

## **EUNOMIA**

European Evaluation of Coercion in Psychiatry  
and Harmonisation of Best Clinical Practise

Project Website: <http://www.eunomia-study.net>

### **Abstract:**

Coercive psychiatric treatment (involuntary admission, seclusion, restraint and medication) varies widely between European countries with regard to its frequency, type and legal background. These variations are often difficult to explain, which raises the question whether coercive psychiatric treatment might entail unnecessary infringements of patients' rights or might not be therapeutically optimal. Therefore, the goal of the study is to analyse existing variation in coercive psychiatric treatment in 12 European regions in 12 countries, using a naturalistic approach. Data on coercive measures, their influencing factors and outcomes, will be gathered with structured and validated instruments. By integrating this trans-national data base with knowledge from legal experts, ethical experts, user- and relatives' organisations, national and European guidelines on best clinical practise of coercive treatment in psychiatry will be drawn up and widely disseminated.

### **Objectives:**

Coercive psychiatric treatment measures, their influencing factors and outcomes, will be described using structured assessment instruments. This will be done in 12 comparably sized regions in 12 European countries (Bulgaria, Czech Republic, Germany, Greece, Spain, Italy, Israel, Lithuania, Poland, Slovakia, Sweden, United Kingdom). Central assessment tool is a computerised documentation system, specially designed for describing coercive treatment measures, patients' socio-demographic data and clinical variables. Complementing it with further questionnaires and interviews, in each centre, at three points in time, two groups of patients will be assessed: legally involuntary admissions and legally voluntary admissions who feel coerced to admission. Prerequisites for this approach are the translation of all instruments into all national languages and (where not yet done) their validation, researcher training and structured description of the catchment areas. The thus established database will be integrated with expert reports into guidelines on best clinical practice, and widely disseminated.