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COERCIVE MEASURES IN ACUTE INPATIENT CARE IN ITALY

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Objectives: To provide a comprehensive review of past and current implementation of coercive measures in Italy.

Methods: Literature review (cross-referencing in PubMed, Embase, and Index Medicus) concerning the application of coercive measures in Italy. Description of the past and current regulations as well as of the routine implementation of coercive measures in Italy has been also empirically summarized.

Results: The Italian 1978 reform law on mental health care clearly established that medical treatment and tests are mainly voluntary. Only under special circumstances, the medical authority can order a patient involuntary admission and the physician is obliged to provide necessary tests and medical treatment. However, even if coercive measures are usually placed without patient's consent, the first objective should remain to protect patient's interest and rights, in accordance to the Italian Constitution. In Italy, there are no officially recognised protocols on coercive measures for acute inpatient care and each psychiatric ward adopts its own rules and internal norms.

Conclusions: In Italy, patients with aggressive or dangerous behaviours are approached by the staff according to a "de-escalating" model, in which physical and mechanical restraint should be adopted only when any other therapeutic options previously failed. Proposals aimed to improve the implementation of coercive measures in clinical practice will be provided.