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## The EUNOMIA study design: definitions and implementation in 13 European centers

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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):S96 doi:10.1186/1471-244X-7-S1-S96

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/S96>

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### Background

Previous (mostly national) research has shown significant variation of different aspects of coercive treatment measures. Therefore, clinical practice and outcome of these measures should be assessed at an international level facilitating cross-national comparisons.

### Methods

This was the general research objective of the EC-funded EUNOMIA-project. Using a standardized battery of instruments (e.g. covering psychopathology, perceived coercion, satisfaction with treatment, quality of life) each center assessed two groups of general adult psychiatric patients for a three-month follow-up period (time-points of assessments: within the first week after hospital admission, 4 weeks and 3 months after hospital admission): legally involuntarily admitted patients (aimed at figure of complete cases in each center: N = 140) and legally voluntarily admitted patients who – according to a screening procedure – felt coerced to admission (aimed at figure in each center: N = 40). Further, and by use of a standardized instrument all individual coercive measures applied to the clientele within the first 4 weeks of the index-treatment were recorded, in detail: mechanical restraint, seclusion, forced medication, and detention after voluntary admission.

### Results

The naturalistic and epidemiologically oriented study design was successfully implemented in 13 catchment areas in 12 European countries; data collection – having lasted at least 24 months – ended in June 2006, and data correction was finalized in November 2006. The project's final database comprises individual datasets of 2,586 legally involuntarily admitted patients, and of 830 legally

voluntarily admitted patients who felt coerced to admission.

### Conclusion

Results are embedded in standardized information on the organization of mental health care in the participating catchment areas which was collected by use of the instruments developed by the European Psychiatric Care Assessment Team.