 985 (78.9) |
| | Total | 1,601 (100.0) | | | 1,756 (100.0) | 1,758 (100.0) | | | 1,249 (100.0) |
| Mood disorders (F30–F34) | Involuntary | 23 (2.7) | 16.275 | <0.01 | 52 (7.1) | 32 (3.7) | 0.374 | 0.541 | 21 (3.0) |
| | Voluntary | 835 (97.3) | | | 679 (92.9) | 835 (96.3) | | | 679 (97.0) |
| | Total | 858 (100.0) | | | 731 (100.0) | 867 (100.0) | | | 700 (100.0) |

*A person with more severe mental disturbance who, as a result of his or her mental illness, brings his or her life, health or safety, or other people's lives, health or safety into jeopardy, can be placed in psychiatric hospital without consent, according to the procedure for involuntary hospitalization, regulated by this Law.
**If a person is not competent to consent for hospitalization due to mental condition and does not have caregiver, authorized court will make decision regarding placement of the person in psychiatric institution, based on medical opinion.
***Difference in rates of involuntary hospitalizations.

## Discussion

Our results showed significant increase in the rate of involuntary hospitalizations from 1998 to 1999 (the first two years of implementation of the Law on Protection of Persons with Mental Disorders) in Vrapče Psychiatric Hospital. This can be explained by the fact that a period of time was necessary for psychiatrists to get acquainted with the Law, which was enabled by the fact that the Law remained unchanged until November 1999. This could also be the explanation for the fact that, according to the acquired data, not a single patient was fit to be treated involuntarily according to Law on protection of persons with mental disorders in Psychiatric Departments in Osijek, Ogulin and Virovitica during first five months of 1998. Also, this period of time enabled specialists of other branches (judges, lawyers, social workers) to get acquainted with the Law[32].

Some studies report a strong increase in commitment rates or a changing mix of involuntarily admitted patients when the commitment criteria are broadened[33,34,35]. The adoption of rather restrictive commitment criteria by Belgium and Austria resulted in an unexpected increase in commitment rates during the first years after the new laws had taken effect[36,37]. In Belgium, a paradox increase in compulsory admissions to up to 30% of all inpatient episodes was detected after restrictive compulsory admission criteria had been adopted[36]. Data are based on the records of only one hospital, however. In contrast to the Belgian experience, after the commitment law in Sweden was reformed, compulsory admissions decreased sharply from 116 per 100,000 in 1979 to 19.7 in 1993[38]. Denmark is in the favorable position of being able to rely on reliable information from a national psychiatric case register. Twenty-four-point-two compulsory admissions per 100,000 population are reported for the Danish mainland, whereas for Greenland (whose statutes for involuntary placement are different) 43.5 per 100,000 population were calculated[39].

The significant increase of rate of patients involuntarily hospitalized under section 21, subsection 3 from 1998 to 1999, can be explained by significant increase of rates of patients involuntarily hospitalized under diagnoses of delirium, dementia or other cognitive disturbances, and schizophrenia and other psychotic disorders (most common diagnostic categories in the sample of involuntary hospitalized patients under section 21, subsection 3). Our results are in line with the results in literature where involuntary hospitalizations are most often in patients with diagnoses of psychotic disorders[39,40,41]. According to the results of some other investigations, compulsorily admitted patients suffer mainly from schizophrenia, mania, depression, or other psychotic disorders. Substance abuse, personality disorder and organic psychoses are usually less frequent[42,43,44].

The second most common diagnoses are those from diagnostic group of delirium, dementia or other cognitive disturbances, who were most often diagnosed according to section 21, subsection 3, the section that was erased from the Law on the Protection of Persons with

**TABLE 4**
RATES OF INVOLUNTARY HOSPITALIZATIONS IN CROATIAN PSYCHIATRIC HOSPITALS AND DEPARTMENTS, DURING FIRST FIVE MONTHS OF 1998

