Original article:

Attitudes of psychiatrists towards coercive measures in psychiatry: A case vignette study

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Abstract

Background: Coercion in health care is forced treatment against the patient's will. In psychiatric care it is seen in the form of involuntary admission, involuntary treatment, seclusion/restraint, and surreptitious treatment. A psychiatrist's attitude towards coercive measures could impact the way psychiatry is practiced.

Aim: To study the attitudes of psychiatrists towards coercive measures, and the factors affecting the attitudes among them.

Methodology: 50 psychiatrists practicing in a city in Southern India were asked to give their opinion regarding need for hospitalization, seclusion and restraint in a hypothetical case vignette. This questionnaire included scoring the necessity for hospitalization, and the likelihood of prescribing seclusion and/or restraint, on a 9-point Likert scale.

Results: Majority of the professionals (92%) opted for admission against the will of the patient. Overall, 13 (26%) opted for seclusion and 17 (34%) opined that patient should be restrained. Women psychiatrists were quite neutral regarding restraint (50%-neutral) compared to men (22%-neutral). More women (36%) psychiatrists opted for restraint compared to 33% of male psychiatrists. About 29% of the women psychiatrists opted for seclusion compared to 25% male psychiatrists. However, the differences between the genders were statistically non-significant. It is worth noting that 50% of the female psychiatrists disagreed on using seclusion and 50.7% of female psychiatrists gave a neutral response when asked about the use of restraint for the patient in the case vignette. Thus women psychiatrists were less likely to opt for coercive measures such as restraint or seclusion. However attitudes favouring seclusion and restraint were negatively correlated with years of clinical experience, and it was statistically significant (p -.050, p -.110).

Conclusion: Clinical experience seems to reduce coercive attitudes in patient care among psychiatrists. Women psychiatrists are less likely to use restraint and seclusion compared to male psychiatrists.

Keywords: Coercion, attitudes, psychiatrists, India

Introduction:

In the international literature, the term "coercive measures" usually refers to coercive interventions recurring under hospitalization on psychiatric ward (Kalisova, Raboch, Kitzlerova, Kallert, & Eunomia, 2007; V et al., 2007). This includes seclusion, restraints and involuntary medication. Coercive practices are seen in both the delivering of treatment and in the handling of aggressive and violent behaviour during hospitalisation. Recent international studies show 3-30% of involuntary admission for psychiatric inpatients in psychiatric general hospital (Salize & Dressing, 2004). European multisite study has reported that as high

as 60% of the patients are subjected to coercive treatment (Kallert et al., 2005). Worldwide, there is growing concern about the ethical questions related to the use of coercion and to its potentially harmful effect on patients and patients' human rights in mental health care. The UN convention on the rights of humans with disabilities have recently emphasized this issue. By using coercive measure the medical health discipline faces increasing criticism from the human right perspective.The fact that coercive treatment administered to mentally ill people raises the stigma that they are different from others and they are potentially dangerous. Use of coercion has been under almost constant debate (Shorter & Healy, 1997). It's a tie between care and control (Vatne, 2003). The main reason why attitudes are seen as important targets of investigation is that there is a correlation between attitudes and behaviour(Ajzen, 1991; Bandura, 1986).

In India the mental health care bill 2013 states involuntary hospitalization is possible in a patient by a psychiatrist after taking consent from his nominated representative, when it is clear that the mentally ill person has recently become a threat to himself and others. Regarding physical restraint or seclusion may only be used when, it is the only means available to prevent imminent and immediate harm to person concerned or to others; and is authorised by the psychiatrist in charge of the person's treatment ("PRS | Bill Track | The Mental Health Care Bill, 2013," n.d.). A psychiatrist's attitude towards coercive measures in psychiatry is important as it influences the treating psychiatrists practice and his or her approach towards people with mental illness. There are hardly any studies looking at this important issue in Indian context.

