

# Study on perceptions of coercion during admission to psychiatric hospitals

August 10 2015, by Fiona Tyrrell

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New research on the perception of coercion during admission to Irish psychiatric hospitals has found that there is a significant difference in how service users and their caregivers perceive the admission process.

The research, conducted at the School of Psychology at Trinity College Dublin in collaboration with NUI Galway's Department of Psychiatry, examined the perspectives of 66 [individuals](#), admitted to five Irish acute in-patient psychiatric units, and their [caregivers](#). In particular it focused on perceptions of coercion, pressures and [procedural justice](#) relating to the [admission](#).

Researchers found that caregivers perceived the admission process as less coercive than reported by the service users. Furthermore, caregivers perceived the admission as more procedurally just than service users. The majority of individuals who participated in the study were admitted involuntarily (71%) and nearly half had a diagnosis of schizophrenia or schizoaffective disorder. The majority of caregivers who participated in the study were parents.

This research, which has been published in the journal *Psychiatry Research*, sheds important light on both service users' and caregivers' perceptions of psychiatric [hospital admission](#), according to Veronica Ranieri, doctoral candidate at the School of Psychology at Trinity who conducted the research with Dr Kevin Tierney, Associate Professor in Psychology and Dr Charlotte Wilson, Assistant Professor in Clinical Psychology.

According to the most recent figures, a total of 18,457 psychiatric admissions took place in Ireland in 2013. Of these, approximately 2,100 admissions accounted for involuntary admission orders. Caregivers are increasingly involved in the care of mental health service users and, in turn, in the process of hospital admission. Understanding perceptions of admission is important as these perceptions can affect the service users' prognosis, adherence to treatment and the possibility of subsequent re-admission, according to the study authors.

"The purpose of this research is not to identify who has a 'correct' or 'incorrect' perception of coercion, but rather to identify if there is a disparity between perceptions that could have implications for the future care of service users. For example, caregivers may not understand a service user's reluctance to be readmitted to hospital, as the caregiver may have perceived an earlier admission as less coercive and more procedurally just," Veronica Ranieri explained.

"One possible way to tackle the difference in perceptions of the admissions process may be to engage with caregivers to a greater extent prior to a service user's discharge from hospital and for everyone to share their perception of the process of admission. The development of strategies to reduce the risk of future admissions and creation of advanced care directives on how the service user would like to be treated if there was a future relapse in their mental health and if a future admission was required could be encouraged as a means of aiding and preventing future re-admissions. Given the high rate of rate of re-admission to in-patient psychiatric units (approximately 20%) within one year of involuntary admission, any such advanced directive could be revisited regularly and could be agreed to have a certain time limited duration."

According to the study, one reason for the disparity in perceived [coercion](#) and procedural justice between service users and caregivers

may be due to difficulties in communication that could potentially be helped by such meetings. Furthermore, the study points to the need for a greater provision of family psycho-education that teaches and informs caregivers of strategies and skills which could be applied to aid and prevent a future re-admission.

Provided by Trinity College Dublin

Citation: Study on perceptions of coercion during admission to psychiatric hospitals (2015, August 10) retrieved 18 April 2024 from <https://medicalxpress.com/news/2015-08-perceptions-coercion-admission-psychiatric-hospitals.html>

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