| Hospital/Department | Number of patients (%) | |
|---|---|---|
| | Section 22, subsection 1 of the Law* | Section 21, subsection 3 of the Law** |
| 1. UHC Rijeka | 69 (5.3) | 9 (0.9) |
| 2. UHC Zagreb | 25 (1.9) | 0 (0.0) |
| 3. UH Sestre Milosrdnice | 4 (0.3) | 0 (0.0) |
| 4. UH Osijek | 0 (0.0) | 0 (0.0) |
| 5. UH Split | 11 (0.8) | 0 (0.0) |
| 6. GH Bjelovar | 0 (0.0) | 0 (0.0) |
| 7. GH Čakovec | 4 (0.3) | 240 (22.9) |
| 8. GH Karlovac | 0 (0.0) | 339 (32.3) |
| 9. GH Koprivnica | 32 (2.5) | 0 (0.0) |
| 10. GH Našice | 1 (0.1) | 0 (0.0) |
| 11. GH Ogulin | 0 (0.0) | 0 (0.0) |
| 12. GH Požega | 1 (0.1) | 0 (0.0) |
| 13. GH Slavonski Brod | 13 (1.0) | 0 (0.0) |
| 14. GH Šibenik | 65 (5.0) | 250 (23.9) |
| 15. GH Virovitica | 0 (0.0) | 0 (0.0) |
| 16. GH Zadar | 16 (1.2) | 0 (0.0) |
| 17. PH Vrapče | 623 (47.7) | 158 (15.1) |
| 18. PH Popovača | 84 (6.4) | 7 (0.7) |
| 19. PH Rab | 65 (5.0) | 0 (0.0) |
| 20. PH Ugljan | 28 (2.1) | 8 (0.8) |
| 21. PH Jankomir | 265 (20.3) | 36 (3.4) |
| Total | 1306 (100.0) | 1047 (100.0) |

UHC – University Hospital Center, UH – University Hospital, GH – General Hospital, PH – Psychiatric Hospital
*A person with more severe mental disturbance who, as a result of his or her mental illness, brings his or her life, health or safety, or other people's lives, health or safety into jeopardy can be placed in psychiatric hospital without consent, according to the procedure for involuntary hospitalization, regulated by this Law.
**If a person is not competent to consent for hospitalization due to mental condition and does not have caregiver, authorized court will make decision regarding placement of the person in psychiatric institution, based on medical opinion.
***data not available.

Mental Disorders by changes and supplements of Law, in December, 1999. Changes and supplements to the Law on Protection of Persons with Mental Disorders abolished the necessity for written consent, and the necessity for prescribed procedure of hospitalized persons mentally incompetent to consent (section 21, subsection 3) which led to significant decrease in rate of involuntary hospitalizations, and also to significant decrease in rates of involuntarily hospitalized patients in all observed diagnostic categories[45].

Furthermore, we analyzed the implementation of the Law in other Croatian psychiatric hospitals and departments. We tried to get an insight into the practical problems of implementation in everyday psychiatric practice and, based on this, to draw attention to the need for possible changes or more precise definitions of particular legal decrees. As one of the most »attractive« novelties of Law on protection of persons with mental disorders, involuntary hospitalization of psychiatric patients was probably the only legal decree whose functioning we were able to see in practice from the beginning of implementation of Law on protection of persons with mental disorders (because of the fact that it influenced everyday psychiatric practice). Inconsistency in distribution of the cases where Law on protection of persons with mental disorders was implemented, in particular University Departments of Psychiatry or psychiatric departments (similar size of departments, similar psychiatric population, but big difference in the number of hospitalized patients treated according to Law on protection of persons with mental disorders) could suggest that the mentioned Law was applied as a »last option» when it was assumed that the involuntary hospitalized patient could bring legal action (as it is the case in some western countries). In the original text of the Law, written consent was required from any person admitted in a psychiatric hospital. In the event that written consent was not obtained or in cases where a person was not in a condition to give written consent, the court had to be informed of such hospitalization. After being informed, the court conducted the necessary legal procedure, in the same manner as for a patient who is involuntarily hospitalized. This led to a high number of hospitalized patients who were submitted to prescribed procedure[46]. Since the beginning of implementation the Law provoked resistance from psychiatrists and judges[32,47,48]. For this reason, but also because of many impractical solutions, changes and supplements to the Law were made in December 1999[49]. These changes and supplements of the Law abolished the necessity for written consent, and the necessity for prescribed procedure of hospitalized persons who were mentally incompetent to consent. Furthermore, the time of admission was prolonged from 12 to 72 hours (the period in which the hospital is obliged to inform the court of involuntarily admitted person).

Compared to other psychiatric hospitals and departments in Croatia, Vrapče Psychiatric Hospital had the highest number of patients whose hospitalizations were reported to the court of law. Partly, the reason for this is the fact that the Law on Protection of Persons with Mental Disorders (in a wider, psychiatric part) had its origin in Psychiatric Hospital Vrapče, and that the psychiatrists of this hospital were, therefore, probably best acquainted with this Law.

In Hungary, the legal provisions concerning civil commitment of mentally ill patients have changed in February 1995. The need for treatment no longer justifies civil commitment, the role of the court has become more important, and more emphasis is laid on the protection of the rights of patients in commitment proceeding. In spite of these advantageous changes, in Hungary regulation on the rights of committed patients is absent and informed consent issues are not addressed in the new act[50].

The changes and supplements to the Law on protection of persons with mental disorders had the task to reduce the number of involuntary hospitalizations, as well as the »interference of the court« in the process of hospitalization of psychiatric patients. Examples of Austria and Hungary show the similarity in experience of psychiatrists in Croatia and psychiatrists in the mentioned countries, regarding involuntary hospitalizations, as well as the necessity to make additional improvements in legislation.

