

Mental Health Services

REGION

How to prevent Coercion in Danish Mental Health Care – A Longitudinal Cluster Study

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Coercion

- Coercion in this study is limited to three “physical” coercive interventions:
 - Mechanical Restraint (MR) is: The use of belts, restraining straps on hands/feet or gloves to restrict movement.
 - Forced acute tranquilizing medication is: Most often intramuscular injection of sedating drugs given without consent.
 - Holding/physical restraint is: Physically holding the patient, preventing movement.

Background

In 2002, 2008, and 2014 the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment concluded, after visiting Denmark, that no medical justification exists for applying instruments of physical restraint to psychiatric patients for days and that doing so amounts to ill treatment.

- Probably with no real effect on the numbers of coercive episodes.

Background

The Danish parliament changed, during these years, the legislation several times, in order to protect patients rights and for preventive purposes.

- Probably with no real effect on the numbers of coercive episodes.

Background

In 2013, the governmental committee on psychiatry, described the missing reduction in coercive episodes, as a major challenge. The committee suggested five preventive initiatives, inspired by the “Six Core Strategy”:

- Continuous management focus on reduction
- Ambitious national goals on large and lasting reductions
- Specific focus on competence-development regarding prevention of coercion
- Revision of the Mental Health legislation
- Projects targeting MR free units

Background

Additionally in 2013, a project dealing with safety in psychiatry was launched. The project initiated initiatives to reduce: medication errors, suicide incidents, coercive episodes, and physical diseases. The initiatives to reduce coercive episodes comprised of:

- Prediction of MR use: in every shift a short safety debriefing is carried out, identifying potential risk factors for MR use.
- Prevention of MR use: At admission the patients experience from earlier admissions is involved in a risk assessment for the use of MR, including individual coping strategies, and personal preferences. Staffs use predefined de-escalations techniques.
- Prevention of repeated MR use: Post incident review (staff), patient debriefing, and secondary examination of all MR episodes by an interdisciplinary team from another unit.

Background

Late in 2013, the Budget for 2014 was in place. Here a large majority of political parties in Denmark agreed upon a goal that coercion in mental health should be reduced before 2020. Specifically the number of mechanical restrained patients should be reduced by 50%, but the total amount of all coercive episodes should also be reduced.

- To support the change EUR 6.7 million per year was given to the Regions
- The Regions should draw up a plan on how to reduce coercion, and this would be followed by a taskforce, involving representatives from the Ministry of Health, the Health Authorities, and the Regions

Background

August 2014, the five Regions delivered the plans. The plans included many preventive initiatives, also very much inspired by the “Six Core Strategy”, that mainly could be placed in the following groups:

- Management focus, top priority and organization
- Development of employer competences
- Participation, involvement and dialogue with patients and relatives
- Physical environment and patient activities

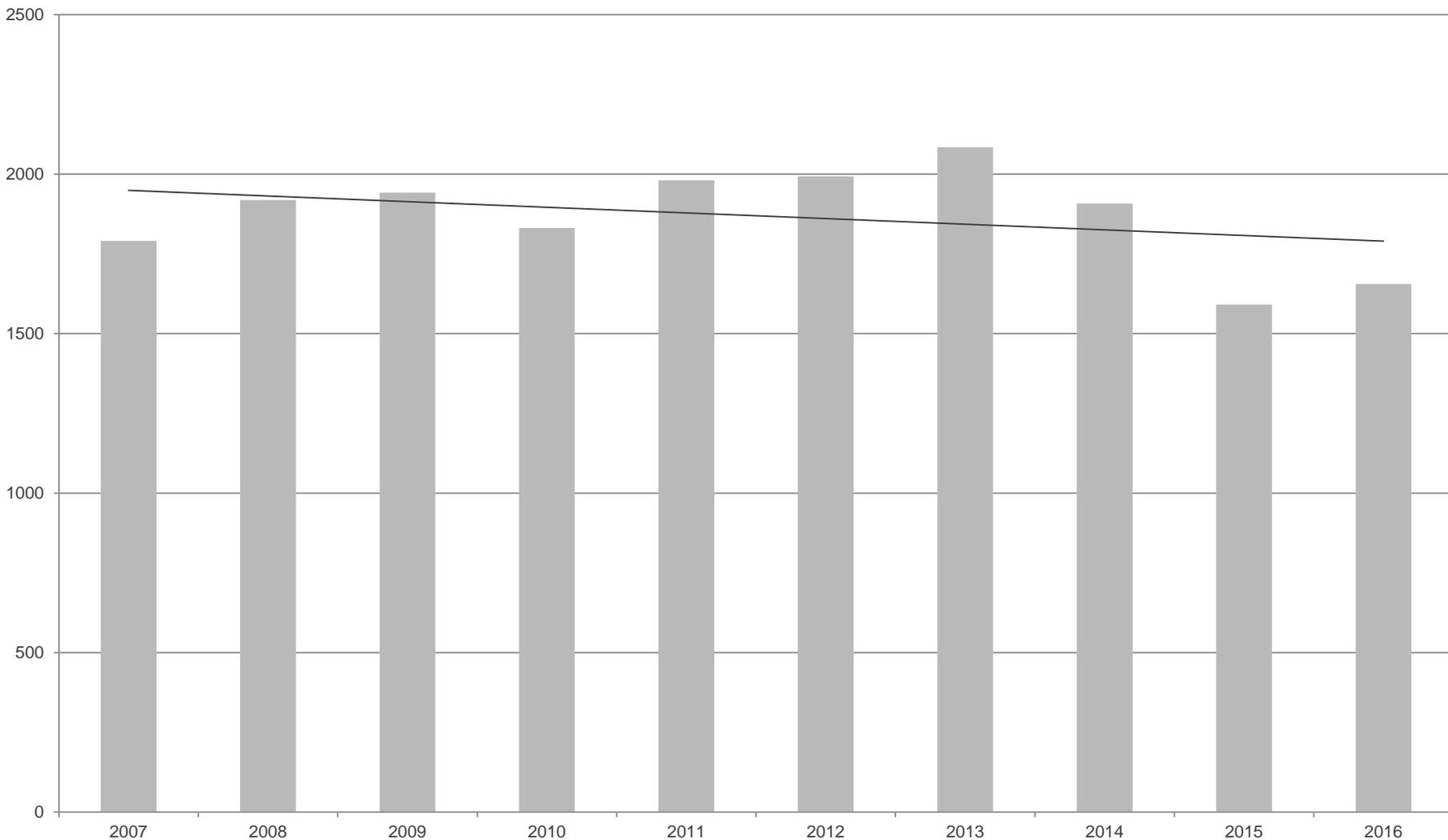
September 2015, Safewards was published in Danish. Some units in the country began already, at the end of 2015, to implement Safewards

