

S58. Paternalism and autonomy: a Nordic study on the use of coercion in the mental health care system

Chairs: T.W. Kallert (D), C.-G. Westrin (S)

S58.1

Background and design of the 'Paternalism and Autonomy' Study

G. Hoyer¹*, M. Engberg², R. Kaltiala-Heino³, L. Kjellin⁴, M. Sigurjonsdottir⁵. ¹University of Tromsø, Institute of Community Medicine, Norway

²Department of General Medical Practice, Aarhus University, Denmark

³Tampere School of Public Health, University of Tampere, Finland

⁴Psychiatric Research Centre, Orebro, Sweden

⁵Blakstad Psychiatric Hospital, Asker, Norway

In order to explore some of the problems related to the use of coercion in psychiatric care, a comprehensive Nordic study was launched in the mid-nineties. The core study, which was carried out in the same way in all of the five Nordic countries, focuses three main areas ("levels"). Level 1 addresses the justification for the use of coercion as reflected in the different mental health acts and legal documents, level 2 concerns the reliability and validity of public statistics on rates of involuntary hospitalization, while level 3 focuses on perceived coercion according to the patients' own experiences. All data is gathered in such a way that analyses across the three levels would be possible, as well as comparisons between the five Nordic nations. All consecutive admissions at thirteen hospitals were recorded over a fixed period of time in all countries (n=6078). A subsample of the patients were interviewed (n=995). The interview focused mainly the patients' experiences of coercion during the admission process. The paper presents details of the study design and describes methods applied in the study.

S58.2

How valid are statistics on civil commitment rates in the Nordic Countries?

M. Engberg¹*, R. Kaltiala-Heino², G. Hoyer³, L. Kjellin⁴, M. Sigurjonsdottir⁵. ¹Department of General Medical Practice, Aarhus University, Denmark

²Tampere School of Public Health, University of Tampere, Finland

³University of Tromsø, Institute of Community Medicine, Norway

⁴Psychiatric Research Centre, Orebro, Sweden

⁵Blakstad Psychiatric Hospital, Asker, Norway

The objective of the study was to evaluate the validity of statistics on civil commitment in the Nordic countries.

Methods: Consecutive voluntary and involuntary admissions were included from 13 institutions in Denmark, Finland, Iceland, Norway and Sweden, and periods with deprivation of liberty during the stay in the institution were evaluated based on information from the medical files.

Results: 6078 admission were included, of those 1841 civil commitments and 4207 voluntary admissions. Significant differences between the countries regarding the induced deprivation of liberty during the admissions were exposed: the median length of stay after involuntary admission varied from 13 days to 29 days, deprivation of liberty during the stay was induced in 98.2% to 100.0% of the civil commitments, and in 3.6% to 20.8% of the voluntary admissions (preliminary analyses).

Conclusion: The validity of statistics on civil commitment in the Nordic countries are not very high, the burden of deprivation of liberty induced during stay after both involuntary and voluntary admission to hospital in the Nordic countries varies considerably. Official national statistics, if existing, must be evaluated in that context.

S58.3

Measurements of perceived coercion; methodological problems

C. Tuohimäki¹*, R. Kaltiala-Heino², M. Engberg³, G. Hoyer⁴, L. Kjellin⁵, M. Sigurjonsdottir⁶, M. Joukamaa¹. ¹Department of Psychiatry, University of Oulu; ²Tampere School of Public Health, University of Tampere, Finland

³Department of General Medical Practice, Aarhus University, Denmark

⁴University of Tromsø, Institute of Community Medicine, Norway

⁵Psychiatric Research Centre, Orebro, Sweden

⁶Blakstad Psychiatric Hospital, Asker, Norway

Denmark, Finland, Norway and Sweden have a special mental health act regulating involuntary psychiatric treatment. In Iceland civil commitment is regulated in the Act of Personal Competence. In Sweden the principal criterion for compulsory admission is serious mental disorder; in the other four countries, despite somewhat different expressions in the law texts, psychotic conditions. All countries allow involuntary treatment due to need for treatment and due to dangerousness to self or others. We studied the committed patient populations of centres with well-defined catchment areas using data collected in a structured way from patient files. Committed patients used in the analyses totalled 1651. In all the countries, schizophrenia-group diagnoses (F20–29) were the most common main diagnosis among the committed. The proportion of affective disorders as main diagnosis among the committed was greatest in Iceland. The proportion of substance use related diagnosis was greatest among the committed in Finland, and that of personality disorders in Norway. Male and female patients were equally represented among the committed in all the countries, but the mean age of the committed patients varied.

S58.4

Legal mode of admission and deprivation of liberty in psychiatric care in the Nordic Countries

L. Kjellin¹*, M. Engberg², G. Hoyer³, R. Kaltiala-Heino⁴, M. Sigurjonsdottir⁵. ¹Psychiatric Research Centre, Orebro, Sweden

²Department of General Medical Practice, Aarhus University, Denmark

³University of Tromsø, Institute of Community Medicine, Norway

⁴Tampere School of Public Health, University of Tampere, Finland

⁵Blakstad Psychiatric Hospital, Asker, Norway

Legal status at admission has in several studies been found to be a poor measure of coercion. The objective was to study patients' perceptions of coercion in psychiatry in the Nordic countries in relation to the legal status at admission of the patients.

Methods: As part of the Nordic 'Paternalism and Autonomy' study 995 patients at one psychiatric clinic in Denmark, three in Finland, one in Iceland, four in Norway and four in Sweden were interviewed using the Nordic Admission Interview (NorAI).

Preliminary results: Of the legally committed patients, 77% in Denmark, 58% in Finland, 88% in Iceland, 51% in Norway and 68% in Sweden said they came to the hospital involuntarily. The ranges between centres were 56–61% in Finland, 39–59% in Norway and 70–74% in Sweden. The proportions of legally