## Conclusion

The number of patients involuntarily hospitalized according to section 22, subsection 1, and section 21, subsection 3 increased significantly from 1998 to 1999. The increase of the number of involuntary hospitalizations, according to section 21, subsection 3, was significant in all the observed diagnostic categories. The increase of the number of involuntary hospitalizations according to section 22, subsection 3 was statistically significant in the group of patients with alcoholism, as well as in the group of patients with schizophrenia and other psychotic disorders.

The implementation of the Law was not applied uniformly in all Croatian psychiatric institutions, probably as a result of a period of time needed to get acquainted to the Law. Further analyses on this subject are necessary in order to investigate influence of changes and supplements of the Law on protection of persons with mental disorders on the practice of involuntary hospitalizations.

## REFERENCES

1. HAIGH, F., Croat. Med. J., 43 (2002) 166. — 2. SALIZE, H. J., H. DRESSING, A. PEITZ: Compulsory Admission and Involuntary Treatment of Mentally Ill Patients – Legislation and Practice in European Member States. (Projektzeitraum, Förderung: Europäische Kommission, 2000–2002). — 3. UNITED NATIONS: Preamble, Adopted by General Assembly Resolution 217 A (III) of 10. December 1948. — 4. COUNCIL OF EUROPE: The European Convention for the Protection of Human Rights and Fundamental Freedoms. E.T.S. No.5., Rome. — 5. COMMITTEE OF THE MINISTERS OF THE COUNCIL OF EUROPE: Recommendation No. R (83)2 to member States on legal protection of persons suffering from mental disorder placed as involuntary patients. (Committee of the Ministers of the Council of Europe, Strasbourg,1983). — 6. UNITED NATIONS: Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care. Adopted by General Assembly resolution 46(119) of 17 December. (United Nations, New York, 1991). — 7. WORLD HEALTH ORGANIZATION: Ten basic principles of mental health law. WHO/MNH/MND/96.9. (World Health Organization, Geneva, 1996). — 8. APPELBAUM, P. S., J. Am. Acad. Psychiatry Law, 25 (1997) 135. — 9. HOGE, S. K., P. S. APPELBAUM, A. GREER, Am. J. Psychiatry, 146 (1989) 170. — 10. BRAJENOVIĆ-MILIĆ, B., S. RISTIĆ, J. KERN, S. VULETIĆ, S. OSTOJIĆ, M. KAPOVIĆ, Coll. Antropol., 24 (2000) 47. — 11. VERNICK, A. E., Child. Adolesc. Psychiatr. Clin. N. Am., 11 (2002) 905. — 12. Zakon o zaštiti osoba s duševnim smetnjama, Zagreb, N. N. 11/97. — 13. GORETA, M., V. JUKIĆ, K. TURKOVIĆ: Zakon o zaštiti osoba s duševnim smetnjama. (Psihijatrijska bolnica Vrapče, Zagreb, 1998). — 14. GORETA, M., V. JUKIĆ: Zakon o zaštiti osoba s duševnim smetnjama – ideje, norme, implementacija, evalvacija. (Psihijatrijska bolnica Vrapče, Zagreb, 2000). — 15. JUKIĆ, V., Vještak, 2 (2001) 49. — 16. FOLNEGOVIĆ-ŠMALC, V., S. UZUN, T. LJUBIN, Nord. J. Psychiatry, 54 (2000) 55. — 17. SANGUINETI, V. R., S. E. SAMUEL, S. L. SCHWARTZ, M. R. ROBESON, Am. J. Psychiatry, 153 (1996) 392. — 18. BRUXNER, G., P. BURVILL, S. FAZIO, S. FEBBO, Aust. N. Z. J. Psychiatry, 31 (1997) 532. — 19. SINGH, S. P., T. CROUDANCE, A. BECK, G. HARRISON, Social Psychiatry and Psychiatry Epidemiology, 33 (1998) 39. — 20. DAVIES, S., G. THORNICROFT, M. LEESE, A. HIGGINGBOTHAM, M. PHELAN, B. M. J., 312 (1996) 533. — 21. KULLGREN, G., L. JACOBSON, N. LYNOE, R. KOHN, I. LEVAV, Acta Psychiatr. Scand., 93 (1996) 389. — 22. GUPTA, M., Med. Law, 20 (2001) 245. — 23. FENNING, S., J. RABINOWITZ, S. FENNING, Psychiatr. Serv., 50 (1999) 1049. — 24. MALTSBERGER, J. T., Death Stud., 18 (1994) 439. — 25. WALTZER, H., Am. J. Psychother., 34 (1980) 89. — 26. KOZUMPLIK, O., V. JUKIĆ, Coll. Antropol., 26 (2002) 137. — 27. TESHOME-BAHIRE, W., Coll. Antropol., 24 (2000) 555. — 28. PERR, I. N., Psychiatr. Med., 4 (1986) 455. — 29. JUKIĆ, V., J. BAMBURAČ, G. DODIG, M. JAKOVLJEVIĆ, Coll. Antropol., 21 (1997) 251. — 30. WORLD HEALTH ORGANIZATION: International Statistical Classification of Diseases and Related Health Problems. Tenth Revision. (World Health Organization, Geneva, 1993). — 31. StatSoft Inc., Statistica (computer program). Version 6.0. (StatSoft, Tulsa, 2001). — 32. TURKOVIĆ, K., M. DIKA, M. GORETA, Z. ĐURĐEVIĆ: Zakon o zaštiti osoba s duševnim smetnjama s komentarom i prilozima. (Pravni fakultet Sveučilišta u Zagrebu, Psihijatrijska bolnica Vrapče, Zagreb, 2001). — 33. PIERCE, G. L., M. L. DURHAM, W. H. FISHER, Am. J. Psychiatry, 142 (1985) 104. — 34. HASEBE, T., J. MCRAE, Hosp. Community Psychiatry, 38 (1987) 983. — 35. WEBSTER, C. D., N. KESSEL, B. M. J., 295 (1987) 1529. — 36. LECOMPTE, D., Med. Law, 14 (1995) 53. — 37. HABERFELLNER, E. M., H. RITTMANSBERGER, Psychiatr. Prax., 23 (1996) 139. — 38. KJELLIN, L., Social Psychiatry Psychiatric Epidemiology, 32 (1997) 90. — 39. ENGBERG, M., Acta Psychiatr. Scand., 84 (1991) 353. — 40. SEGAL, S. P., P. D. AKUTSU, M. A. WATSON., Psychiatr. Serv., 49 (1998) 1212. — 41. LEUNG, P. K., L. R. FAULKNER, B. H. MCFARLAND, C. RILEY., Bull. Am. Acad. Psychiatry Law, 21 (1993) 81. — 42. MAHLER, H., B. T. CO, J. Nerv. Ment. Dis., 172 (1984) 189. — 43. SPENGLER, A. Social Psychiatry, 21 (1986) 113. — 44. RIECHER, A., W. RÖSSLER, W. LÖFFLER, B. FÄTKENHEUER, Psychol. Med., 21 (1991) 197. — 45. KOZUMPLIK, O., V. JUKIĆ, M. GORETA, Croat. Med. J., 44 (2003) 601. — 46. JUKIĆ, V., M. GORETA, Soc. Psihijat., 27 (1999) 46. — 47. JUKIĆ, V., M. GORETA, Soc. Psihijat., 27 (1999) 54. — 48. GORETA, M., Soc. Psihijat., 27 (1999) 66. — 49. Zakon o izmjenama i dopunama Zakona o zaštiti osoba s duševnim smetnjama, Zagreb, NN 128/99. — 50. DOSA, A., Med. Law, 14 (1995) 581.