Background

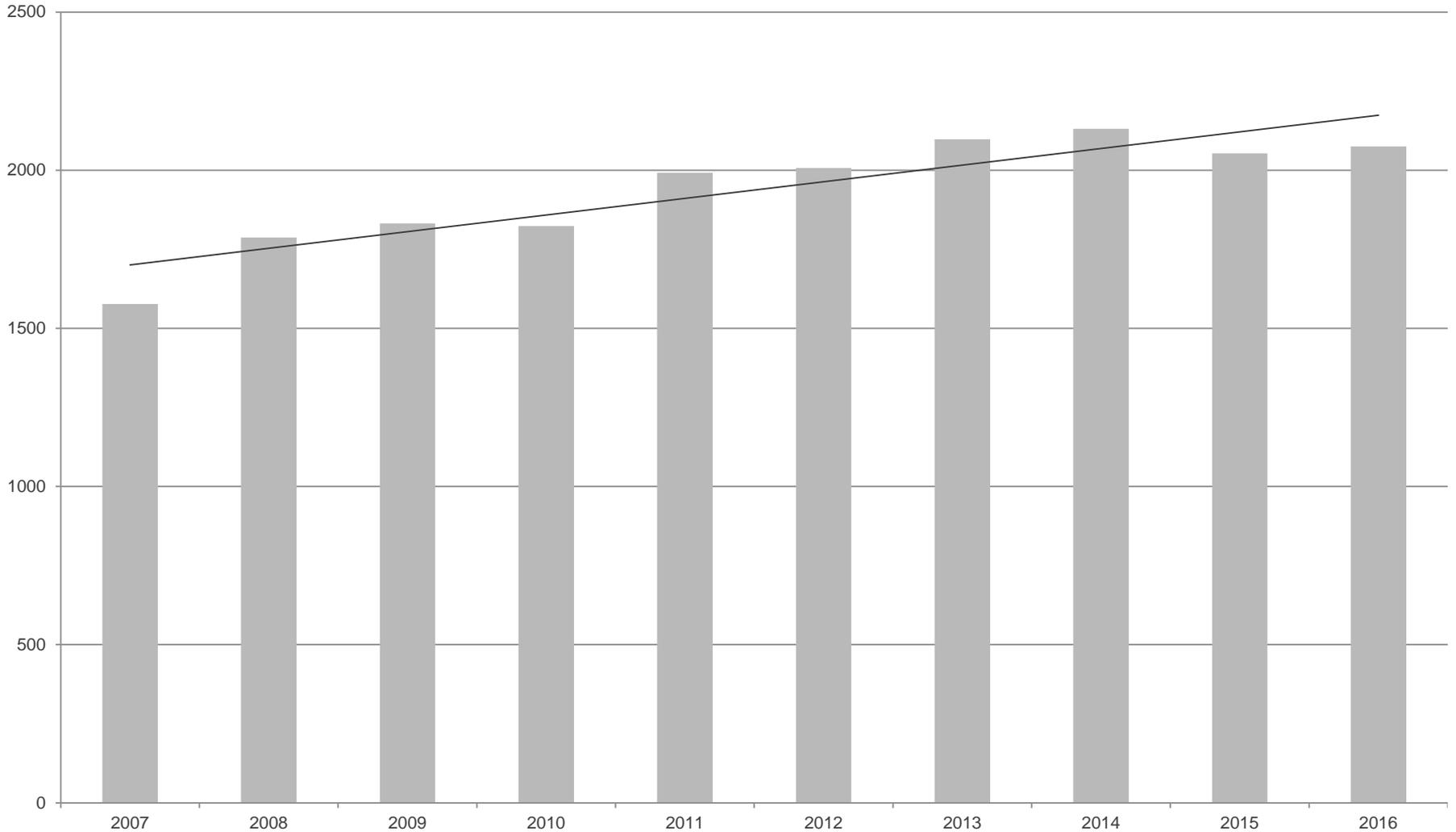
Ultimo 2014, a project regarding MR free units was launched. The framework for the project followed six focus areas (very much inspired by the Six Core Strategy):