Methods and subjects:

Design and subjects

It was a cross-sectional survey which assessed the attitude of psychiatrists towards coercive measures. A total of 50 psychiatrists consisting of consultant psychiatrists were approached during a workshop by one of the authors (SH) with a request to participate in the study. All the approached participants consented to take part in the study. The study protocol was reviewed by the institution's Ethics Committee, and permission was obtained to conduct the study. The sample characteristics are given in Table 1.

Procedure

Non-randomized sampling method was followed. Informed consent was obtained from all those who were willing to participate in the study.

Instrument

A questionnaire with a case vignette of acute psychotic mania refusing admission was given to the participants. The participants were asked to give their opinion regarding need for hospitalization, seclusion and restraint in the given case. This questionnaire included scoring the necessity for hospitalization, and the likelihood of prescribing seclusion and/or restraint, on a 9-point Likert scale (with 9 indicating strong agreement). We assessed the overall opinion of the participants towards coercive measures. We specifically analysed the difference in attitude among men and women psychiatrists. In addition we also analysed the correlation between years of clinical experience of the psychiatrists and coercive measures.

Statistics

Chi square test was used to study the association between categorical variables. Student t-test was used to study the association between continuous variables. Correlations between the groups were also studied using Pearson correlation. A value

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p<0.05 was considered statistically significant. The statistical software used was SPSS 22.0 version.

Results:

Table 1. Background characteristics of the psychiatrists

	n	%
GENDER		
Male	36	72
Female	14	28
YEARS OF CLINICAL EXPERIENCE		
< 10years	36	72
› 10 years	14	28
TYPE OF HOSPITAL		
Medical college hospital	31	62
Psychiatric hospital	19	38
MEAN AGE OVERALL SAMPLE	37.77±13.09	

Table 2. Responses of the participants towards coercive measures

	n	%
ADMISSION AGAINST WILL OF THE PATIENT	48	96
MOST LIKELY TYPE OF ADMISSION		
Voluntary hospitalization	3	6
Hospitalization for medical care and protection	30	60
Involuntary hospitalization ordered by magistrate	12	24
Not specific	5	10
SECLUSION	13	26
RESTRAIN	17	34

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The background characteristics of the psychiatrists are given in Table 1. Among the 50 professionals 36 (72%) were men and 14 (28%) were women. The mean age of the whole sample was 37.66±13.09. The mean years of clinical experience was 9.38±10.61. 14 (28%) had more than 10 years of clinical experience, were as 36 (72%) had less than 10 years of clinical experience. Responses of the participants towards coercive measures are given in Table 2. Out of the 50 professionals 31 (62%) worked in medical college hospitals, whereas 19 (38%) worked in private psychiatric hospitals. Forty eight (96%) of them felt that the hypothetical patients should be admitted involuntarily. Most likely type of admission opted was hospitalization for medical care and protection (60%), followed by involuntary hospitalization ordered by magistrate (24%) and voluntary hospitalization (6%) and 10% were not specific. Regarding seclusion and restraint, 13 (26%) of them opted for seclusion and 17 (34%) of them opted for restraint.

Women psychiatrists were quite neutral regarding restraint (50%-neutral) compared to men (22%-neutral). More women (36%) psychiatrists opted for restraint compared to 33% of male psychiatrists. About 29% of the women psychiatrists opted for seclusion compared to 25% male psychiatrists. In other words, women psychiatrists were more likely to opt for restraint or seclusion compared to male psychiatrists. However, the differences between the genders were statistically non-significant. There was a difference in opinion regarding use of seclusion and restraint among professionals working in medical college and psychiatric hospitals. Among medical college professionals 42% were for restrain and 26% for seclusion. In private psychiatric hospital 29% were for restraint and 26% for seclusion. We also found that those with greater clinical experience had less likely to favour coercive measures and it was statistically significant (p -.050), (p -.110) respectively.

