Reducing coercive measures - Case study

Forensic Psychiatric Unit, Region Zealand, Denmark
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Introduction
Practising different methods that reduces incidents by restraining patient in belt. This different methods and ideas that we have learned from our trip in La Santa, gives us another inspiration on how to use it with our patient in our unit.

This alternative methods, introduces in a staff meeting in our unit, and been accepted and practices daily. This methods showed a huge success results.

Successful story
This is the case of a 35-year-old woman, single, no children and non-educated. She is receiving disability pension as her main source of living.

1993: The first signs and symptoms of her psychosis were noticed / observed when she was 14 years old and from that time she has been receiving psychotherapy.

This patient has been hospitalized numerous times in different psychiatric hospitals with different diagnoses, primarily schizophrenia and personality disorders. Moreover she has a congenital developmental disorder in the form of ADHD-type behavior and problems of concentrating as a result. Due to her complicated psychosis, she has been transferred from one social and protective psychiatric institution to another.

2006: The patient was moved to the forensic department P4, with the diagnosis of having an increased auditory hallucinations, compulsive and impulsive externalizing behaviors and self-harm. During her ½ years of hospitalization in this unit, the patient’s condition worsened. She became more violent with periods marked by major psychotic outbursts and externalizing behaviors, where she ended up attacking staff members. Her antipsychotic medication was increased in doses, and several times it was necessary to use coercive measures, like restraining her on bed and with hands and feet straps to restrict her movement but still giving her the ability to walk around the unit.

2007 Jan: The Patient received (Forlighedsdetekt) Dangerousness decree, which she is committed to be in highly security unit because of her ferocious and perilous behaviors like inflicting self-destruction, smashing windows, and last but not the least committing arson.

2007 June: The patient was admitted in the psychiatric ward in Dianalund and was quickly transferred to a protective institution in Holbaek, due to her ferocious and perilous behaviors like inflicting self-destruction, smashing windows, and last but not the least committing arson.

2007 December: The patient was moved to the forensic department P4, with the diagnosis of having an increased auditory hallucinations, compulsive and impulsive externalizing behaviors and self-harm. During her ½ years of hospitalization in this unit, the patient’s condition worsened. She became more violent with periods marked by major psychotic outbursts and externalizing behaviors, where she ended up attacking staff members. Her antipsychotic medication was increased in doses, and several times it was necessary to use coercive measures, like restraining her on bed and with hands and feet straps to restrict her movement but still giving her the ability to walk around the unit.

Lists of activities instead of medicin

Evaluation/Conclusion
The results of using the alternative methods mentioned above, give very good effects to our patients, which have been proven and tested. In connection to this, the use of PRN medicine is not necessary anymore & restraining patient has been avoided. We can now provide mild & more humane ways of treating patients in their difficult/violent moments.

Our unit will continue using these methods daily, and everything will be introduced to our new recruited staff members.

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