- Establishing organizational framework and visions, supporting the new initiatives, and continuously, and clear management attention, and support
- Use data-registration-practice as a management tool to facilitate performance, quality improvement, positive learning, cultural development, etc.
- Qualifying staff competences
- Use of many different preventive tools
- Increased patient involvement
- Systematic use of debriefing

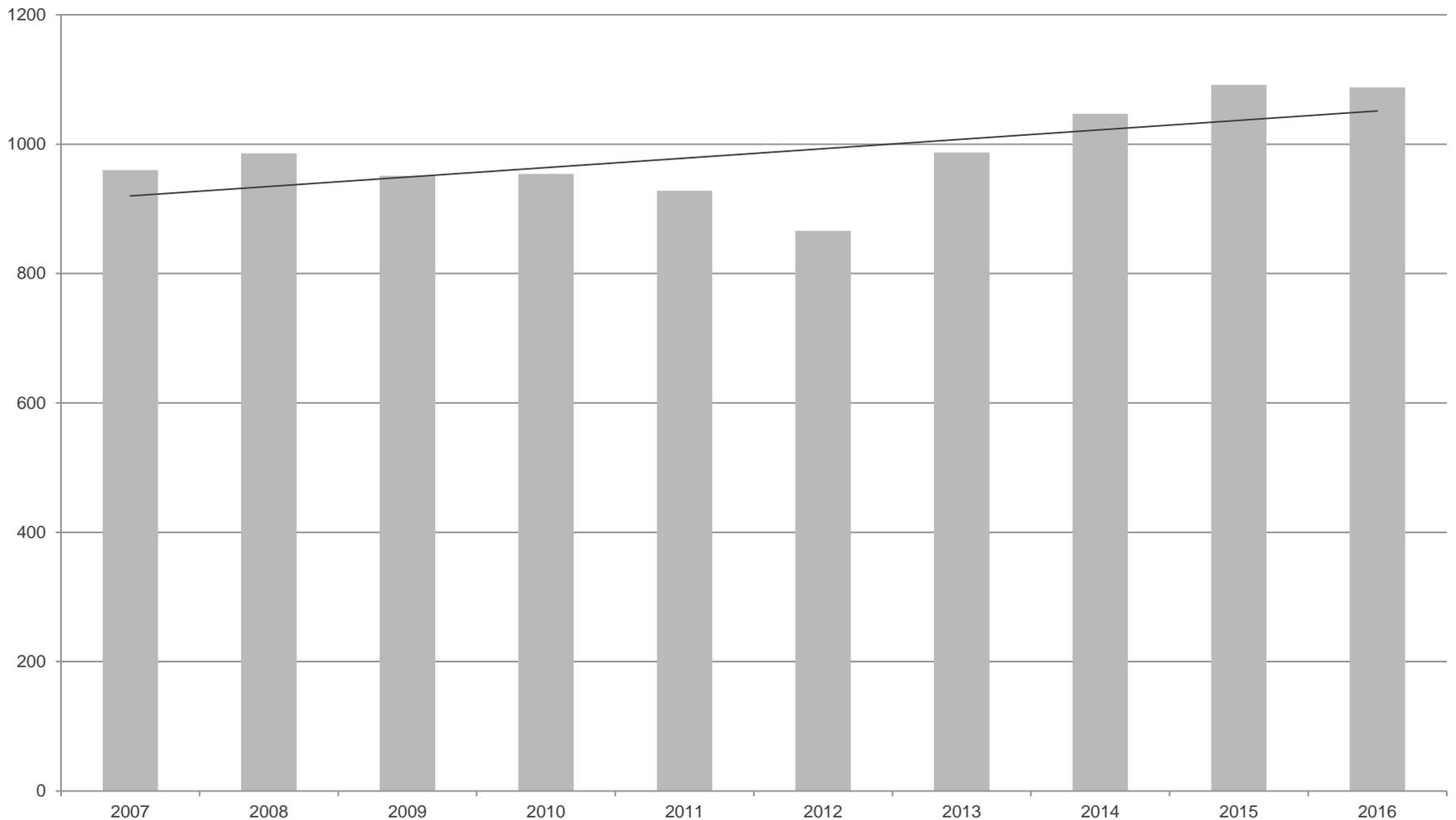
Number of individuals who experienced MR per year (2007-2016)