Table 3. Difference in gender opinion towards coercive measures

	Agree (n, %)	**Disagree (n, %)**	**Neutral (n, %)**
SECLUSION			
Male	9 (25%)	12 (33.3%)	15 (41.7%)
Female	4 (28.6%)	7 (50%)	3 (21.4%)
RESTRAIN			
Male	12(33.3%)	16 (44.4%)	8 (22.2%)
Female	5 (35.7%)	2 (14.3%)	7 (50.7%)

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Table 4. Difference in the opinion of psychiatrists working in medical college and psychiatric hospitals towards coercive measures

	Agree (n, %)	Disagree (n, %)	Neutral (n, %)
SECLUSION			
Medical college	5 (26.3%)	8 (42.1%)	6 (31.6%)
Psychiatric hospital	8 (25.8%)	11 (35.5%)	12 (38.7%)
RESTRAIN			
Medical college	8 (42.1%)	7 (36.8%)	4 (21.1%)
Psychiatric hospital	9 (29%)	11 (35.5%)	11 (35.5%)

Discussion:

Psychiatrists frequently resort to coercive measures in the care of their patients and their attitude towards such measures may greatly impact their practices. In our study it was found that 96% of the professionals endorsed involuntary hospitalization for the patient in the case vignette which satisfies the legal requirements for involuntary hospitalization of our country. This is in line with the findings of Tateno et al who investigated on 183 Japanese psychiatrists, of which 98.3% opted for involuntary admission of the patient in a similar case scenario (Tateno et al., 2009). A study by Tuohimaki et al also reported that involuntary psychiatric treatment is motivated by either potential harm to others or potential self-harm (Tuohimäki et al., 2003). Moreover in this study 60% of professionals chose admission for medical care and protection which again can depend on individual preferences and subjective variations in perceiving the case. Regarding difference in gender opinion towards the use of coercive measures although more women psychiatrists (35.7%) opted for restraint compared to 33.3% of male psychiatrists, the findings were not statistically significant. About 28.6% of the women psychiatrists opted for seclusion compared to 25% male psychiatrists which was again not statistically significant. It is worth noting that 50% of the female psychiatrists disagreed on using seclusion and 50.7% of female psychiatrists gave a neutral response when asked about the use of restraint for the patient in the case vignette. Thus women psychiatrists were less likely to opt for coercive measures such as restraint or seclusion. These findings are similar to the ones reported by Kullgren et al who concluded that female psychiatrists were less likely to suggest physical measures such as restraint (Kullgren, Jacobsson, Lynöe, Kohn, & Levav, 1996). In this study there was a difference in the opinion between psychiatrists working in medical college hospitals and psychiatric hospitals towards the use of coercive measures. Other than individual factors of the doctors, structural factors like physical characteristics of the ward, geographical location of the hospital and difference in the standard of practice or state laws can influence the attitudes of the doctors towards seclusion and restraint which are in line with the opinion of Betemps et al and Carpenter et al

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(Betemps, Somoza, & Buncher, 1993; Carpenter, Hannon, McCleery, & Wanderling, 1988). Also an Indian study by Raveeesh et al has pointed out that lack of resources as one of the reasons for coercion (Raveesh et al., 2016). In this study attitudes favoring seclusion and restraint were negatively correlated with years of clinical experience, and it was statistically significant (-.050, -.110) which are in line with the findings of Sattar et al who concluded in his study that the clinical experience of the psychiatrists has influence on their involuntary decision making/ adopting coercive measures (Sattar, Pinals, Din, & Appelbaum, 2006). Clinical experience would definitely reduce the use of coercive treatment as the psychiatrist would be well versed in using other de-escalation technique as the primary mode of treatment.

There are few limitations in this study like the sample size was relatively smaller; hence one should be cautious in interpreting the findings of the study. Also this is a cross sectional study and hence the cause effect relationship between variables is difficult to establish. The strength of the study is that there is not much literature in this particular area of research in Indian context.

Future studies should aim at finding under what circumstances coercive measure are used so that, so that we can plan interventions to reduce it. Also the effectiveness or trial of other de-escalation techniques can be studied for handling the patients in an ethical way. The role of primary prevention strategies can also be aimed at reducing coercive measures.

Conclusion:

Our study found that clinical experience seems to reduce coercive attitudes in patient care among psychiatrists.

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