Setting the stage for a new approach to coercive interventions in Belgian Mental Health Care

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Background

Coercive interventions are common in mental healthcare1 and involve acting against an individual's autonomy. Generalization of the results of research on coercive interventions, remains largely impossible due to differences between countries with regard to mental health care organization, cultural and ethical views on coercion and incomplete data registration.

Aim

Firstly, to provide a clinical definition and framework for coercive measures and to describe good medical practices in coercion. Secondly, to describe recommendations for service providers in order to substantiate these good medical practices..

Method

A working group within the Superior Health Council of Belgium reviewed the existing literature on epidemiology of coercive interventions, seclusion and restraint, involuntary admission and coercive medication. The relation between conflict and containment, from the caregiver's and the patient's point of view, together with an introduction into setup and the results of the "Safewards" trial was commented on by the research group, in debate with our working group. All information was compiled in a recommendation. In order to create a widely supported advice, this recommendation was also sent out to stakeholders amending the text proposal.

Educational goals

(i) generalizability of a definition of coercion
(ii)coercion as a medical prescription

Results

There should be a prima facie ban on coercion in mental healthcare.

The use of coercive practices needs to be justified in the context of an additional medical prescription for the treatment of a specific symptom. This implies the use of an evidence based strategy and the accordance with quality standards.
If a coercive intervention is deemed necessary, it should only be carried out in a psychiatric intensive care unit[2] by specifically trained staff.
If a coercive measure fails to be proved at least as effective as other less coercive strategies it should be abandoned from using it.

Conclusion

The use of this guidance has the potential to lessen the prevalence and extent of coercion in mental healthcare by eliminating all coercion that is not a responsive decision to the acute symptoms of the patient.

1. Molodynski et al. Asian J Psychiatr. 2014 (8):2-6
2. Ovreeide L, Bervoets C., Journal of Psychiatric Intensive Care 2012, 8 (1): 43-46

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