Number of individuals who experienced forced medication per year (2007-2016)



Number of individuals who experienced holding/physical restraint per year (2007-2016)



Trends in the Numbers of MR, Physical Restraint and Tranquilizing Medication (2011-2016)

	B	95% SI af (B)	p
MR episodes, per year, per 100.000 inhabitants	-.12	[-.39, .16]	.31
MR persons, per year, per 100.000 inhabitants	-.41	[-.78, -.04]	.04*
Tranquilizing medication episodes, per year, per 100.000 inhabitants	.20	[.06, .35]	.02*
Tranquilizing medication persons, per year, per 100.000 inhabitants	.53	[-2.56, 3.62]	.66
Physical restraint episodes, per year, per 100.000 inhabitants	.10	[-.00, .21]	.06
Physical restraint persons, per year, per 100.000 inhabitants	1.10	[.24, 1.95]	.02*

*Note. The parameters (B) were estimated using a linear regression. * p < .05.*

Aim

- A lot of preventive initiatives are being implemented in Denmark these years, amongst others parts of the “Six Core Strategy” and “Safewards”
- But which of these many initiatives actually minimizes the coercion, we do not know.
- Therefor we undertook this study, with the aim: To examine which MR preventive factors/initiatives reduces the number of MR episodes.

Design

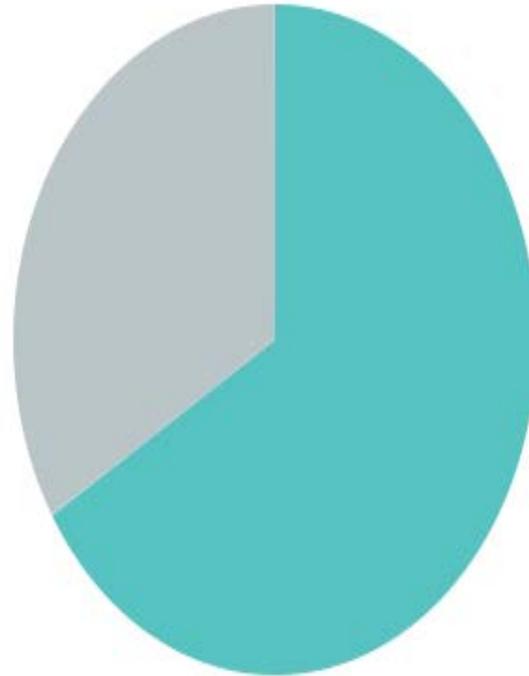
- The study is designed as a nationwide, longitudinal, cluster, cross-sectional survey of preventive initiatives implemented in psychiatric units and the corresponding numbers of coercive episodes.
- Questionnaires are used to gather data on preventive initiatives from the units' once a year, over a period of three years (2016, 2017, 2018), and data on coercive episodes will be accessed from the national database on coercion.
- Now the data from 2016 is almost ready to be analyzed, which means that the results, at this point in time, will be descriptive.

Results – Background data - 2016

Psychiatric units in Denmark where physical coercive interventions could be applied

114 units, 75% answered (until now – some missing data)	\bar{X}
Beds per unit	12
Bed occupancy	94%
Staff members per patient	2.4
Type of beds:	
Open beds	41%
Closed beds	41%
Shielded/protected beds	18%
Type of units:	
General psychiatry - acute/intensive	57%
Forensic	20%
Geronto	5%
Child and adollence	7%
Special	12%

