

Exploring inpatients with selfharm perceptions of coercive situations

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Introduction: mental dissatisfaction is an increasing health issue in Denmark, and particularly self harm attracts increased attention.

Evidence shows that a small group of inpatients with selfharm represents a large quantity of the total use of coercion. This calls for increased knowledge.

Attention has to a large extent been focused on the methods to prevent coercive strategies structural interventions from a staffs perspective, and only sparse research on the nursing practice and the patients perspective on the interventions and interactions.

Moreover systematic reviews suggest, that there is a lack of knowledge in the patients perspectives of the experiences of coercion as a process addressing the patients experiences of the before, during and after exposure to coercion.

Research finds that a sensitivity to patients experiences will meet the patients needs, just like these perceptions provided by the patients will propose alternatives and knowledge.

02

The aim of this study is to explore how patients with selfharm give meaning to the interactions with staff around coercive situations

03

Design and method: Qualitative design:

To explore how people actually act the study is consisting of two additional methods. A fieldwork where data are generated through participant observations using categories on space, time and activities in Spradleys observation matrix, with a minimum of interactions between the researcher and the patients and staff. Subsequently an interview guide is constructed. Inpatients with selfharm having experienced coercion, will be interviewed according to a semi-structured interview guide. The methodology of the study is embedded in symbolic interactionism according to Blumer emphasizing social creations that comes to existence through constructions. Data will be analysed with Empirical Testing Thematic Analysis (ETTA) based on symbolic interactionism maintaining respect for the empirical material.

04

Expected outcomes:

Knowledge of the experiences of meanings patients with selfharm give to the relations and the communication with staff in coercive situations.

This is to explore the patients perspectives of the situation at each point, to explore the meaning the patients give to the interaction with staff, and provide and improve psychiatric care with these aspects in regard to respond to the patients needs in hope to prevent coercion.