Can physical activities reduce the use of coercive measures?

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Background
20 % of the patients submitted to a psychiatric hospital are involved in some form of coercion. Various national measures have been implemented but only with sporadically effect. From 2012-2014 was launched a national project in which physical activity was the main intervention in our efforts to reduce coercion.

Curiosity, openness and reciprocity were characteristic for the beneficial collaboration in the network.

Aim
The aim was to reduce the use of coercive measures by implementing physical activities during hospitalization. Our hypothesis was that through physical activities, staff and patients would achieve a better relationship with each other, and that patients would experience more comfort and less aggression.

Method
Six teams located in different areas of the Region Zealand, were established. The teams covered all fields of the psychiatry. One implementation team supervised the teams. A service user panel (n=12) supervised the process. All teams-participants were educated in the ‘Break-Through Method’ and how to initiate physical activities. All patients at the involved units were included in the project. Data about coercive measures was registered.

Result
Coercive measures remained unchanged at region level. However, we saw improvement at unit level, with different local changes. One unit had success with a combination of physical activity and a strong leadership who facilitated reviews. Physical activities became a part of the patient’s treatment plan. Culture changed toward a less restrictive environment, and became a more patient inclusive approach. The ‘network’ developed a joint understanding of each other’s activities and learned from each other, which led to a more motivating, inspiring and collaborative community.

Conclusion and implication for the future
Physical activity did not affect the use of coercive measures to such an extent, that it was possible to see a decline in the statistics at a regional level. All the involved units reported that the project and the work in the network influenced the culture in the units toward an environment with an increased level of patient involvement. Replacing the use of coercive measures with less restrictive methods is a long-term strategy. Based on results from the implementations project we are strengthening the strategies by raising an awareness of the 10 interventions from Safewards and the Six Core Strategies®, which emphasize the importance of a strong leadership.