

Examination of Cases who Admitted to the Emergency Department of a Mental Health Hospital in 2020

Bir Ruh Sağlığı Hastanesinin Acil Servisine 2020 Yılında Başvuran Olguların İncelenmesi

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ABSTRACT

Objective: The emergency department of mental health and diseases hospitals (MHDH) is a primary entry point into the network of mental health services for people who need urgent psychiatric help. Examining the emergency department admissions of MHDHs will pave the way for possible interventions to be carried out more appropriately. This study aimed to retrospectively examine the sociodemographic and clinical characteristics of cases who admitted to the emergency department of a MHDH in 2020.

Material and Methods: Cases who admitted to the emergency department of Elazığ MHDH between 01.01.2020 and 31.12.2020 were included. Sociodemographic and clinical data of the cases were accessed through the patient record system.

Results: The total number of admissions to the Elazığ MHDH emergency department between the specified dates was 7071 [5262 (74.4%) male and 1809 (25.6%) female]. Sixty-four percent of the cases admitted through the Social Security Institution and 28% through the Ministry of Justice. Seven thousand fifty-five cases (99.7%) were the Republic of Turkey citizens. Three thousand two hundred fifty-four (46.0%) of the cases were evaluated within the scope of medical examination, 1599 (22.6%) were injection, 156 (2.2%) were involuntary hospitalization, and 1887 (26.7%) were judicial illegal drug screening. While 5877 (83.1%) of the cases left the emergency department after examination, 1194 (16.9%) were hospitalized at Elazığ MHDH. Two thousand one hundred forty-six (30.3%) of the cases were diagnosed with general psychiatric examination, 866 (12.2%) were anxiety spectrum disorders, 1464 (20.7%) were schizophrenia spectrum disorders, and 1658 (23.4%) were bipolar spectrum disorders. A statistically significant difference was found between male and female cases in terms of health insurance ($p<0.001$), reason for admission ($p<0.001$), month of admission ($p=0.005$), place of residence ($p<0.001$), and diagnosis ($p<0.001$).

Conclusion: This study reveals that the male gender is the majority in the admissions made to an MHDH emergency department, the rate of illegal drug screenings in emergency department admissions is high, and the diagnoses of schizophrenia and bipolar spectrum disorder have an important place in hospitalizations following the emergency department admission.

ÖZET

Amaç: Ruh sağlığı ve hastalıkları hastanelerinin (RSHH) acil servisi, acil psikiyatrik yardıma ihtiyaç duyan kişiler için ruh sağlığı hizmetleri ağına birincil giriş noktasıdır. RSHH'lerin acil servis başvurularının incelenmesi olası müdahalelerin daha uygun şekilde gerçekleştirilmesinin önünü açacaktır. Bu çalışmada, bir RSHH acil servisine 2020 yılında başvuran olguların sosyodemografik ve klinik özelliklerinin geriye dönük olarak incelenmesi amaçlanmıştır.

Gereç ve Yöntemler: Elazığ RSHH'nin acil servisine 01.01.2020-31.12.2020 tarihleri arasında başvurmuş olgular dâhil edilmiştir. Olgulara ait sosyodemografik ve klinik verilere hasta kayıt sistemi aracılığıyla ulaşılmıştır.

Bulgular: Belirtilen tarihler arasında Elazığ RSHH acil servisine toplam başvuru sayısı 7071 [5262 (%74,4) erkek, 1809 (%25,6) kadın] idi. Vakaların %64'ü Sosyal Güvenlik Kurumu, %28'i ise Adalet Bakanlığı aracılığıyla başvurdu. Vakaların 7055'i (%99,7) Türkiye Cumhuriyeti vatandaşıydı. Vakaların 3254'ü (%46,0) muayene, 1599'u (%22,6) enjeksiyon, 156'sı (%2,2) istem dışı yatış, 1887'si (%26,7) yasa dışı madde taraması kapsamında değerlendirildi. Olguların 5877'si (%83,1) muayene sonrası acil servisten ayrılırken, 1194'ü (%16,9) Elazığ RSHH'ye yatırıldı. Olguların 2046'sına (%30,3) genel psikiyatrik muayene, 866'sına (%12,2) anksiyete spektrum bozukluğu, 1464'üne (%20,7) şizofreni spektrum bozukluğu, 1658'ine (%23,4) bipolar spektrum bozukluğu tanısı konuldu. Erkek ve kadın olgular arasında sağlık güvencesi ($p<0,001$), başvuru nedeni ($p<0,001$), başvuru ayı ($p=0,005$), ikamet yeri ($p<0,001$) ve tanı ($p<0,001$) açısından anlamlı farklılık saptandı.

