The FOSTREN-EViPRG Training school 2021 Risk factors for coercion in mental health services
20th-24th of September 2021, in Middelfart Denmark

JOINT CRISIS PLAN IN REDUCTION OF SECLUSION

2018 National nursing research program: PLANCO-ISO

Yvonne Quenum Nurse , psychiatric mobile team Saint Etienne
CHU de Saint Etienne, Hôpital Bellevue, 25 avenue pasteur 42000 Saint Etienne-04.77.12.77.22- yvonne.quenum@chu-st-etienne.fr

SECLUSION

In France, in 2015, 8.3% of hospitalized patients were placed in seclusion, for an average of 15 days (1).
• Figures increasing in recent years (1).
• Numerous disparities between establishments (1)
January 2016 law: "Seclusion and restraint are practices that must be used as a last resort" with the aim of controlling and reducing these practices.
Change of legal status: there are no longer caring practices. Seclusion is no longer a prescription but a decision.

JOINT CRISIS PLAN (JCP)

A form of psychiatric advance directive
Action plan to prevent and manage a crisis, jointly developed between the user, professionals and relatives
Legal framework: not enforceable against the doctor
In Saint Etienne: The nurse of a mobile team, trained in the JCP and the notions of recovery, facilitates the drafting by explaining the JCP and by supporting the user in the development of its directives, which they sign, in a model of deliberation (2) and shared decision-making. Then the psychiatrist co signs the document.
The original is kept by the user. A copy is recorded and distributed according to his wishes.

During a crisis, the user sometimes has difficulty making choices regarding his own care

He can then, like his relatives or his care team, call on the JCP to set up an accompaniment that corresponds to him.

In the event of hospitalization, the alert when the medical file is opened warns the caregivers of the existence of the JCP. They can then consult it online and refer to it to implement care that best meets the patient's wishes.

The JCP is updated every six months and in the event of hospitalization of more than 2 weeks
Promotes empowerment and the recovery

JOINT CRISIS PLAN STUDIES: CONTRADICTORY RESULTS

- Henderson (2004) (3) randomized study: JCP reduces compulsory admissions.
- Thornicroft (2013) (4) randomized study: 569 participants. No effect of the JCP except on the therapeutic alliance. But shows the importance of the involvement of caregivers.
- Khaazal (2009) (5) retrospective study: JCP reduces seclusion over 2 years after JCP vs. 2 years before

Ongoing studies

- Germany JCPUKE 2017: (randomized) comparison of JCP / crisis card impact on coercive measures
- FRANCE 2013 SOS PLAN: (randomized) impact of the JCP on the number of hospitalizations. Written with peer support workers.
- FRANCE DiAP: (randomized) impact of DAP on the care process.

PLANCO-ISO study: Quantitative and qualitative study, randomized controlled, assessing the impact of JCP on the duration of seclusion

Joint Crisis Plan
(Based on FERRARI P. 2018)

Last name: First name: Date of birth:

My crisis plan was developed jointly with (names and roles of the different partners):

1. My difficulties AND problems:

2. What can bring me to a situation that overwhelms me and puts me in crisis?
3. How am I concretely when I am in crisis? (thoughts, emotions, physical reactions, behaviors)
4. Are there other signs that appear according to my surroundings?
5. What could I do concretely to deal with this difficult situation?
6. If needed, who can I ask for help? (name, nature of the link and tel)
7. When I am less well and / or in the event of a crisis:

a. What care do I want to receive?
b. What treatments or restrictive measures do I want to avoid?
c. What would then be the possible alternatives?

7. In a crisis situation, what concrete steps should I take or delegate to protect my interests and my daily life? (mail, childcare, animals, home, work, ...)

