Freedom is a daily exercise. Psychiatry without coercion? a Swiss experience

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A 4 year innovation program 2010 – 2014 in the public psychiatric hospital in Canton Ticino (140 beds: acute psychiatric wards)

- **Challenge**: Is it possible to eliminate mechanical restraint maintaining open wards without seclusion rooms?
- **Work hypothesis :** interdependence between restraint and severe mental illness.
- **Goals:** respect of citizenship rights and better therapy

Situation we found: 2005 - 2009

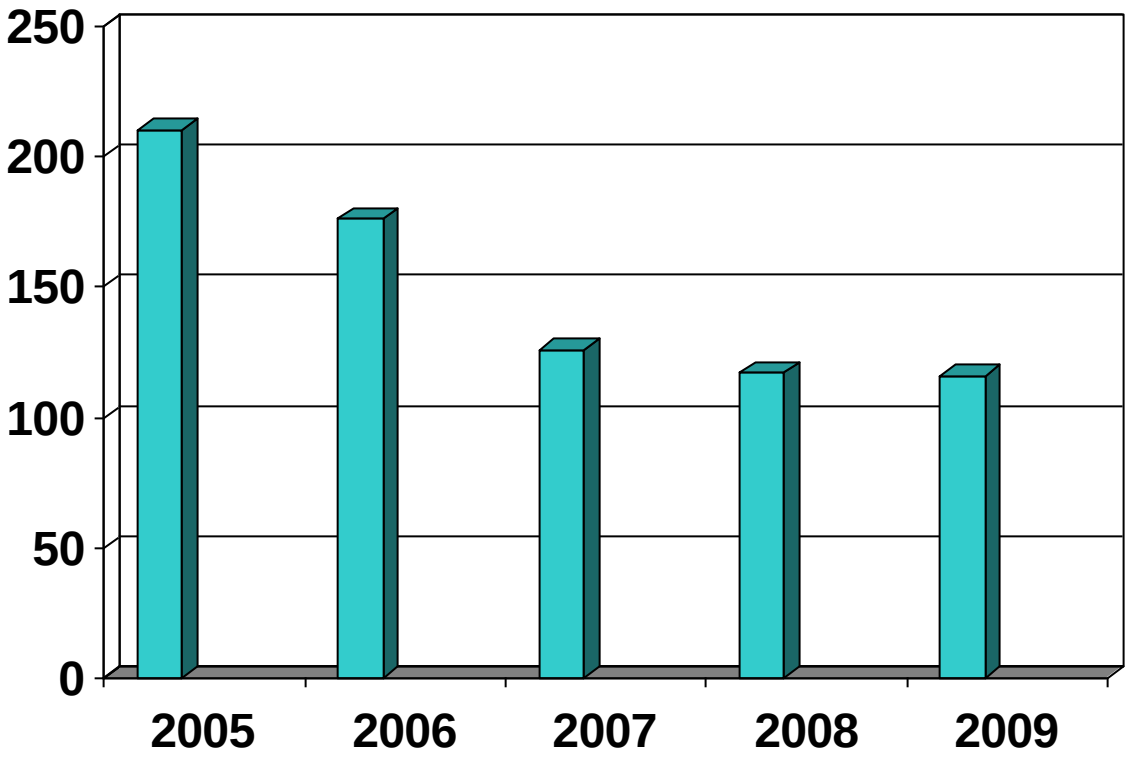
- Main “problem”: high number of mechanical restraint within a open treatment concept (open wards and no seclusion rooms).
- Is mechanical restraint the price we have to pay for open doors?
- Where is the problem?

There are these two young fish swimming along and they happen to meet an older fish swimming the other way, who nods at them and says "Morning, boys. How's the water?" And the two young fish swim on for a bit, and then eventually one of them looks over at the other and goes "What the hell is water?“ (Foster Wallace)

