



### ABSTRACT FORM

|  |   |                      |              |
|--|---|----------------------|--------------|
| <b>Name/Nome</b>   | <b>F. Gastaldi, A. Galia, B. Nicotra, F. Maio, P. Chirone, C. Corbascio</b>                               | <b>Country/Paese</b> | <b>Italy</b> |
| <b>Affiliation/Organizzazione</b><br><i>(University/Agency/NGO)/(Università/Azienda/ONG)</i> | Servizio Psichiatrico di Diagnosi e Cura<br>Dipartimento Interaziendale di Salute Mentale<br>ASL AT, Asti |                      |              |
| <b>Address/Indirizzo</b>   | Ospedale Cardinal Massaia,<br>Corso Dante 202, Asti   |                      |              |
| <b>Phone-mobile/Telefono</b>   | 0141-487401<br>324-0903309  | <b>Fax</b>           | 0141-487432  |
| <b>E-mail</b>  | agalia@asl.at.it  |                      |              |
| <b>Title of the contribution/Titolo del contributo</b>                                       | A psychosocial approach reduces coercive interventions in a Psychiatric ward?                             |                      |              |
| <b>Objectives/Obiettivi</b>  | Preliminary report on the protecting role of psycho-social approach in reducing coercive interventions.   |                      |              |

Contents-text/Contenuto-testo:

The *Servizio Psichiatrico di Diagnosi e Cura* (for short, SPDC) is the Psychiatric Ward in the Public General Hospital, according to the Law ruling the National Health Service and Psychiatric Assistance in Italy.

The SPDC of the Asti City Hospital includes 16 inpatients (with diagnosis of psychosis, mood disorder, severe personality disorders and - less frequently - substance/alcohol abuse, cognitive impairment as well as mild affective disorders). Admission is voluntary and involuntary, the latter referred to as *Trattamento Sanitario Obbligatorio* (TSO).

Aim of the present investigation is to validate the possibility that psychosocial interventions (supported housing, supported employment, economical assistance) delivered to the patients in the previous 5 years have protective

effects on coercive interventions in case of hospitalization.

Starting July 2018, our *SPDC* has adopted a policy of abolition of coercive interventions, complying with a no restraint model. The steps of our on-going action are a strict monitoring of coercive interventions (involuntary admissions and physical restraints). In details, out of the 196 patients discharged from the *SPDC* in the first 6 months of the 2019, 82 had psychosocial interventions, 57 underwent 'basic' psychiatric treatment (periodical psychiatric visits and or pharmacological therapy), while 57 were unknown by the Service. Out of the 196 patients discharged, 9 underwent TSO (6 psychotic breakdowns and 3 manic states). Out of these: 3 reported previous psycho-social interventions, 2 presented with basic psychiatric treatment and 4 patients were unknown by the Service.

15 patients of the entire group underwent physical restraint considered as an adverse event: 7 due to behavioural disorders in psycho-organic conditions, 8 due to acute psycho-motor agitation related to psychiatric disorders. Only one of these patients had received psychosocial interventions in the past.

These are preliminary observations: main biases are the absence of a statistical analysis and the small dimension/low number of the sample studied.

Our objective is to demonstrate that patients with a strong connection to the Community Mental Health Centre have a reduced risk of undergoing coercive interventions when admitted to a psychiatric ward.

The coercive intervention may be attributed to feelings of fear by clinicians and nurses, when approaching closely a severe psychiatric breakdown in an unknown patient. On the other hand, patients with a weak connection with the Service, may experiment feelings of reduced trust toward the professionals. The immediate consequence is the difficulty in establishing a therapeutic relationship with the patient in the emergency setting.

