

Presumed impact of organizational and cultural factors on use of coercive measures in forensic in-patient settings

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BACKGROUND

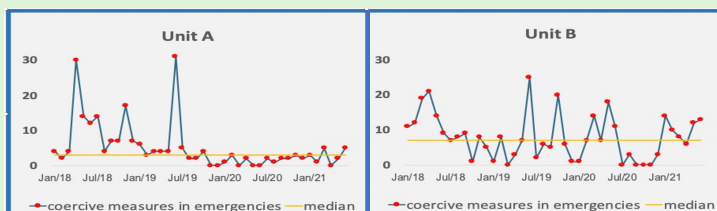
In the last decade, the use of coercion in psychiatric hospitals in Denmark has been increasingly criticized. The Danish Health Authority aimed to reduce the use of mechanical restraint by 50% and reduce overall coercion in the period 2015-2020. Despite efforts, the national goal has not been achieved. There are significant differences between the achieved outcomes.¹⁻²

Settings: Psychiatric Department Middelfart

5 similar forensic in-patient units with emergency function:

- the same patient group and the same number of in-patients
- the same staff introduction and training
- the same implemented measures to reduce coercion

The use of coercive measures varies between units, and only some units succeed in reducing the use of coercive measures in emergencies. (example below)



Intervention Team (IVT) introduced as a quality improvement project in 2018

An outgoing team of experienced nursing staff ($n = 30$) from different units. IVT was introduced to help staff to reduce use of restraint and sedative medication by force.

- IVT participates in de-escalation of emergencies
- IVT advises staff in non-emergencies
- IVT contributes with an independent perspective, feedback, ideas on how to handle the situation, etc.

AIM

To investigate factors that impact on efforts to reduce the use of coercive measures in emergencies in forensic in-patient settings.

METHOD

Empirically Testing Thematic Analysis³ of qualitative data from reports ($n = 1500$) compiled by IVT after incidents at forensic in-patient units in Psychiatric Department Middelfart, between 2018-2021.

The reports include a description of the situation, how the staff handled it, IVT's performed interventions and whether coercive measures were avoided.

EXPECTED OUTCOMES

This study will identify factors of importance and describe how they influence efforts to reduce coercive measures in forensic in-patient settings.

REFERENCES

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2. Danish Health Authority. Monitoring of coercion in psychiatry between 1/1-2020 – 30/12-2020.
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