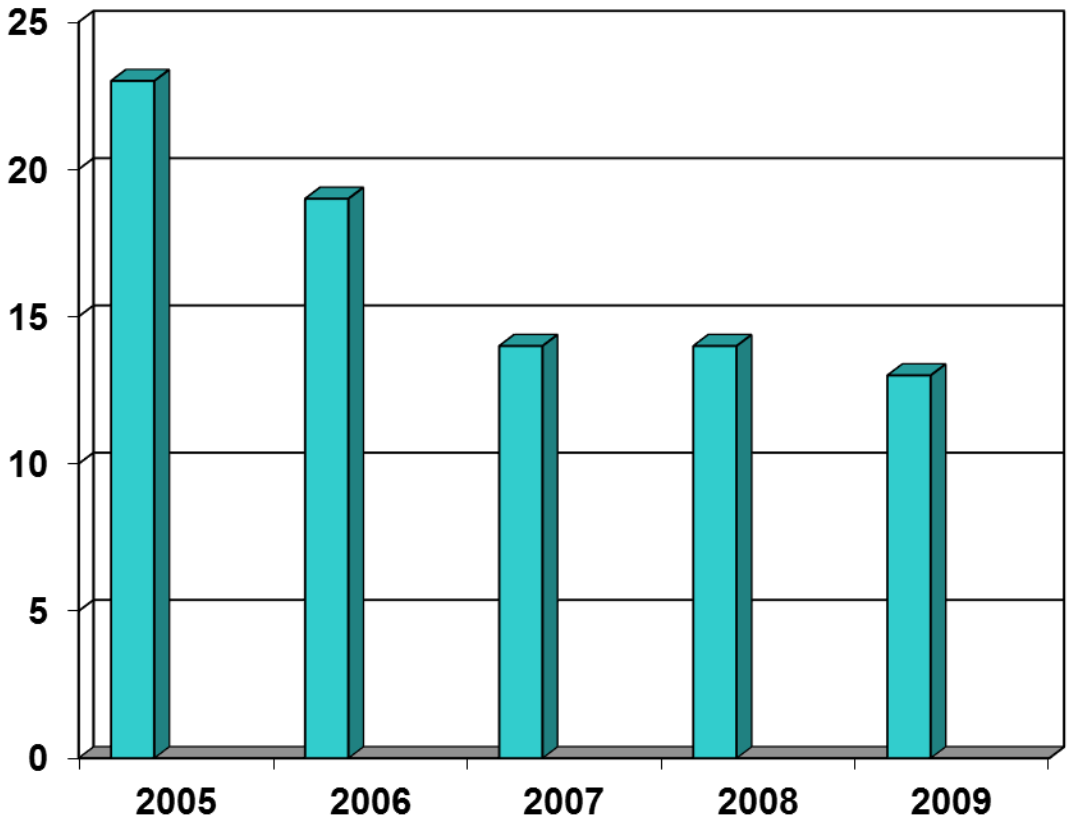
Monitoring data

- 2005: start of continuous surveillance and monitoring of data and key factors of mechanical restraint.
- taking into account the number of admissions 2006 – 2010, increased regulation of restraint is associated with a reduction in its use, but not its elimination.

Restraint persons 2005 - 2009



Percent of restraint persons 2005 - 2009 related to general admissions



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5 year innovation program 2010 – 2015

- 2010 public policy support to reduce restraint
- Higher staff-to-user ratios
- Conversion of existing teams
- Staff training and education
- Exploration with pilot projects
- **Work hypothesis: interventions on crisis and heavy use on the same time.**

Different, dialogical approach on crisis

- Understanding and not adjudicating
  - To suspend the judgment
  - Do not act immediately closing the discourse
- Negotiate and not only treat
- Taking time for the relational work: active listening (empathy)
- Tolerate conditions of uncertainty:
  - Credit of confidence , not helplessness

Different person-centered approach on heavy use

- Person- and resource oriented
- Assertive and flexible
- Continuative
- Integrated
- Intensive home treatment
- Networking
- New forms of sheltered living and supported employment

New therapeutic concepts

- Intensive treatment concepts on crisis and heavy use: tailor made, flexible, across the wards.
- Intensive, assertive, long term treatment-plans outside of the hospital (apartments, communities, work opportunities).
- Focus on quality and quantity of therapeutic relationships. Involvement of motivated nurses with good work experience.