Sonuç: Bu çalışma bir RSHH acil servisine yapılan başvurularda erkek cinsiyetin çoğunlukta olduğunu, yasadışı madde taramalarının acil servis başvuruları içerisindeki oranının yüksek olduğunu, acil servis başvurusunu takiben hastaneye yatışlarda şizofreni ve bipolar spektrum bozukluğu tanılarının önemli bir yeri olduğunu göstermektedir.

Keywords:

Psychiatric emergency
Old age
Emergency
Hospitalization
Drug detection

Anahtar Kelimeler:

Psikiyatrik acil
Yaşlılık
Acil
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INTRODUCTION

Psychiatric emergencies can be defined as clinical conditions in which symptoms occurring in one or more of the areas of thought, emotion, and behaviour pose a threat to the patient or other people and require urgent psychiatric intervention. In addition to psychiatrists, physicians working in emergency departments frequently encounter psychiatric emergencies (1). Cases under physical or emotional stress who admit to the emergency department are vulnerable (2). These patients may have various expectations that are far from reality, and this affects their response to treatment and communication with healthcare personnel. Psychiatric emergencies can be caused by many chronic mental disorders, psychosocial stressors, and adverse life events. Drug poisoning and use, suicide, psychotic and manic exacerbations, medication side effects, and drug-drug interactions may lead to emergency psychiatric admissions (3). Psychiatric emergency departments ensure that patients and their relatives are saved from the material and moral burdens of the disease with minimal loss by directing patients quickly and accurately with effective measures in a short time. Psychiatric intervention in emergency services is also important for preventive psychiatry. Since successful first aid can prevent a second emergency, it can also facilitate the patient's compliance with subsequent treatments (4).

It is reported that anxiety, panic, conversion, and suicide-related situations are more common in admissions to the emergency departments of general hospitals (3,5). In addition to the conditions listed above, it has been reported that psychotic and manic exacerbations, criminal cases, alcohol and drug-related conditions are observed in admissions to the emergency departments of Mental Health and Diseases Hospitals (MHDH). Agitation, suicidal and homicidal behaviour can cause harm to people and the people around them. In our country, these patients are mostly hospitalized in MHDHs with closed ward facilities. Some of the admissions for hospitalization are made to the emergency departments of MHDHs (2). It is thought that the characteristics of admissions to the emergency departments of MHDHs may also change over time. As a matter of fact, past studies have shown that the reasons for admission, especially drug use characteristics and criminal cases, change over time. This study aimed to examine the cases who admitted to the Elazığ MHDH emergency department within a one-year period in terms of sociodemographic and clinical variables.

MATERIALS AND METHODS

This study addresses all cases who admitted to the emergency psychiatric unit of Elazığ MHDH between 01.01.2020 and 31.12.2020. Elazığ MHDH is one of the largest psychiatric branch hospitals in Turkey, providing mental health services to 18 different provinces in the Eastern Anatolia, Black Sea and South-eastern Anatolia regions.

This study also includes cases referred to Elazığ MHDH within the scope of Turkish Civil Code 432 (TCC 432) decision. In Turkey, TCC 432 decision can be obtained directly by the Civil Courts of Peace or indirectly through hospitals. All TCC 432 cases included in this study were referred by the Civil Courts of Peace. In these cases, all

patients are hospitalized and discharged as soon as it is determined that they are suitable for discharge.

All information presented in the study was obtained retrospectively from the hospital registry system. The psychiatric diagnoses included in the study were written according to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (6). Ethics committee approval was received from Firat University (Date: 22/04/2021; No: 2021/06-18).

SPSS version 26.0 was used in statistical analysis. Descriptive statistics and continuous variables are given as mean±standard deviation, and categorical variables are given as frequency and percentage. Chi-Square test was used to compare categorical data, and independent samples T-test was used to compare numerical data. The statistical significance level was determined as $p < 0.05$.

RESULTS

The total number of admissions to the Elazığ MHDH emergency department between January 1, 2020 and December 31, 2020 was 7071. The mean age of the cases was 36.98 ± 13.94 years (minimum 6 years, maximum 100 years, and median 34 years). Of the cases included in our study, 5262 (74.4%) were male and 1809 (25.6%) were female. While the mean age was 35.07 ± 12.70 years in male cases, it was 42.55 ± 15.80 years in female cases ($p < 0.001$).

