

Oral presentation

Frequency and patterns of coercive measures in acute psychiatric wards in Switzerland

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Background

To describe the frequency and nature of coercive measures in admission wards in the German speaking part of Switzerland.

Methods

We collected during 3 months data on coercive measures in a prospective study on 24 admission wards in 12 psychiatric hospitals in the German speaking part of Switzerland. The study wards represent 27% of all 87 acute wards and 37% of all 32 hospitals in the area. Coercive measures were defined as all individual directed measures without consent of patient.

Results

The data cover 2,344 treatment episodes of 2,017 patients (41,560 treatment days). The patients mean age was 39 years, 46.6% were females, 39% were involuntarily admitted, and the median LOS was 8 days. The most frequent ICD-10 diagnoses were F2 (schizophrenia; 29%), F1 (psychoactive substance use; 24.9%), F3 (affective disorders, 16.7%) and F4/6 (neurosis/personality disorders, 18%). A total of 715 coercive measures were registered, the rate being 1.72 (95%-CI 1.60–1.85) per 100 treatment days. 13% of the treatment episodes included one or more coercive treatments. The most frequent type of coercion was pure seclusion (31%), followed by seclusion + medication p.o. (25%), seclusion + mechanical restraint (9%), seclusion + forced injection (7%), open-door seclusion (7%), seclusion + mechanical restraint + medication p.o. (5%), forced injection (4%), seclusion + mechanical restraint +

forced injection (3%). The median duration of seclusion was 4 hrs and the median duration of mechanical restraint 10 hrs. Besides risk for violence or self harm/suicide the reasons for coercive treatment included reduction of stimuli and refusal of treatment in 45% and 26% of the episodes respectively. The frequency of different types of coercion varied remarkably among wards and hospitals.

Conclusion

The reasons for the variation in patterns of coercive treatment (indication, type, duration) among wards and hospitals are unclear and demand further investigation.