

P-648 - COMPULSORY ADMISSION: WHEN IS THE CURE WORSE THAN THE DISEASE?

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Introduction: The increase of the number of compulsory admissions in several European countries contradicts the growing attention for patient rights, autonomy and the evolution towards community care and deinstitutionalisation. The increase is not substantiated scientifically either: there is little scientific evidence for the effectiveness of coercive measures in reducing risk nor for the accuracy of risk assessment (false positives).

Aims, objectives and methods: Using ethical analysis, our objective is to examine the reasons for this increase and its negative consequences.

Results: The increase reflects a societal shift with growing readiness to sacrifice the values 'freedom' and 'autonomy' for (perceived) safety and security. Both physical safety of patient and others and judicial safety of the psychiatrist (avoidancing litigation) collude.

On the other hand, the scientific attention for the deleterious consequences of compulsory admissions is growing. Perceived coercion is an important risk factor for PTSD symptoms after psychiatric admission. Coercive measures may also be counterproductive, undermining trust and cooperation and inducing regressive behaviour, care avoidance, resistance and a struggle for power and control. Furthermore, an increased association of mental health care with coercion in the public perception might induce fear, aversion and avoidance in those who need help, thus impairing early intervention and raising the threshold for voluntarily seeking help. It also reduces the openness of patients to freely talk about symptoms, feelings and thoughts thus undermining assessment and therapy.

Conclusions: Long term negative consequences of coercion might outweigh short term safety benefits, justifying greater reticence initiating compulsory admissions.