



Antipsychotic treatment of psychotic disorders in forensic psychiatry: Patients' perception of coercion and its predictors



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ABSTRACT

Background: Despite the major encroachment of coercive measures on the fundamental rights of affected forensic psychiatric patients, there is relatively few research done in this field. Considering the relevance of this subject for psychiatric care and the recent changes of the legal basis of coercive treatment in Germany, more studies are needed. The present study examines forensic psychiatric inpatients' perception of coercion regarding the prescribed antipsychotic medication and factors associated with the perception of coercion.

Material and methods: Patients with schizophrenia, schizotypal and delusional disorders in two forensic psychiatric institutions in Southern Germany were interviewed about their experience of coercion related to antipsychotic medication. Due to a lack of appropriate psychometric scales, the perception of coercion regarding antipsychotic medication was assessed using an adapted version of the *MacArthur Admission Experience Survey* (aAES). The influence of sociodemographic and illness-related factors, of the attitude towards medication, insight into illness and symptom severity on the extent to which patients felt coerced to take the prescribed medication was analyzed. Two Visual Analog Scales, the *Drug Attitude Inventory* DAI-10, the *Positive and Negative Syndrome Scale* PANSS, the *Fragebogen zur Krankheitseinsicht* (Questionnaire about insight into illness) FKE-10 and the *Coercion Experience Scale* CES were used as psychometric scales.

Results: 50% of all patients eligible for the study gave their written consent. 70% of all participants had experienced coercive measures between admission and time of data assessment. The DAI-10 and the aAES correlated moderately, a high level of insight into illness being correlated to less perceived coercion. The FKE-10 and the aAES correlated moderately as well, a high level of insight into illness being correlated to less perceived coercion. The severity of symptoms (PANSS score) and the level of perceived coercion (aAES score) correlated weakly, participants with more severe symptoms perceived more coercion than those with less marked symptoms. A linear regression model showed that to what extent patients felt coerced to take the prescribed antipsychotic medication was mainly influenced by their attitude towards medication and the degree of insight into illness, to a lesser extent by symptom severity ($R^2 = 0.565, p < 0.001$). Sociodemographic factors were not related to the extent to which patients felt coerced to take the antipsychotic medication.

Conclusions: Predictors of the experience of coercion related to the prescribed antipsychotic medication of forensic psychiatric inpatients with schizophrenia and related disorders are not so much sociodemographic or illness-related factors as education or past medical history, but rather potentially influenceable variables such as insight into illness or attitude towards medication.

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1. Introduction

Coercive measures are a highly controversial part of psychiatric care and an issue of discussions not only in the medical community, but also

in the broad public. The encroachment on fundamental rights of the affected patients cannot be denied, as well as the ethical dilemma for the responsible staff. Among others, the rights of autonomy and physical integrity and the human dignity are violated. However, abstaining from the use of coercion can also violate the same rights of the patient and other persons.

1.1. Legislative changes in Germany concerning coercive treatment

In Germany, where the study described in this article was conducted, there have been several changes in laws underlying coercive

Abbreviations: aAES, adapted Admission Experience Survey; CES, Coercion Experience Scale; DAI-10, Drug Attitude Inventory (short version); FKE-10, Fragebogen zur Krankheitseinsicht (Questionnaire about insight into illness); PANSS, Positive and Negative Syndrome Scale; VAS, Visual Analog Scale.

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treatment in the past years accompanied by intense debates among experts and the broad public. Based on two cases of forensic psychiatric patients that filed complaints about forced medication, the Federal Constitutional Court decided that the respective paragraphs of public law underlying forced medication were unconstitutional in two federal states of Germany in 2011 because the conditions and circumstances under which coercive treatment could be applied were not defined sufficiently in the legal text (BVerfG, 2011a, 2011b). Although the court decisions of 2011 regarding coercive treatment were based on two cases of forensic psychiatry, the decisions had wide impact on all legal frameworks of coercive treatment in Germany. This was the case because the public law regulating coercive treatment in forensic psychiatry also applies to general psychiatric patients at least in some federal states. The aim of the present study was to survey the patients affected by the legislative changes regarding coercive treatment.

1.2. The patients affected by coercive measures

Amidst all the discussions about coercive measures in psychiatry, sometimes the affected patients themselves are left behind. But which patients are mainly concerned by coercive measures? Not only psychiatric patients, as one might conclude considering the discussions mentioned above. Mechanical restraint even seems to be more frequently used in general hospitals in Germany (Steinert & Ketelsen, 2014). This can be explained by the high prevalence of patients with delirium or dementia in surgical and internal departments. The latter also constitute the group of patients most frequently experiencing coercive measures in psychiatric hospitals, followed by patients with schizophrenia or other psychoses (Raboch et al., 2010; Steinert et al., 2007). Several studies on the epidemiology of coercive treatment revealed that particularly patients with schizophrenia or other psychotic disorders are frequently subjected to forced medication (Flammer, Steinert, Eisele, Bergk, & Uhlmann, 2013; Jarrett, Bowers, & Simpson, 2008; Kaltiala-Heino, Valimäki, Korkeila, Tuohimäki, & Lehtinen, 2003).