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## IMPLEMENTACIJA PRVOG HRVATSKOG ZAKONA O ZAŠTITI OSOBA S DUŠEVNIM SMETNJAMA


### S A Ž E T A K

Cilj ovog rada bio je istražiti psihijatrijsku praksu u Hrvatskoj glede provođenja prisilnih hospitalizacija, nakon donošenja Zakona o zaštiti osoba s duševnim smetnjama, u siječnju 1998. godine. Podaci o prisilnim hospitalizacijama psihijatrijskih bolesnika u Psihijatrijskoj bolnici Vrapče prikupljeni su iz medicinske dokumentacije za 1998. i 1999. godinu. Podaci o prisilnim hospitalizacijama za ostale psihijatrijske bolnice i odjele u Hrvatskoj dobiveni su od šefova psihijatrijskih bolnica i odjela za prvih pet mjeseci 1998. godine. Broj prisilnih hospitalizacija u Psihijatrijskoj bolnici Vrapče pokazivao je statistički značajan porast od 1998. na 1999. godinu ($p<0.01$). Broj bolesnika prisilno hospitaliziranih prema članku 21.3 statistički je značajno porastao od 1998. na 1999. godinu ($p<0.01$), dok je broj prisilnih hospitalizacija prema članku 22.1 statistički značajno opao u istom periodu ($p<0.01$) u Psihijatrijskoj bolnici Vrapče. Zakon o zaštiti osoba s duševnim smetnjama nije ujednačeno provođen u svim psihijatrijskim institucijama u Hrvatskoj u prvih pet mjeseci 1998. godine. Istraživanja na ovom području potrebna su u cilju ispitivanja utjecaja izmjena i dopuna Zakona o zaštiti osoba s duševnim smetnjama na praksu provođenja prisilnih hospitalizacija.