Results Safewards in 2016



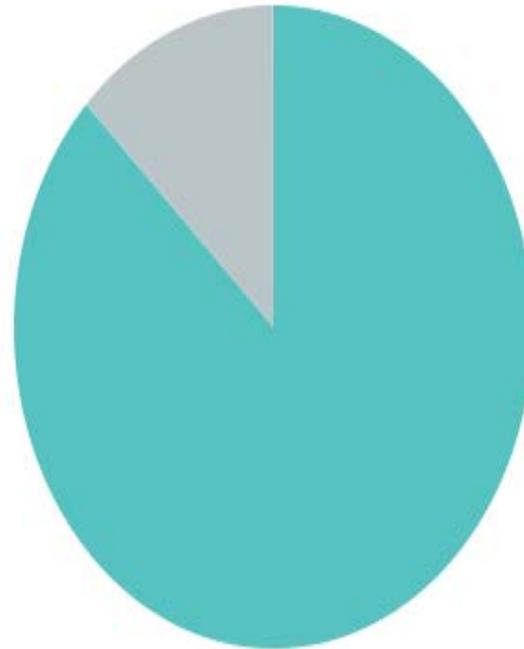
● Nej
● Ja

66,2%

33,8%

Results

MR free units

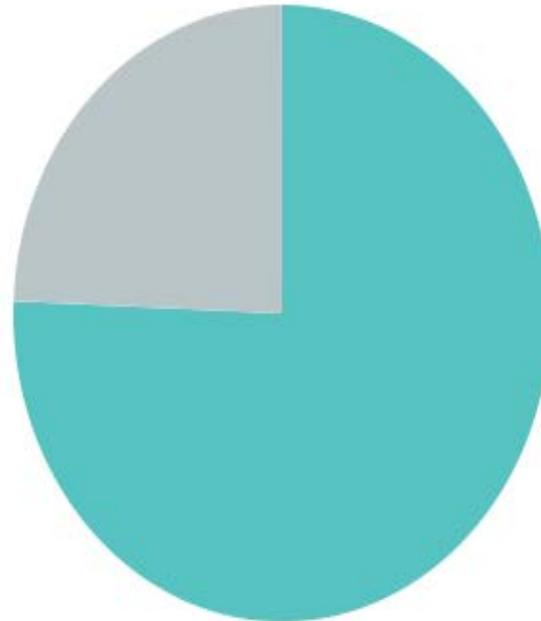


● Nej
● Ja

87,2%
12,8%

Results

The Safe Psychiatry

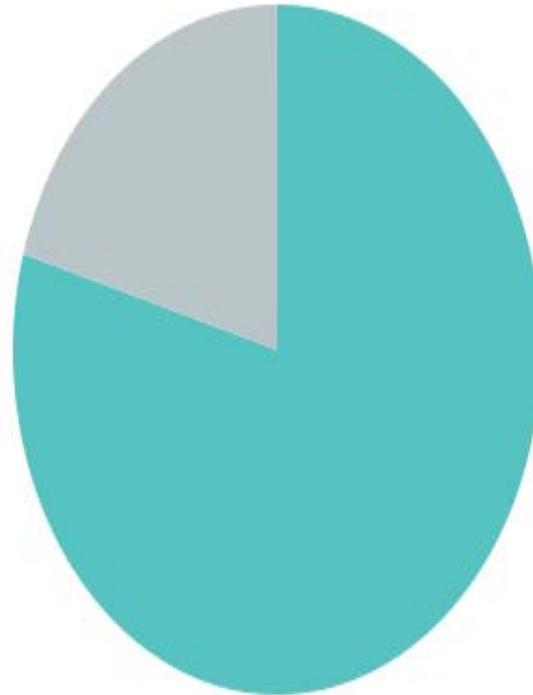


● Nej