Most studies on the epidemiology of coercive measures have been conducted in general psychiatric institutions. This is surprising since patients with diagnoses coded with F20–29 according to the *International Classification of Diseases and Related Health Problems* ICD-10, that is schizophrenia, schizotypal and delusional disorders, constitute a large part of patients in forensic psychiatry. This is supported, among others, by research on the *Swedish National Forensic Psychiatric Register* (SNFPR) and on forensic psychiatric institutions in seven federal states of Germany (Degl' Innocenti et al., 2014; Seifert, Jahn, & Bolten, 2001). Consistent with the diagnosis of psychotic disorders, antipsychotics were the most frequently prescribed drugs in forensic psychiatry according to the SNFPR. In Baden-Württemberg, the federal state where the study described in this article was conducted, 39% of forensic psychiatric patients have been diagnosed with psychotic disorders (Zentrum für Psychiatrie Südwürttemberg, 2012).

1.3. The current state of research

In the past years, studies concerning coercive measures in psychiatry have increased in number, but mainly for general psychiatry. Few studies examined coercive measures in forensic psychiatric care recently, dealing mostly with epidemiology, to a lesser extent with the experiences of affected patients (Höfler, 2014; Hui, Middleton, & Voellm, 2013). Considering these findings and the increasing number of psychotic patients admitted to forensic psychiatric services in Germany as well as in many other developed countries (Fakhoury & Priebe, 2007), more research is needed.

1.4. Purpose of the study

The aim of the study was to survey those patients in forensic psychiatry mostly concerned by the legislative changes regarding coercive

treatment in Germany, patients with psychotic disorders. This group of patients is mainly affected by forced medication, especially as other diagnosis groups found in forensic psychiatric institutions are less susceptible to pharmacotherapy (e.g. intellectual disability or personality disorders). The main issue of the survey should be the experiences with antipsychotic medication and in particular forced medication during forensic detention.

The study was conducted in two forensic psychiatric institutions in Baden-Württemberg (Southern Germany) that had already adopted a new legislation regarding coercive treatment. The study was designed as a complete survey. All patients with the required diagnoses in these two institutions should be interviewed about their experiences of coercion regarding the prescribed antipsychotic medication, regardless of whether they had experienced a documented forced medication as ordered by a judge or during acute emergencies or not. The rationale behind that was the fact that patients that do not refuse their medication do not necessarily feel free to take the medication or not, but rather may feel forced to take it e.g. taking into account that a potential release might depend upon their willingness to be treated. Coercion related to medication thus should be conceptualized dimensionally, not dichotomously.

The following questions should be investigated:

- 1.) To which extent do participants feel coerced to take the prescribed antipsychotic medication?
- 2.) Do participants differ in the extent of perceived coercion depending on sociodemographic or clinical characteristics?
- 3.) Does the extent of perceived coercion correlate with the insight into illness, the attitude towards medication and symptom severity?
- 4.) Which characteristics predict a high degree of perceived coercion?
- 5.) How do participants experience forced medication (as ordered by a judge or in acute emergency situations) in comparison to other forms of coercive measures?
- 6.) Which patient characteristics predict being subjected to forced medication?

2. Material and methods

2.1. Sample

The study was conducted as a cross-sectional study in the two forensic psychiatric hospitals of Ravensburg-Weissenau and Bad Schussenried (Horvath, 2017). The two hospitals provide forensic psychiatric inpatient treatment for about 4.9 million inhabitants. During the assessment period of March to July 2014, all patients committed to the above mentioned forensic hospitals that met the following inclusion criteria were included:

- aged between 18 and 65 years
- main psychiatric diagnosis of schizophrenia, schizotypal and delusional disorders (ICD-10-diagnosis of the category F20–29)
- written informed consent to participate in the study.

Exclusion criteria were

- intellectual disability (ICD-10-diagnosis of the category F70–79)
- insufficient knowledge of the German language
- no prescription of antipsychotic medication.

During the assessment period, 133 patients with the required diagnoses were being treated in the two forensic psychiatric hospitals. Only one patient had no prescribed antipsychotic medication due to complete remission and could therefore not be interviewed. 124 patients met all inclusion criteria, 12 patients could not be recruited because of temporary discharge or related factors, in one case because of the patient having escaped from the forensic hospital. Of the overall

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