

Research questions efficacy of forcing psychiatric patients to take drugs

By Zephaniah
Samuels

5/1/09

Community leaders have responded with interest to new evidence from a research review from the Institute of Psychiatry (IoP) shows that the practice of forcing patients to take medication is not supported by clinical evidence.

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Coerced
medication is routine

With people from African Caribbean communities, over represented within medium and secure psychiatric settings where coerced medication (CM) is routinely applied, race equality groups and health experts have welcomed this new evaluation, which they hope will act as a catalyst for change in this unpopular practice.

The review, which was published in the Journal of Advanced Nursing , indicates that those most likely

to be subject to CM are patients with a diagnosis of schizophrenia, bipolar disorder or another psychotic disorder.

This research review, included patients that had in most cases been admitted to care on an involuntary basis.

Leader on the research and registered mental health nurse, Manuealla Jarrett she had hoped to uncover more evidence on the factors that lead to coerced medication, and what constitutes a risk as well as how long the patient has been on the ward.

Recent findings in the latest Count Me In Census report, on inpatient care show that patients from African Caribbean communities, are routinely subject to CM despite having similar rates of mental ill health as any other ethnic group. This study showed that patients experienced a range of negative feelings when they received CM, including fear, embarrassment, anger and helplessness.

Little evidence on the use of CM

"It is clear from our review that there is little clinical evidence on the use of CM and more research is needed to examine all aspects of this contentious practice" says Manuela Jarrett, a registered mental health nurse from the Health Service and Population Research Department at the Institute of Psychiatry in London said.

Researchers from the IoP and City University in London found just 14 studies from seven countries on forcing psychiatric inpatients to take medication.

This has led to calls for more studies into the practice of forcing psychiatric patients to take medication as forced or (CM) is more likely to be used in the UK than in other countries, where alternative forms of restraint are more common.

Perceived risk

Jarrett, who co-authored this new paper with Professor Len Bowers and Dr Alan Simpson from City University London, carried out a detailed analysis of 14 papers from seven countries, published between 1987 and 2004. These studies included interviews with 543 patients and 263 staff and analysis of 1,165 forms and records from the UK, USA, Sweden, Finland, Germany, Canada and Denmark.

"Perceived risk to others emerged as an important factor in the decision by staff to give

a patient CM. But although half the researchers interviewed patients about their views on receiving CM, they didn't ask them whether they perceived themselves to be a risk to their self or others at the time when CM was administered,' Jarrett said.

Mental health lawyer, Chinyere Inyama was an expert witness to the joint committee on the draft 2004 mental health Bill . He gave evidence to the panel that some practitioners delivering mental health care use race as an index of dangerousness.

This was highlighted in the David Bennett report and the Big, Black and Dangerous report, which came from inquiry into the deaths of three black men at Broadmoor.

Relationship
between patients and professionals

Mental health advocates warn that the threat of forced medication often stops people seeking help in the first place and does little to engender a trusting relationship between patients and professionals.

The lack of evidence around this procedure indicates that is taken for granted in psychiatric hospitals researchers say.

'While there has been a lot of research into the pharmacological effectiveness of particular medications for quick and effective sedation, the reasons for the compulsory administration of powerful sedative and neuroleptic drugs have not been scrutinised closely or frequently. And there is little evidence that alternatives have been explored,' Jarrett said.

She added :

'the staff views reported in the literature and small number of studies available suggests that CM is a 'taken for granted' practice in inpatient psychiatry. We feel that this is unacceptable and more needs to be done to establish sound clinical evidence and viable alternatives to this contentious approach.'

The 'Coerced medication in psychiatric inpatient care: literature review' by Jarrett et al was published in the Journal of Advanced Nursing on pages 538-548 of the December 2008 edition.

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