

Oral presentation

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## A European recommendation on best practice of procedural aspects of mechanical restraint, and forced medication

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### Background

One of the aims of the EUNOMIA study was the development of European guidelines for best clinical practice of coercive psychiatric treatment. The common recommendations regarding the application of mechanical restraint and forced medication are presented here.

### Methods

Each of the 12 EUNOMIA centers formed a local "expert group" with representatives from parties involved in the procedure of coercive treatment (e.g. mental health professionals, users, legal experts) and organized semi-structured personal and/or group interviews. Current national legislation and nationally accepted guidelines on mechanical restraint and forced medication – where available – were also reviewed. All obtained information was elaborated by the local EUNOMIA teams and specific guidelines were extracted. By use of a qualitative content-analytical method, these local documents were finally integrated into common clinical recommendations.

### Results

The established guidelines refer to the pre-conditions for the application of mechanical restraint and forced medication: lawfulness, patient's clinical situation, consideration of alternative means, decision making and the exact role of all persons involved. Practical issues regarding the whole procedure (the way the coercive measure should be applied, monitoring of the patient, environmental issues etc) are addressed in detail. Further, specific proposals for

the improvement of the current situation. Despite the differences regarding the legal situation in the participating countries [1], significantly different issues have not emerged. All centers agreed that the application of coercive measures must comply with the existing legislation and regulations, must be well justified and performed only if other therapeutic alternatives have failed.

### Conclusion

Establishment of common international guidelines that would ensure the protection of the patients' physical and mental health without violating their human rights seems feasible.

### References

1. Kallert TW, Torres-González F, (Eds): *Legislation on Coercive Mental Health Care in Europe Frankfurt: Peter Lang; 2006.*