Focus on crisis intervention and on heavy use

2010 we started into the psychiatric hospital with two new teams with a *complementary effect*:

- **Emergency response team**

  ready for use 24 hours on call from the wards,

  1 psychiatrist and 10 nurses

- **Intensive case management team**
- Flexible, assertive and intensive care with user with complex clinical and social problematic,

  1 psychiatrist and 5 nurses

Modular therapeutic crisis intervention

- **1 to 1 relationship**
  - User is never alone
  - Every 2 hours evaluation
- **Intensive relationship assistance**
  - Every 4 hours evaluation
- **Individual weekly plan**
  - Elaborated with user

- *These forms of relationships are prescribed individually, but also discussed as a decision made by the team.*

Modular therapeutic crisis intervention

- average time of a crisis intervention is 2/3 hours.
- 1 to 1 relationship can be arranged across the wards. Help each other.
- 1 to 1 relationship should have a therapeutic function and not a control function

recovery oriented relationships

- Contradiction between care time and control time

- Care time

  High quality: empathy

  High quantity: new forms of organization

- Negotiate for treating

  Oriented for understanding, not decision oriented

Teambased work

- Teamquality

  to help each other, speaking about anxieties, develop goals together: cooperation

- Workquality

  Person-oriented, resource-oriented, goal-oriented

- Leadership

  Team-leader, team-building

- Priorities versus «as usual»

  developing priorities, new configurations of resources.

Systemic correlation between formal and informal coercion

- Mechanical restraint as tip of the iceberg:
  - Visible, formal coercion

    versus
  - Invisible, informal coercion

    (out of habit, situationally,

    no longer perceived)

Radical learning

- Radical vs incremental learning
  - Radical learning processes: we do something we have never done before.
  - Exploration actions
    versus random walk.
  - Develop new work processes.

