

## Abstract

Psychiatry has unique status among other medical disciplines where patients' autonomy might be restricted in the best interest of the patient in order to both cure and control the patient. Coercive measures such as seclusion, physical restraint or forced medication are widely used in clinical practice as methods for managing acute, disturbed or violent psychiatric patients. This thesis was carried out as a part of the EUNOMIA project (European Evaluation of Coercion in Psychiatry and Harmonization of Best Clinical Practice) in which centers from twelve European countries recruited involuntary admitted patients. The research questions of this thesis were the following: what are the socio-demographic and clinical characteristics of the patients who receive coercive measures; what types of coercive measures are used with involuntarily treated patients; what are the internal and external risk factors for their use; and finally what are the gender differences among involuntary admitted coerced patients with schizophrenia. All together we evaluated a group of 2,030 involuntarily admitted patients, in which 1,462 coercive measures were used with 770 patients (38%). The percentage of patients receiving coercive measures in each country varied between 21% and 59%. These twelve countries varied greatly in the frequency and type of coercive measure used. In eight of the countries, the most frequent measure used was forced medication, and in two of the countries mechanical restraint was the most frequent measure used. Seclusion was rarely administered and was reported in only six countries. The most frequent reason for prescribing coercive measures was patient aggression against others. A diagnosis of schizophrenia and more severe symptoms were associated with a higher probability of receiving coercive measures. Moreover we did not find any statistically significant influences of the technical characteristics of countries such as, number of psychiatric hospital beds per 100.000, number of staff per bed, and average number of beds per room. In regards to the gender differences among schizophrenia patients results point towards a higher threshold for women to be treated with the use of coercive measures. Based on the results we conclude that coercive measures are used in a substantial group of involuntarily admitted patients across Europe. Their use depends on diagnosis and the severity of illness, but was also heavily influenced by the individual country. National and international recommendation on coercive treatment practices should include and further develop targeted treatments with appropriate consideration of the current evidence in inpatient populations that would rationalize the use of coercive measures in psychiatric facilities.

**Key words:** involuntary treatment, coercive measures, seclusion, restraint, forced medication, gender differences, schizophrenia