Table 5. Studies on involuntary admissions (n=8 SRs in Aragonés-Calleja, 2022)

Author, year	Participants	Setting/context	Interventions	N. included studies	Type of included studies	Analysis	Country of origin of included studies	Results/ Findings	Risk of Bias
De Jong, 2016	Adult psychiatric patients (age range, 18-65 years) N=2970; 1541 in the intervention groups and 1429 in the control groups.	Outpatient settings. Any kind of noninpatient services were considered outpatient settings.	Interventions of any kind that were designed to reduce compulsory admission rates in adult psychiatric patients (age range, 18-65 years) in outpatient settings.	N=13	Randomized clinical trials (RCTs)	Meta-analysis.	UK (6), the Netherlands (2), USA (2), Denmark (1), Norway (1), Switzerland (1).	Meta-analysis of 13 RCTs found a 23% reduction in compulsory admissions with advance statements, but no significant reduction with community treatment orders, compliance, or integrated treatment.	**Risk low**
Giacco, 2018	Involuntary inpatient psychiatric patients. At least 50% of the study sample had to be adults (18 to 65 years) who were receiving involuntary hospital treatment at the time of enrollment for the study.	Psychiatric hospitalization units.	Intervention or practice used with adults receiving involuntary psychiatric inpatient care.	N=19	Retrospective case series study, Retrospective pre-post study, Retrospective case control study, RCT, case series, Cluster-level controlled study, Retrospective cohort study, Cluster-level controlled trial, Quasi-randomised controlled trial.	As the articles found were highly heterogeneous in design and outcome, we used a **narrative approach** to synthesise the characteristics of the interventions.	Switzerland (5), UK (3), Australia (3), Japan (1), USA (5), Canada (1), Spain (1).	Nineteen papers identified 14 interventions grouped into three categories: patient-centered care, specialized therapeutic interventions, and systemic hospital practice changes.	**Risk low**
Wynn, 2018	Adult psychiatric patients.	Norwegian psychiatric hospitals.	Involuntary admission.	N=74	57 quantitative designs, 16 qualitative designs, and 1 a mixed-method design. 70: observational studies; 4: intervention studies.	Qualitative analysis (thematic analysis).	Norway	Some studies found involuntary admission led to humiliation, with male, severely ill patients more likely to be admitted. Norway has relatively high involuntary admission rates.	**Risk unclear**
Barnett, 2019	BAME (Black, Asian and Ethnic Minority) and migrant groups in the UK and internationally (N=1,953,135).	Hospitalization units.	Compulsory detention.	N=71	Quantitative studies.	Meta-analysis	High-income countries, and predominantly the UK (49 studies).	Black and Asian ethnic groups, as well as migrant populations, are more likely to face compulsory admissions, with various factors influencing these disparities.	**Risk low**
Molyneaux, 2019	People with psychotic illness or bipolar disorder.	Various (e.g. acute psychiatric services,	Crisis-planning interventions (including advance decisions, advance directives, joint crisis plans and other relevant interventions).	N=5	ECAs	Meta-analysis.	England (3) ,the Netherlands (1), Switzerland (1).	Crisis planning interventions reduced compulsory admissions by 25%, but had no effect on voluntary or	**Risk low**

Author, year	Participants	Setting/context	Interventions	N. included studies	Type of included studies	Analysis	Country of origin of included studies	Results/ Findings	Risk of Bias
		community mental health teams, psychiatric hospitals)						combined admissions; few studies assessed secondary outcomes.	
Walker, 2019	975,004 psychiatric inpatients were represented, of whom 228,239 (23%) had been admitted to hospital involuntarily.	Psychiatric hospitalization units.	Involuntary psychiatric hospitalization.	N=77	Most retrospective cohort studies using hospital or national databases as data sources.	Meta-analysis and narrative synthesis.	18 high-income countries (Australia, Canada, Israel, Taiwan, the USA, and 13 in Europe) and four middle-income countries (Brazil, China, India, and Turkey).	Involuntary hospitalization was linked to male gender, psychotic disorders, previous hospitalizations, and area deprivation, with factors like police involvement and reduced insight also associated.	**Risk low**
Yang, 2020	People with a diagnosis of schizophrenia, bipolar disorder, or major depressive disorder (N=94,305)	Inpatient psychiatric units in China.	Involuntary admissions.	N=14	Observational studies.	Meta-analysis	China	Voluntary admissions for severe mental illness averaged 30.3%, and involuntary admissions 32.3%, with varying rates across diagnoses and regions, and increasing voluntary admissions over time.	**Risk low**
Dahm, 2017: presented in Table 3.									