There was no missing data in the study, except that the health insurance of three cases was unknown. The cases were examined in terms of health insurance. Four thousand five hundred twenty-three (64.0%) of the cases admitted through "Social Security Institution", 236 (3.3%) through "Bağkur", 93 (1.3%) through "Ministry of Justice", 133 (1.9%) through "SHÇEK Persons Under State Protection by Law No. 2828", 4 (0.1%) through "Refugees", 2046 (28.9%) through "Forensic Cases", 10 (0.1%) through "Foreign Provision Activation Health System (YUPASS)", and 5 (0.1%) through the "Union of Chambers and Commodity Exchanges of Turkey Members' Retirement and Assistance Fund Foundation". There were 18 (0.3%) cases without health insurance. Seven thousand fifty-five cases (99.7%) were from the Republic of Turkey, 8 (0.1%) were from Syria, 7 (0.1%) were from Afghanistan, and 1 (0.1%) was from Germany.

Three thousand two hundred fifty-four (46.0%) of the cases were evaluated within the scope of examination, 1599 (22.6%) were injection, 156 (2.2%) were TCC 432, 1887 (26.7%) were judicial illegal drug screening, 175 were (2.5%) were referral from another institution. While 5877 (83.1%) of the cases left the emergency department after examination, 1194 (16.9%) were hospitalized at Elazığ MHDH.

The months in which the cases ($n=7071$) admitted were examined: 650 (9.2%) in January, 615 (8.7%) in February, 658 (9.3%) in March, 433 (6.1%) in April, 531 (7.5%) in May, 795 (11.2%) in June, 647 (9.2%) in July, 547 (7.7%) in August, 592 (8.4%) in September, 605 (8.6%) in October, 505 (7.1%) in November, and 493 (7.0%) in December. Five thousand one hundred twenty-six (72.5%) of the admissions resided in Elazığ, and 1945 (27.5%) resided outside Elazığ.

The cases were examined for diagnosis. Two thousand one

hundred forty-six (30.3%) of the cases were examined by general psychiatric examination, 866 (12.2%) were anxiety spectrum disorders, 1464 (20.7%) were schizophrenia spectrum disorders, 1658 (23.4%) were bipolar spectrum disorders, and 26 (0.4%) were Alzheimer’s disease.

Comparisons were made between genders in terms of various variables. A statistically significant difference was found between male and female cases in terms of health insurance (p<0.001), reason for admission (p<0.001), month of admission (p=0.005), place of residence (p<0.001), and diagnosis (p<0.001). No statistically significant difference was found between male and female cases in terms of hospitalization after emergency admission (p<0.001) and nationality (p=0.778) (Table).

Various variables were compared in terms of health insurance. A significant difference was found between health insurances in terms of the reason for admission (p<0.001), hospitalization status after examination (p<0.001), month of admission (p<0.001), residence (p<0.001), and diagnosis (p<0.001). Almost all of those with Social Security Institution and Bağkur health insurance admitted to be examined or to have an injection. Those who admitted for TCC 432 cases and illegal drug screening in urine were entered through the Ministry of Justice. Fifty-seven percent of the detained/convicted cases were brought from outside the province.

None of those who admitted for illegal drug screening and injection were hospitalized. All of the admissions were

hospitalized with the TCC 432 decision. 83.4% of the cases referred from another institution were hospitalized. 27.4% of the admissions for examination were hospitalized. 95.5% of TCC 432 cases and 91.4% of referrals were brought from outside the Elazığ.

99.4% of those who admitted for illegal drug screening were diagnosed by general psychiatric examination. Of the patients who received injections, 39.0% were diagnosed with bipolar spectrum disorder and 46.0% were diagnosed with schizophrenia spectrum disorder. 43.6% of TCC 432 cases were diagnosed with general psychiatric examination, 11.5% with bipolar spectrum disorder, 19.9% with schizophrenia spectrum disorder, 9.6% with personality disorder, and 8.3% with alcohol/drug use disorder. Of the cases referred from another institution, 40.6% were diagnosed with bipolar spectrum disorder and 33.7% were diagnosed with schizophrenia spectrum disorder.

The post-examination hospitalization rate for those residing outside Elazığ was 69.6%, and the post-examination hospitalization rate for those residing in Elazığ was 19.0% (p<0.001). Of the 1194 hospitalized cases, 488 (40.9%) were diagnosed with bipolar spectrum disorder, 410 (34.3%) with schizophrenia spectrum disorder, 66 (5.5%) with personality disorder, and 48 (4.0%) with alcohol/drug use disorder.

