

# Abolishing coercion as a mean of deinstitutionalization: first steps of action research in Slovenia

Juš Škraban

[jus.skraban@fsd.uni-lj.si](mailto:jus.skraban@fsd.uni-lj.si)

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# Coercion

- Seclusion and restraint (manual, mechanical, chemical)
- A continuum of coercive practices: from more explicit to more implicit forms (pressures, threats, leverage etc.), therefore also more or less legally regulated
- Critics:
  - coercion is not monitored and studied
  - it is difficult to find any positive „clinical“ or social effects
  - deleterious physical or psychological or other consequences
  - violation of human rights (CRPD; Article 12 – Equal recognition before the law & Article 14 – Liberty and security of person)

# Reducing coercion?

- Two approaches:
  - Coercion as the *last resort*
  - Reducing coercion (guidelines etc.)
- Initiatives and networks:
  - „...e tu slegalo subito“ campaign (Italy)
  - Club SPDC no restraint (Italy)
  - Restraint Reduction Network (UK)
- Abolishing coercion as an integral part of deinstitutionalisation (Common European Guidelines on the Transition from Institutional to Community-based Care)
- DI is the key concept for social work: it provides not only theoretical and ethical, but also orientation towards practice

# Situation in Slovenia

- Mental Health Act (2008):
  - Two types of locked wards: acute psychiatric wards and secure wards in social care homes (placement with or without consent)
  - Special protective measures: seclusion rooms, mechanical restraint
- Currently
  - a bit less than 700 beds in secure wards in social care homes (elderly homes, special social care homes)
  - Ombudsman: secure wards are overcrowded
  - Recent attempt of legislative changes: increase of the number of beds in secure wards
- ... reducing coercion?

# Action research 1

- Being done in an institution which in is a DI pilot project and also has a secure ward
- Faculty of Social Work has provided action training from autumn 2020 on
- Aims
  - To abolish involuntary placements of users of open units to the secure ward.
  - To restructure the secure ward into a ward in the community.
  - To understand the practice of involuntary placements in this specific context.
  - To develop such methods and changes in organizational setting which would reduce coerciveness in the secure ward.

# Action research 2

- Planned phases:
  - formation of the action research team;
  - joint definition of the working process (setting goals, deadlines etc.)
  - first cycle of planning, action, observation, and reflection
  - Those cycles would go on until the end of the project in June 2023.
- First phase in action (from autumn 2020 to June 2022):
  - October 2020: a team was formed (employees from the secure ward, some from the project team and two from the faculty)
  - February & March 2021: a consultation group about the method of risk analysis (20 workers)
  - April 2021: intensive seminar on no-restraint approach
  - July 2021: student camp
  - July 2021: action plan
  - October 2021: a week of joint work

# Heuristic model of abolishing coercion 1

- Abolishing coercion is an ethical imperative of deinstitutionalisation and should therefore be an integral component of any institution in transition to community care.
- Abolishing coercion
  - is moving from axioms of the total institution to imperatives of providing consensual care;
  - is moving from restrictive to enabling practices;
  - must be both reactive and programmatic. The first means that it must react on any attempts to use coercive measures (to prevent them and to create consensual care); whereas the second means that a systematic plan of abolishing coercion must be done.

# Heuristic model of abolishing coercion 2

- 1st layer: Practices of the ones who help.
  - know how to decode circumstances or risk situation as such (e.g., if someone loses her temper, helper must know the circumstances of it);
  - adopt the user perspective (e.g., to know why it is crucial for someone to get cigarettes punctually);
  - be aware of disputableness of coercion and be openly committed to its reduction and abolition;
  - know how to manage risks methodically (e.g., risk analysis) and be trained in proportionately intervening in users' lifeworld;
  - act as a team which provides more or less intensive support according to the intensity of user's needs and by doing so, their roles must be able to overlap in a big extent.



# Heuristic model of abolishing coercion 3

- 2nd layer: Leadership of the institution and its organizational units.
  - The (mind)set of the leaders must be aligned with the aim of abolishing coercion;
  - enable such organizational settings which would reinforce (mind)set of the helpers and also prevent coercive measures;
  - change the existing care into more user-tailored (personal planning); abolish places (e.g., secure ward) and institutional protocols (e.g., after a violent episode) where coercion condenses;
  - set up new services in community which provide support which is declared by the existing coercive practices (e.g., secure ward) without coercion.

# Heuristic model of abolishing coercion 4

- 3rd layer: Policies – reforming the system:
  - changes of legislation which regulates coercion;
  - changes in real spaces in which coercion is condensed (e.g., secure wards) so to transform them to their no-restraint alternatives.