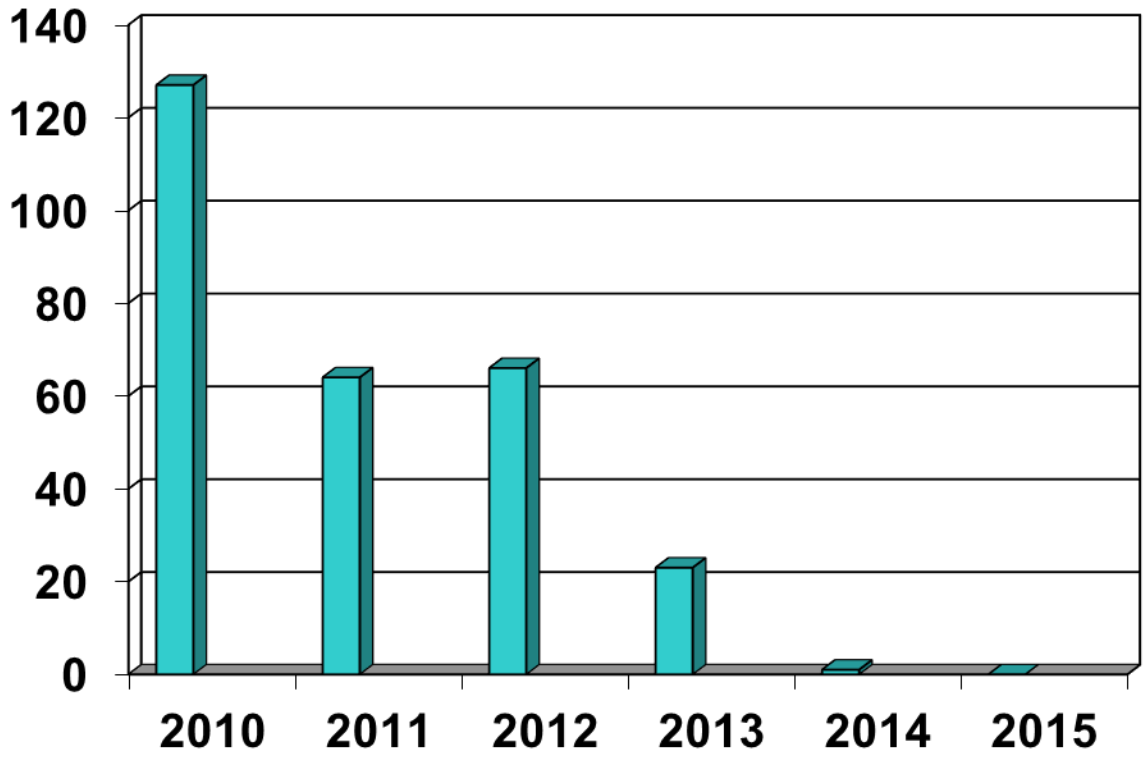
New protocols with

- Police
- Emergency wards of general hospitals
- ambulance

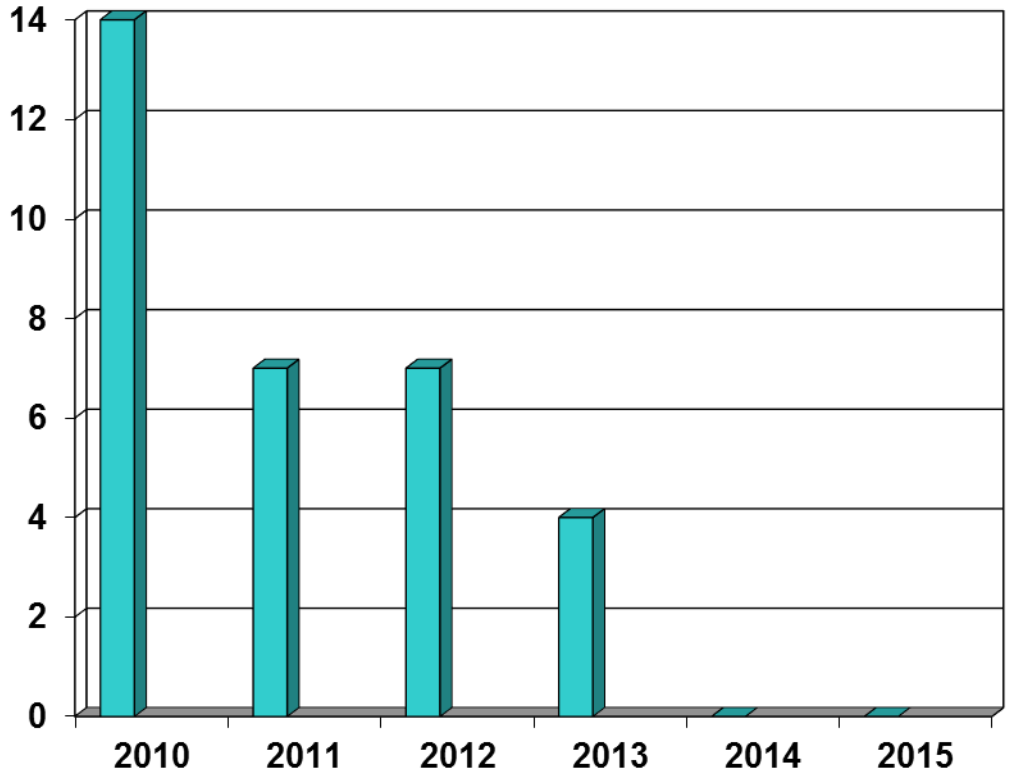
impact factors for **eliminating** restraint

- Official public policies
- Clear ethical basic attitude
- both Focus on crisis and heavy use
- Additional human resources and conversion of exsisting
- New therapeutic guidelines for crisis and heavy use
- Team based and integrated work
- Convinced leadership
- Monitoring of all coercion measures
- Involvement of all employees, cooperation
- Radical learning, exploration, training
- Improving staff safety

restraint persons 2010 – 2015



Percent of restraint persons 2010 - 2015 related to general admissions



Improving staff safety

Work accidents during the last 8 years:

	slight Accident	severe acccident	moderate accident
2008:	58	6	7
2009:	62	3	6
2010:	49	3	3
2011:	51	3	10
2012:	40	2	6
2013:	38	2	2
2014:	37	1	5
2015:	61	1	6

Forced medication

	2.Semester 2015	1.Semester 2015	2.Semester 2014	1.Semester 2014
oral	10	8	15	38
i.m.	89	53	82	72
total	99	61	97	111
	2015:	160	2014:	208

Results achieved in 4 years

- Complete elimination of mechanical restraint
- Open wards
- No seclusion
- Less severe work accidents
- Less forced medication
- Cooperation on work
- Focus on Quality of relationship and user's rights
- New treatment concepts of crisis and heavy use.

correspondence

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