DISCUSSION

This study deals with cases admitted to the emergency

Table: Comparison of Male (n=5262) and Female (n=1809) Cases

Variable		Males n (%)	Females n (%)	p
Health Insurance	Social Security Institution	2994 (56.9)	1529 (84.6)	<0.001*
	Ministry of Justice	1958 (37.2)	88 (4.9)	
	Bagkur	121 (2.3)	115 (6.4)	
	Other	189 (3.6)	181 (4.1)	
Reason of Admission	Examination/Visit	2044 (38.8)	1210 (66.9)	<0.001*
	İnjection	1135 (21.6)	464 (25.6)	
	TCC 432/Involuntary Hospitalization	139 (2.6)	17 (0.9)	
	Screening for Illegal Drugs in Urine	1816 (34.5)	71 (3.9)	
Examination Result	Referral from Another Institution	128 (2.4)	47 (2.6)	0.137
	Discharge from the Emergency Department	4353 (82.7)	1524 (84.2)	
Residence	Hospitalization	909 (17.3)	285 (15.8)	<0.001*
	Elazığ	3745 (71.2)	1381 (76.3)	
Nationality	Outside Elazığ	1517 (28.8)	728 (23.7)	0.778
	Turkiye	5249 (99.7)	1806 (99.8)	
	Syria	7 (0.1)	1 (0.1)	
	Afghanistan	5 (0.1)	2 (0.1)	
Diagnosis	Germany	1 (0.1)	0 (0.0)	<0.001*
	General Psychiatric Examination	2019 (38.4)	127 (7.0)	
	Bipolar Spectrum Disorders	1029 (19.6)	629 (34.8)	
	Schizophrenia Spectrum Disorders	1174 (22.3)	290 (16.0)	
	Anxiety Spectrum Disorders	396 (7.5)	470 (26.0)	
Other	644 (12.2)	293 (16.2)		

*p<0.05, Chi-square analysis was used in statistical analysis. Abbreviations: TCC=Turkish Civil Code

department of an MHDH in Turkey. The findings shows that the majority of cases admitting to the Elazığ MHDH emergency department are males, that the mean age was lower in males, that the health insurance of the majority of cases is the Social Security Institution, that the majority of the cases are citizens of the Republic of Turkey, that the majority of cases admitted for examination and illegal drug screening, and that the majority of the cases hospitalized after examination have bipolar and schizophrenia spectrum disorders. This study shows that the rate of non-emergency conditions among MHDH emergency service admissions is high.

When the literature is examined, it is seen that gender ratios vary between studies. Küçükali et al. (2) examined the cases admitted to the Bakırköy MHDH emergency psychiatric department in August 2011 and reported that 54% of the cases were females. Muştucu et al. (7) reported that 53.1% of the cases were females in their study, which included 748 patients who admitted to the emergency department of Uludağ University Hospital and were consulted by psychiatry between 11 March 2019 - 1 September 2019 and 11 March 2020 - 1 September 2020. Cincioğlu et al. (5) in their study, which included patients who admitted to the emergency department of a training and research hospital and were diagnosed with psychiatric disorders within a one-year period covering 2017, it was reported that 69.50% of the cases were females. In this study, the female rate was found to be 25.6%. It was observed that there were significant differences between studies in terms of gender. The characteristics of the hospitals (such as university hospital, training and research hospital, MHDH) and the time when the study was conducted affect the findings. In the study conducted by Montemagni et al. (8), it was reported that male who admitted to the psychiatric emergency department with a diagnosis of acute psychosis were younger than female, the rate of drug abuse was higher, and anxiety complaints were higher in female. In the study of Sáenz-Herrero et al. (9), female gender was found to be overrepresented in anxiety and stress-related disorders, mood disorders, and personality disorders. In contrast, males accounted for 70% of all psychoactive drug use disorders. Our findings are consistent with the literature.

In previous studies examining psychiatric emergency cases, the health insurance, reasons for admission, and nationality of the cases were not examined. In this study, it was reported that the majority of the cases were admitted for examination, injection and urine screening for illegal drugs. Cases admitted for examination refer to cases admitted to the hospital individually. It is known that the majority of these cases reside within the Elazığ province. Noncompliance with treatment is a common situation in patients with psychotic features. Problems in compliance with treatment lead to increased involuntary hospitalizations, longer hospital stays, longer recovery times for psychotic symptoms, poor prognosis, and suicides. Treatment compliance problems may be greater in rural areas where there is not enough social support (10). Long-acting antipsychotic injections provide significant benefits in this group of patients whose medication cannot

be monitored. These long-acting antipsychotic injections need to be administered intramuscularly at certain intervals (once every two weeks, once a month, once every three months, etc.) (11). These injection admissions can be performed in family health centres and emergency departments. These long-acting antipsychotic injections are frequently performed in the Elazığ MHDH emergency department. Admission for injection access in this study refer to long-acting antipsychotic injection admissions. Determination of whether individuals captured by security forces are using illegal drugs is carried out only by Elazığ MHDH in Elazığ province. This is the reason why the number of admissions for illegal drug screening in urine was found to be high among the emergency admissions in this study. In our country, restrictions on freedom for protection purposes and their conditions are regulated in Article 432 of the TCC. Involuntary hospitalization orders are issued through the Civil Courts of Peace for patients who are incompatible with treatment and have the potential to harm themselves and the environment. With the decision of TCC 432, hospitalizations are carried out in MHDHs in our country (12). Elazığ MHDH is a hospital where TCC 432 cases in 18 provinces are hospitalized. The findings of this presented study provide the opportunity to interpret the characteristics of TCC 432 cases.

