Coercive measures are still frequently used in psychiatric care

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The use of coercive measures in psychiatric care has decreased over the past years. However, a new study shows that coercive measures are still

frequently used in Finland, and periods of both seclusion and mechanical restraint are long. According to root-level data collected from psychiatric wards, the use of coercive measures is considerably more common than could be concluded from the Care Register for Health Care. The results of the register-based study analysing the use of coercive measures were published in *Nordic Journal of Psychiatry*. The study was conducted in collaboration between the University of Eastern Finland, Niuvanniemi Hospital and Kuopio University Hospital.

Reducing the use of coercive measures is a significant goal in psychiatric care both in Finland and abroad. Yet coercive measures, such as seclusion, mechanical and physical restraint, and involuntary medication, are regularly used in psychiatric care. The most common reason for using coercive measures is violence or threat thereof, resulting from the patient's mental disorder.

The researchers collected data on the use of seclusion, mechanical and physical restraint, and involuntary medication in 2017 from all Finnish psychiatric wards offering specialised health care and from the wards of Finland's forensic psychiatry hospitals. A total of 140 psychiatric wards in 21 different organisations reported having used a coercive measure in 2017. Of these, 127 were psychiatric wards offering specialised health care in hospital districts.

Seclusion was the most commonly used coercive measure: seclusion was used by 109 wards a total of 4,006 times. The average duration of a seclusion period was nearly three days. The use of mechanical restraint was reported by 106 wards, but the frequency was considerably lower, amounting to 2,113 times. On average, the duration of a mechanical restraint episode was 17 hours. Involuntary medication was administered to patients 2,178 times by 95 wards, and the use of physical restraint was reported by 83 wards, amounting to a total of 1,064 times. The average duration of a physical restraint episode was less than one hour.

There were differences between the different organisations and wards in how they use coercive measures and report on their use. In Finland, the use of seclusion and mechanical restraint must be regularly reported to the Regional State Administrative Agencies. The obligation to report does not apply to other coercive measures, although the wards are required to collect and retain the related data for a period of two years. However, all wards could not provide data on the use of mechanical restraint and involuntary medication. Finland's forensic psychiatry hospitals, in contrast, were able to provide extensive data on all coercive measures used.

The root-level data on the use of coercive measures collected from psychiatric wards was considerably different from the data collected from the Care Register for Health Care for the same year.

"Some of the differences can be explained by the specific features of the system via which notifications are submitted to the Care Register for Health Care, but most discrepancies can probably be explained by the fact that not all coercive measures are entered in the system," says Ph.D. student Emilia Laukkanen, Master of Health Sciences, from the University of Eastern Finland.

The study used root-level data on the use of coercive measures, i.e., data collected directly from psychiatric wards. Although data from the Care Register for Health Care can be used for annual comparisons, the researchers point out that findings of the study highlight the importance of collecting data directly from wards.

More information: Emilia Laukkanen et al, Seclusion, restraint, and involuntary medication in Finnish psychiatric care: a register study with root-level data, *Nordic Journal of Psychiatry* (2020). DOI: 10.1080/08039488.2020.1733658

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