Miniseminar

Forskning om avveininger og beslutning knyttet til tvangsintervensjoner i det psykiske helsevern

Vinderen DPS, fredag 2 desember kl 10-15

1. Presentasjon av deltakerne med vekt på forskningsinteresse og hvilket utbytte av miniseminaret deltakerne forventer. (Bordet rundt)

2. Kort presentasjon av planlagt prosjekt på Vinderen DPS v. Torkil Berge

3. Innsikt som vurderingstema ved beslutninger om tvang. Orientering om prosjekt i Tromsø om innsikt og selvforståelse. Ved Geir Lorem

4. Beslutninger om frivillighet eller tvang hos primærleger. Kort orientering ved Georg Høyer

5. Andre prosjekt i emning eller som er i gang. Ved eventuelle deltakere som er involvert i slike prosjekt

6. Diskusjon om metode Vinderen prosjektet.

7. Er det andre tema som det kan være grunnlag for å utvikile videre til nye prosjekt?

Referanseliste for miniseminar 2.12.2011

1. **(Isohanni, Nieminen et al. 1991; Riecher, Rössler et al. 1991; Kjellin and Nilstun 1993; Rabinowitz, Massad et al. 1995; Lorant, Depuydt et al. 2007)**

Isohanni, M., P. Nieminen, et al. (1991). "The dilemma of civil rights versus the right to treatment: questionable involuntary admissions to a mental hospital." Acta Psychiatrica Scandinavica 83(4): 256-261.

Admission to a closed ward was analyzed at the Department of Psychiatry, University of Oulu using 888 patients and their 1861 assessment and treatment episodes. Of all referrals for involuntary assessment (n= 237, 12.7% of all episodes) a total of 44 (2.4%) used "questionable" juridical criteria: the final diagnosis was not psychosis. In the follow-up, the admission of the questionable patients was mainly considered a clinical necessity, and at least one third of them were diagnosed as being psychotic and 2 committed suicide. An elevated probability of belonging to the questionable group was seen among patients in their first treatment episode, with minimal professional education, female sex, short treatment time, or residence in a rural area. The result suggests that some inequality existed between women and men, less and more educated and residents of urban and rural areas. The results also reflect conflict between the ethics and clinical practice of involuntary commitment, and the phrasing of the law, especially its diagnostic limitation to psychotic states only.

2. Kjellin, L. and T. Nilstun (1993). "Medical and social paternalism Regulation of and attitudes towards compulsory psychiatric care." Acta Psychiatrica Scandinavica 88(6): 415-419.

In Sweden, recommendations and reforms in psychiatric care have increasingly stressed respect for patient autonomy and justice with less emphasis on medical and social paternalism. This is the official policy. But what are the attitudes of the people involved in or affected by compulsory psychiatric care? To answer this question, the attitudes of committed and voluntarily admitted patients, their relatives, psychiatric staff, health and welfare personnel of primary care and a sample of the general public were studied in 2 Swedish counties. Strong support for medical and social paternalism was reported, and according to most of the people asked, doctors, not legal authorities, should decide about commitment. These attitudes are discordant with the recent legislative changes in Sweden.

3. Lorant, V., C. Depuydt, et al. (2007). "Involuntary commitment in psychiatric care: what drives the decision?" Social Psychiatry and Psychiatric Epidemiology 42(5): 360-365.

Background Psychiatric commitment laws have been reformed in many European countries. We assessed the relative importance of the different legal criteria in explaining involuntary commitment under the Belgian Mental Health Act of 1990. Method Psychiatric assessments were requested for 346 patients living in Brussels who were randomly selected from a larger group and were being considered for involuntary commitment. A retrospective study of these patients' files was carried out. Results More than half of the requests for involuntary commitment were turned down. The lack of a less restrictive alternative form of care was the criterion most crucial in decisions in favour of commitment. Alternative forms of care were more likely to be unavailable for psychotic individuals, foreigners, and patients not living in a private household. Conclusion Involuntary commitment is mainly due to the inability of the

mental health care system to provide more demanding patients with alternative forms of care.

4. Rabinowitz, J., A. Massad, et al. (1995). "Factors influencing disposition decisions for patients seen in a psychiatric emergency service." Psychiatric Services 46(7): 712-718.

Examined factors influencing clinicians' decisions about disposition of patients seen in a psychiatric emergency service. The dispositions of 378 patients were as follows: 96 Ss were not admitted; 90 Ss were discharged after brief observation in the emergency service; 104 Ss were admitted to an open unit; and 88 Ss were admitted to a locked unit. Data on Ss' demographic and clinical characteristics and clinician and system variables were analyzed. Ss were more likely to be admitted if they were judged by clinicians to be suicidal, had more than 3 previous hospitalizations, were psychotic, had suicidal behavior as the presenting complaint, and were brought to the hospital involuntarily. Variables favoring assignment to a locked unit were age between 20 and 30, dangerousness to self or others, male gender, and a low Global Assessment of Functioning score. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

5. Riecher, A., W. Rössler, et al. (1991). "Factors influencing compulsory admission of psychiatric patients." Psychological Medicine 21(01): 197-208.

SYNOPSISFrom 1 January 1984 until 30 June 1986 all 517 compulsorily admitted psychiatric patients of a well-defined mixed rural–urban catchment area in Baden-Württemberg, a southern State of the German Federal Republic, were compared with all 10232 voluntarily admitted patients. Because of the very low frequency of compulsory admissions this population can be regarded as a 'core group' of committed patients. In a logit analysis the characteristics distinguishing involuntary from voluntary patients can be reduced to three main factors: the diagnosis 'schizophrenia/ paranoid disorder', 'masculine gender' and the compound indicator 'not owning a home', the latter being mainly associated with youth, masculine gender and low occupational status. The strong association of these characteristics with the criteria 'severity of disease' and 'danger to oneself and others', both pre-requisites for compulsory admission according to the laws of most countries, is discussed.

Deltakerliste for miniseminar om beslutningsprosesser
2. desember 2012, Vinderen DPS

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