When the diagnostic distributions of psychiatric emergency admissions were examined, it was determined that there were various differences and similarities between the studies. In a study by Küçükali et al. (2) examining the cases admitted to the emergency department of an MHDH, it was reported that the most common diagnosis was mood disorder with 36% and psychotic disorder with 22%. In a study by Muştucu et al. (7) examining psychiatric cases admitted to the emergency department of a university hospital, it was shown that 40.6% of the cases were diagnosed with depression and related disorders, 20.7% with schizophrenia and other psychotic disorders, and 19.6% with bipolar and related disorders. In a study by Cincioğlu et al. (5) examining psychiatric cases admitted to the emergency department of a training and research hospital, it was shown that 84.04% of the cases were evaluated with a diagnosis of anxiety spectrum disorder. In this study, it was shown that the most common diagnosis was general psychiatric examination. Bipolar and schizophrenia spectrum disorder diagnoses appear to be the most common diagnoses after the general psychiatric examination diagnosis. It was concluded that these differences between the studies were related to institutional characteristics and changes in security practices in the country. Cases with psychotic features and mood symptoms are mostly hospitalized in MHDHs with closed ward facilities. In addition, all TCC 432 cases are hospitalized in MHDHs and the majority of these cases are diagnosed with schizophrenia and bipolar spectrum disorder. On the other hand, anxiety and depression spectrum disorders are admitted to universities and training and research hospitals. In recent years, an increasing number of cases of illegal drug use have been caught by security forces (13). Illegal drug use panels for these cases are generally carried out by MHDHs. Since these cases

were diagnosed with a general psychiatric examination, the rate of general psychiatric examination diagnosis was found to be high in our study. Since illicit drug use is more common in men, the proportion of men with a general psychiatric examination diagnosis was higher. When the findings were examined in terms of hospitalization after the examination, it was determined that the most frequently hospitalized cases were those diagnosed with bipolar spectrum disorder and schizophrenia spectrum disorder. This finding is also compatible with studies in the literature.

One of the most important limitations of this study is that it is retrospective. Another limitation is that the sociodemographic data of the cases, such as marital status, employment status, and educational status, are not known. Detailed clinical features of the psychiatric disorders of the cases could not be obtained. Details of situations related to suicide, one of the most important psychiatric emergencies, could not be accessed through records. It is assumed that these possible suicide cases were admitted under other diagnoses such as depression, bipolar, and schizophrenia spectrum disorders. Cross-sectional and longitudinal studies are needed to obtain data related to suicide. It is also unknown whether the cases arrive accompanied by an ambulance or law enforcement and whether they wish to be hospitalized or not. Additionally, this study was based on the records of the cases in the system. In other words, it is not known whether there were diagnoses entered into the system accidentally or

hastily due to urgent conditions. It is seen that there are cases where people are taken to the emergency psychiatric department even though it is not an emergency. These entries, in the form of illegal drug screening, are carried out through the emergency psychiatric department as per the procedure due to official processes. Further studies in which the important limitations mentioned here are reduced will be guiding. The strength of the study is that it deals with recent admissions to the emergency department of an MHDH and that there is no recent study with similar features.

CONCLUSION

This study considers all cases admitted to the emergency department of a MHDH and shows that general psychiatric examination, schizophrenia spectrum disorder, and bipolar spectrum disorder are the most common diagnoses. It is seen that the most common diagnoses in cases hospitalized after admission are schizophrenia and bipolar spectrum disorders. Although it is a psychiatric emergency study, it includes a significant number of non-urgent cases. This situation suggests that there are some obstacles to the appropriate use of psychiatric emergency services. These non-urgent admissions, such as illegal drug screening, also occur during the interpretation process of the findings and cause the male gender to be more dominant. Investigating the findings obtained from the research in future studies in the light of the information presented here will facilitate the discussion of the findings.

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Ethics: Ethics committee approval was obtained from the Non-Invasive Ethics Committee of Fırat University (Date: 22/04/2021; No: 2021/06-18).

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