



Review

The experience of involuntary detention in acute psychiatric care. A review and synthesis of qualitative studies[☆]



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ABSTRACT

Objective: To build on a previous review and updated understanding of how patients experience involuntary detention for their mental health difficulties.

Design: We provide a narrative synthesis review of qualitative studies.

Data sources: Using pre-defined search terms, the following databases were searched covering the period 2006 to March 2014: Psychinfo, Medline, Medline In-Process, Embase, Web of Knowledge, Scopus, Science Direct, British Nursing Index and Cinahl Plus. Three journals were electronically hand-searched.

Review methods: The search resulted in the retrieval of 6230 records which were screened by title. Relevant studies were then screened by abstract and further articles were read for full text. References of articles read for full text were screened using an inclusion and exclusion criteria. A total of fifteen studies were identified and a quality evaluation tool was applied to each study. Themes and constructs from all fifteen studies were coded and synthesised.

Results: Seven overarching themes emerged. 'Sanctuary', 'loss of normality and perceived independence', 'feeling terrified' and 'fluctuating emotions' illustrate the experiences of involuntary detention. The remaining themes reflect the factors that influence these experiences: 'a continuum of person-centred practice', 'disempowerment' and 'intra-psychic coping'.

Conclusions: Participants varied in how they experienced involuntary detention. Some people experienced a sense of sanctuary, whereas others experienced loss, fear and trauma. People's experiences were influenced by the degree of actual or perceived person-centred and empowering care, which also had an impact on their coping style. Development of a therapeutic bond with clinicians was a key factor which influenced positive experiences of involuntary detention. The implications of the findings are discussed with reference to existing literature and recommendations are made for clinical practice. Ideas for future research are identified.

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What is already known about the topic?

- Internationally, rates of involuntary detention are high. Many patients are unable to sustain recovery and can often be re-detained.

- A review was carried out in 2006 that located five studies exploring experiences of involuntary detention. A thematic analysis highlighted positive and negative experiences of involuntary detention.

What this paper adds

- There has been a resurgence of interest, debate and research into the experience of being involuntarily

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detained and this paper provides an updated understanding of patients' experiences.

- The review summarises factors which determine how people experience involuntary detention.
- This paper recommends that services ensure that recovery and person-centred approaches are firmly embedded in services and discusses potential barriers to changes in practice.

1. Introduction

People in the acute stages of a mental illness can be a risk to themselves or others and can be involuntarily detained against their will. Across Europe, rates range from a mere six annual compulsory admissions per 100,000 of the population in Portugal, to 218 in Finland (Salize and Dressing, 2004). During the 1990s, analysis of compulsory admission quotas (percentages of all psychiatric admissions) remained relatively stable in most countries. However, reliability and validity of the data is compromised due to non-standardised definitions of concepts, invalid recording methods and lack of availability of data. To our knowledge, current data on the international practice of involuntary detention (ID) is absent from the literature. In England, The Health and Social Care Information Centre (2012) reported that the number of people detained under the Mental Health Act (1983/2007) was rising. This is a concern given that length of stay, re-admission risk and risk of involuntary re-admission are at least equal, if not greater for involuntary patients (Kallert et al., 2008). It could be that ID influences the threshold for further legal measures or these people are more distressed and at more risk. Factors that contribute to this finding are unclear. However, there is a link between admission status and outcome and a clearer understanding of people's experiences of ID to improve care and outcomes is essential.

Research exploring patients' experiences of inpatient treatment (regardless of legal status) highlight both positive and negative aspects. This has added to debates around the ethical, legal and best practice of ID (Cleary et al., 2009). Criticism has been raised by patients and political bodies such as the Council of Europe (Working Party on Psychiatry and Human Rights, 2000). Katsakou and Priebe (2007) reviewed qualitative studies on the experiences of involuntarily admission up until 2006 and five studies were identified. The studies reviewed found positive aspects of ID, including respect and autonomy, being cared for and treated like 'a human being, like other people', as well as negative aspects of ID, including restrictions of autonomy/no participation in decisions for treatment, feeling uncared for and feeling devalued. The authors concluded that it was unclear how positive and negative experiences of involuntary treatment were linked to each other. For example, they could not ascertain if it was different patient groups reporting positive and negative themes, or the same individuals reporting both positive and negative aspects.

Since Katsakou and Priebe's (2007) publication, there has been a growth of studies exploring experiences of ID in

adult psychiatric care. There have been many contextual changes that may affect a person's experiences of ID including: the international policy drivers, which push for person-centred care and recovery approaches; the amended version of the MHA (1983/2007) in England; increasing economic pressure on services generally; and a growth in the sheer numbers of people being detained internationally. The aim of this paper is therefore to update the review by Katsakou and Priebe (2007) by reviewing studies from 2006 to 2014 and compare and contrast the results found. We will attempt to answer the questions:

- (i) How do patients experience involuntary admission and treatment?
- (ii) What factors influence the perceived outcome of experiences?

Our questions are slightly adapted versions of those posed by Katsakou and Priebe as the authors' original questions implied a categorical division between positive and negative experiences of detention which is likely to be an oversimplification of an inherently complex experience. A final aim of the paper was to develop a conceptual framework to improve our understanding of the experiences of ID.

2. Method

2.1. Design

We used an integrative review methodology to derive a narrative integration of findings from research exploring experiences of ID. This methodology employs a systematic procedure for searching the literature and for evaluating, analysing and synthesising data (Whittmore & Knaf, 2005).

2.2. Literature searching

The period July 2006 to March 2014 was searched across all the databases: Psychinfo, Medline, Medline In-Process and Embase, replicating Katsakou and Priebe's (2007) method. The following additional databases were searched: Web of Knowledge, Scopus, Science Direct, British Nursing Index and Cinahl Plus. International Journal of Social Psychiatry, Journal of Mental Health and Journal of Psychiatric and Mental Health Nursing were electronically hand-searched because they located potentially relevant articles during an initial scoping exercise. We made the decision not to search prior to 2006 given the significant changes have taken place within services over the past decade.

Search terms applied by Katsakou and Priebe's (2007) did not locate all of the articles which were found during the initial scoping exercise. Search terms were broadened out and divided into four categories: (1) the topic under study (compulsory or involuntary or coer* or forced or commitment or detention or refusal); (2) terms related to procedures of treatment (admission or admitted or treatment or assessment or hospital*); (3) terms which captured peoples experiences (attitude* or experience* or

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