My crisis plan has been sent to: (place or name, nature of the link)
Mandatary:
I authorize the entry of my CCP in my computerized medical file
Yes No
Place and date :
Roles & signatures

96 people

Follow-up 1 year

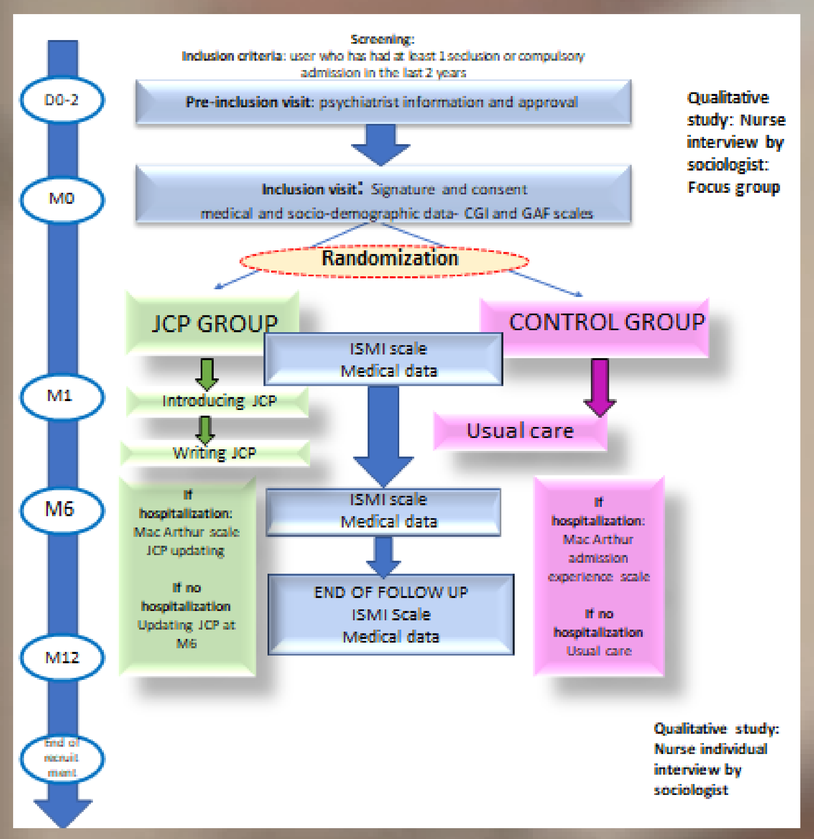
Budget: 282110 euros

RESULTS Expected END 2023

PRIMARY AIM
To assess the effectiveness of the JCP on reducing seclusion measures (seclusion duration in hours over 12 months)

SECONDARY AIM
Evaluate the effectiveness of the JCP on:

- The perception of constraint by users (Mac Arthur coercion scale)
- The number of hospitalizations and compulsory admission
- The number of seclusion measures
- The number and duration of physical restraints
- The number of violent events and runaways in hospital
- The number of emergency consultations
- Analyze for the nurses of the mobile team and nurses of The hospitalization services, adherence to the recovery model and their experience of the JCP (Interviews and focus group by sociologist)
- The experience of discrimination and stigmatization of patients (ISMI)



FILM: STIGMA
Jury selection of the parisian video festival "Arts Covergences"

This research is based on nursing involvement, it will allow, through its results, to supplement other studies, past and in progress, by assessing whether the JCP is effective to reduce seclusion, and understanding the difficulties of implementation of the document. The ethical issues of the JCP will thus be raised and reflected on.

(1) Agence technique de l'informations sur l'hospitalisation. Recueil d'information médicalisé en psychiatrie [En ligne]. Paris: ATIH; 2017.]. Disponible :https://www.atih.sante.fr/tableaux-rim-p-nationaux
(2) Emanuel EJ, Emanuel LL. Four Models of the Physician-Patient Relationship. JAMA. 1992;267(16):2221–2226.
(3) Henderson C, Flood C et al. Effect of joint crisis plans on use of compulsory treatment in psychiatry: single blind randomised controlled trial. British Medical Journal. 2004; 329(7458): 136.
(4) Thornicroft G, Farelly S et al. Clinical outcomes of joint crisis plan to reduce compulsory treatment for people with psychosis: a randomised trial. The Lancet. 2013;381:1634-41.
(5) Khazaal Y, Chatton A et al. Advance directives based on cognitive therapy: a way to overcome coercion related problems. Patient Educ Couns 2009 ;74(1):35–810.1016/j.pec.2008.08.006