● Ja

75,6%
24,4%

Results

The De-escalation Project



QUESTION

● Nej

● Ja

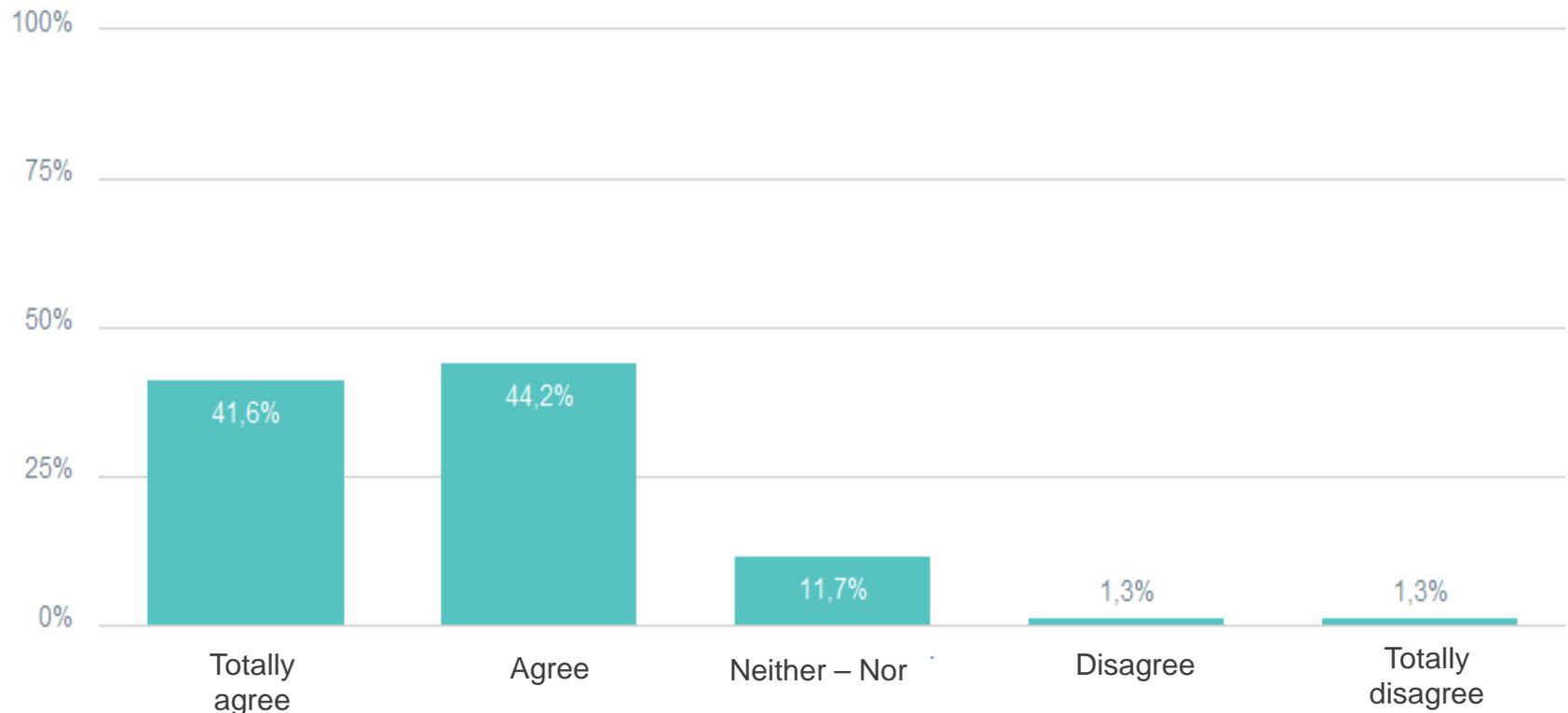
ANSWERS

79,5%

20,5%

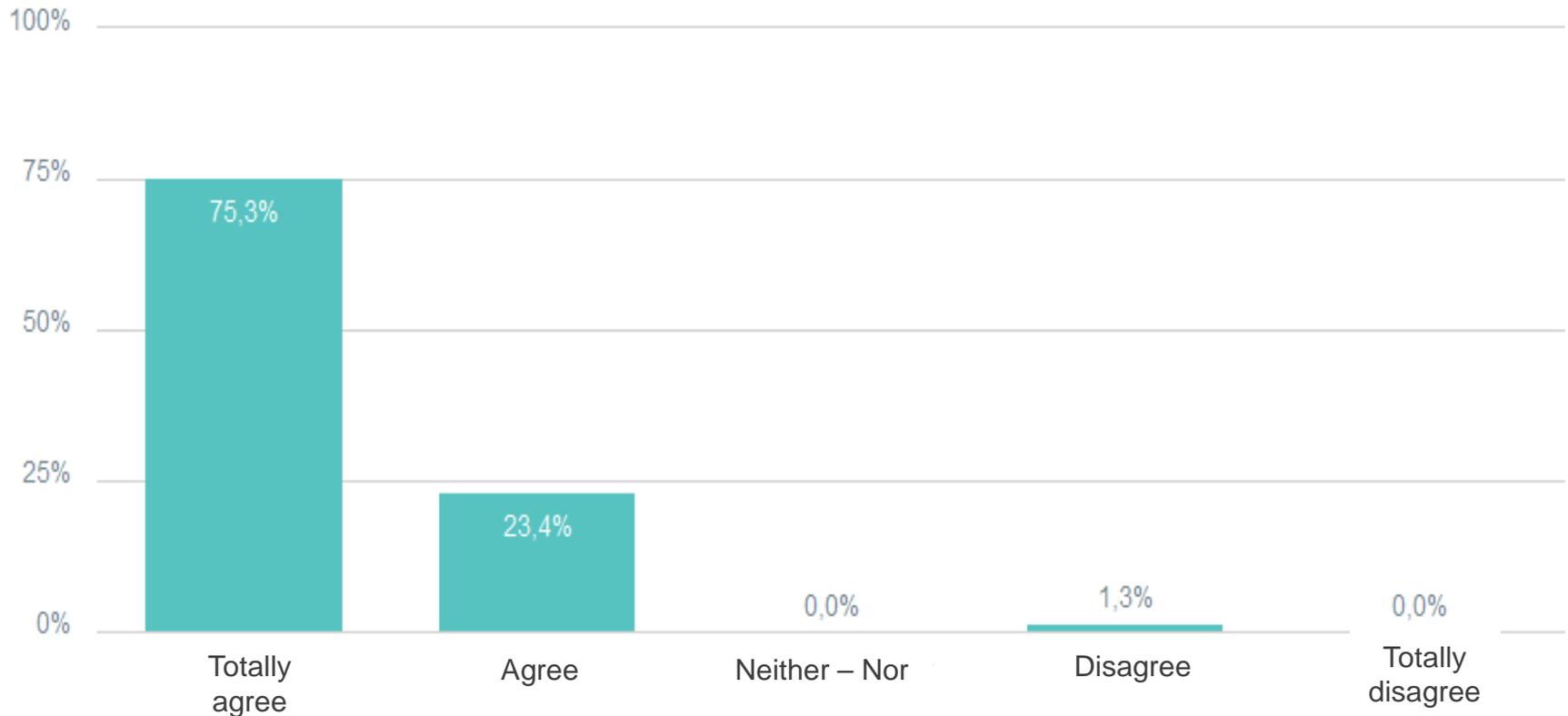
Results - The Six Core Strategy

Through his/her actions, the CEO (administrator/director) demonstrates commitment to the goal and process of reducing restraint.



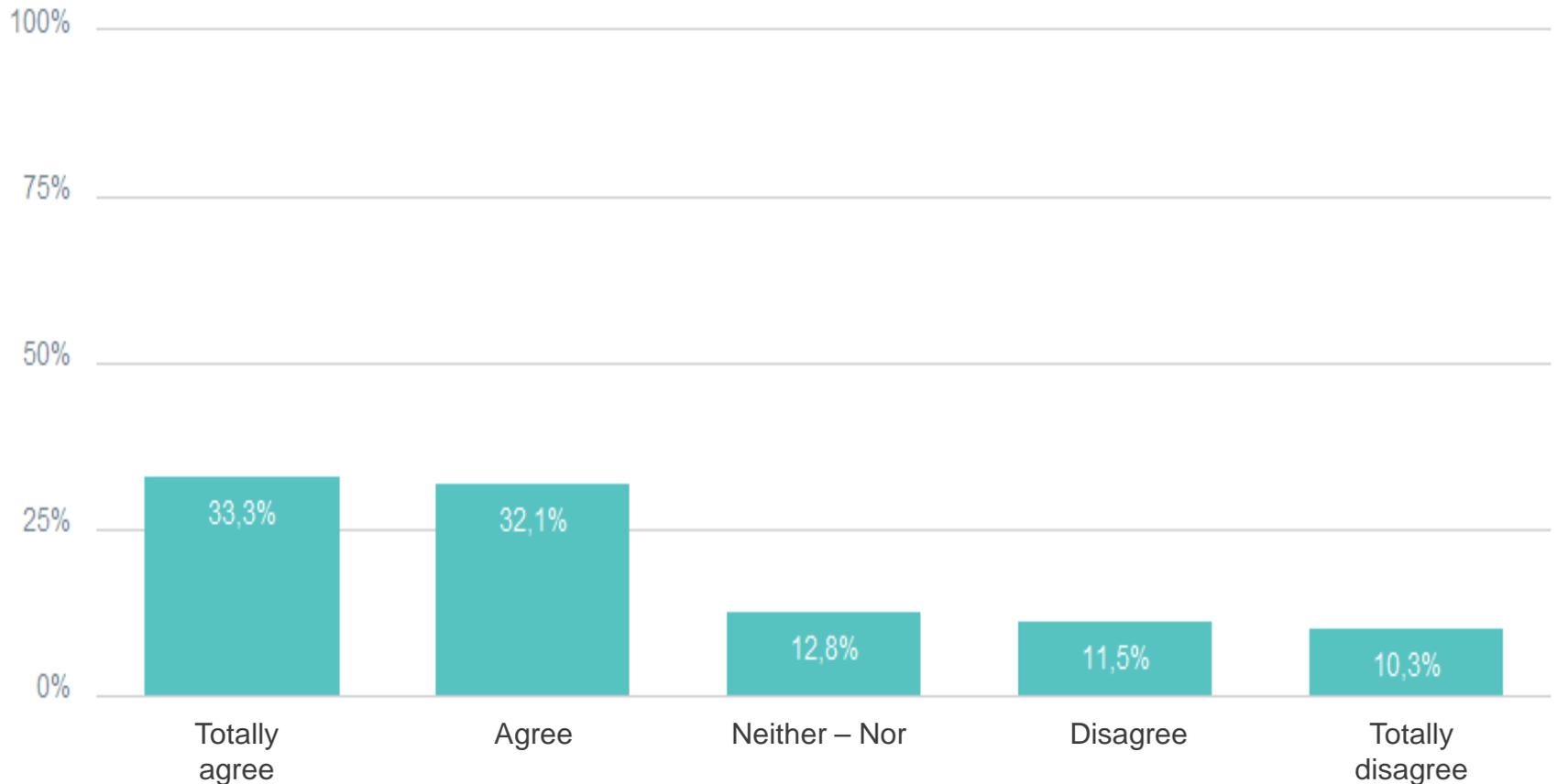
Results - The Six Core Strategy

Reduction of restraint is included in the organization's mission, vision statement, and philosophy of care.



