

Poster presentation

Staff members' attitudes towards coercive measures

Jan Bergk* and Tilman Steinert

Address: ZfP Weissenau, Dep. of Psychiatry I, University of Ulm, Weingartshoferstr. 2, 88214 Ravensburg, Germany

* Corresponding author

from WPA Thematic Conference. Coercive Treatment in Psychiatry: A Comprehensive Review
Dresden, Germany. 6–8 June 2007

Published: 19 December 2007

BMC Psychiatry 2007, 7(Suppl 1):P21 doi:10.1186/1471-244X-7-S1-P21

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/P21>

© 2007 Bergk and Steinert; licensee BioMed Central Ltd.

Background

Coercive measures are associated with high strain for staff members. Most commonly used are mechanical restraint and seclusion. Both interventions are relatively secure and are considered as helpful in prevention of serious harm to self or others when other means are ineffective [1].

Methods

Interviews with staff members were conducted focusing on a coercive measure they had carried out shortly before. The half-structured interview questioned how severely the patient's human rights were restricted during the coercive measure. We measured the restriction of human rights by a scale developed for this purpose, Human Dignity during Coercive Procedures, DICOP. It consists of the aspects human dignity, ability to move, autonomy, coercion applied at the beginning of the measure, and restriction of contact. In addition staff members estimated the restriction of human rights by seclusion and mechanical restraint in general. Interviews of 39 staff members referring to 94 coercive measures were obtained.

Results

In general seclusion is estimated as the measure with lower impact on the restrictions of human rights and is largely preferred by staff members. In the assessments of concrete coercive measures which had been carried out shortly before mechanical restraint was rated as the much more restricting measure concerning human rights. Though staff members preferred seclusion in general, they considered the measure carried out shortly before as the adequate one even if it was mechanical restraint.

Conclusion

From the staff members' point of view seclusion seems to be less restrictive, but there are obviously attitudes to prefer mechanical restraint in specific situations. Indications for mechanical restraint might be severe psychomotoric agitation, requirement of monitoring continuously or in short intervals, and preference expressed by the patient. Further research should focus on differential indications between different kinds of coercive measures.

References

1. Fisher WA: **Restraint and seclusion: a review of the literature.** *Am J Psychiatry* 1994, **151**:1584-1591.