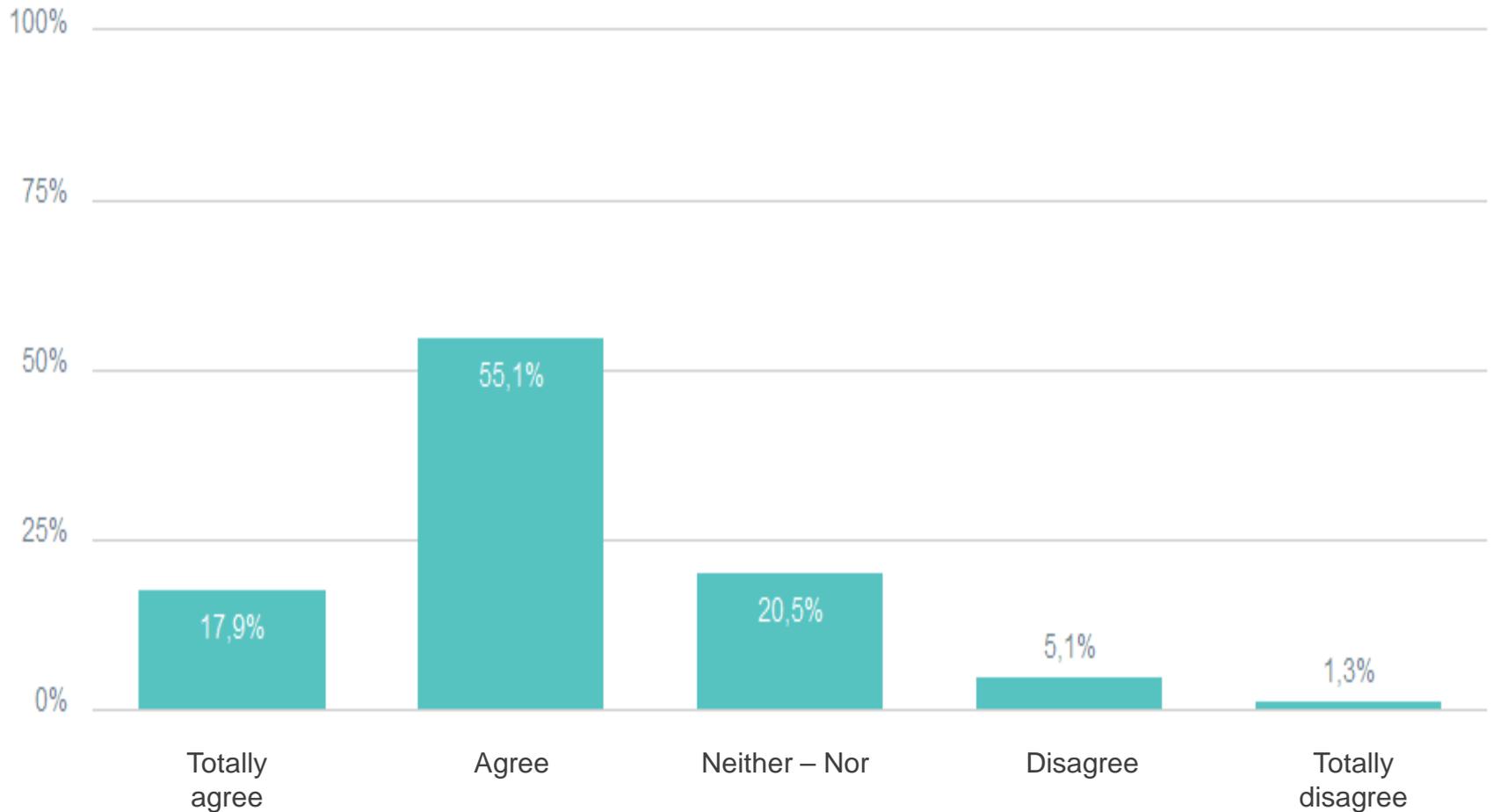
Results - The Six Core Strategy

There is a comprehensive training curriculum that addresses behavior support and intervention.



Results - The Six Core Strategy

Followed recovery orientated principles



Conclusion

- Many unit are already in 2016 in the process of implementing preventive initiatives.
- It will be very interesting to follow the developments, to se if it will be possible to determine which part of the initiatives, that can prevent coercion.

I thank the many nursing managers for answering the questionnaires, and the researchers from all regions in Denmark for participating in the research

Thank you for your attention

More info?

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