



Responding to Crises - Alternatives to Hospital

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Franco Basaglia 1979



If a patient asks when he will be discharged home, the doctor has to enter a dialogue with the patient. In this dialogue, there is no longer a subject and an object but there are two human beings who have become subjects. If we don't accept this logic of contradiction between two human beings, we should rather trade bananas than work as doctors.

Germany's Federal Constitutional Court



Overview

Local service provision in a model region (Heidenheim as one of 20) vs. crisis in inpatient provision in non-model regions (*high bed occupancy, high levels of violence and coercive interventions, frequent transfers to forensic psychiatric care*):
catchment area, type of service, socioeconomic data, coercion

Agenda for change

- (1) Move on from monitoring of coercion to non-coercive practice
- (2) Enable legal capacity with supported decision making
- (3) Strengthen service provision with community based support

Hard cases: severe depression, psychosis

Critical factors

Regional service provision

Heidenheim General Hospital: 14 departments: medicine, surgery, obs&gynecology, urology, neurology, ... and mental health (psychiatry, psychotherapy and psychosomatic medicine) www.kliniken-heidenheim.de

520 beds, of these 79 for mental health

South-west Germany, low unemployment (3.7%), 130.000 inhabitants, small-town and rural, industrial area, academic teaching hospital of Ulm University

Regional service provision (2)

All mental health problems and diagnoses, age 18+
95% voluntary admissions, 5% under mental health law
(or guardianship orders), 1400 inpatient
admissions/year; 21 days av. length of stay

Inpatient admission, day hospital treatment, outpatient
treatment and home-treatment (*vs. traditional hospital care
with outpatient departments*)

9Mio €/year service budget in the model region (*vs. case
by case tariffs in non-model regions, frequently contested in court*),
covers all adults (public & private health insurance,
people depending on social assistance)

Agenda for change: monitoring coercive interventions in mental health services in Germany (Baden-Württemberg 2016) and Heidenheim (2018)

Detention: 8-10% of inpatients	5% of inpatients
Some form of coercion: 6.8% (2-17%) of inpatients	2.2%
Mechanical restraint: 3.7%	2.2%
Seclusion-isolation: 1.8%	0%
Mechanical restraint and isolation: 1.1%	0%
Compulsory treatment: 0,7% (0-2.2%) of inpatients were subject to coercive medication	(2011-2018: 3 cases) 0.03%

Non-coercive practice in Heidenheim

No seclusion rooms, no net-beds, never compulsory ECT

Open-door policy on all inpatient wards between 8am and 8pm – temporary closures are possible (less than 1% of the time) (*vs. locked admission wards in most regions*)

Home-treatment or day hospital treatment as alternatives to inpatient detention

no ECT (voluntary or coerced) used since 2011 (*commonly and increasingly used in at least 85 hospitals in Germany*)

Agenda for change: Legal capacity

- Support to challenge detention orders
- Support to challenge guardianship orders
- Restrict guardianship orders to support-only in specific areas (e.g. housing or financial affairs)

Agenda for change: Supported decision making

UN Committee on the Rights of Persons with Disabilities General Comment No 1

- **Empowering:** the person's will has to be respected.
- **Proportionality of sdm to the extent of disability**
- Can be delivered by the guardian, doctor, family member, support network, peer support
- Recognising non-conventional ways of communicating, reminding the person of the basics of the decision, guide them in weighing alternatives, simplifying the information
- **Best interpretation** of **will** and **preferences** as last resort

Art 19 CRPD: support the person in the community

HR Commissioner/Special Rapporteur: no coercion

Supported decision making

Germany: non binding recommendations from Germany's Medical Association

Heidenheim:

- Peer to peer counselling for inpatients and outpatients
- Support inpatients and outpatients to come off medication
- Treatment for psychosis without medication (wait and support)
- *Open dialogue meetings: what do you want to discuss today?*
- Emergency sedation only with consent
- Individual treatment plans rather than standard daily routine
- Joint crisis plans (or advance directives)

Agenda for change: Community inclusion

Germany: non-obligatory recommendations for networking of various providers; huge variation

Heidenheim:

- Community mental health network
- Home-treatment (7/7 daily home visits) as alternative to inpatient treatment
- Peer-professional collaboration for school prevention project
- Mental health as part of general healthcare provision

Hard cases: severe depression

“I want to end it all – and I don’t want to go to (or stay in) hospital”:

- Inform about all services available, incl. peer support and home treatment or crisis accommodation
- Inform in an accessible way about all treatment options
- Establish will and preferences
- Will and preferences may point in different directions
- Short-term detention to establish will and preferences may be legitimate
- No treatment against the person’s will

Hard cases: psychosis

“I am well and I don’t need any treatment at all”:

- Inform in an accessible way about all support available, incl. peer support and home treatment or crisis accommodation, housing first
- Offer support without medication (inpatient, outpatient, home treatment or day hospital)
- Establish will and preferences
- Will and preferences may point in different directions
- Act on best interpretation of will and preferences
- Short term detention may be legitimate to establish will and preferences in cases of imminent harm
- No treatment against the person’s will

Psychosis

Build trust:

-Offer support and avoid diagnostic attributions

What kind of support do you need vs. do you hear voices?

-Avoid the one-way street: Psychosis, lack of insight, medication, coercion

Find common ground, e.g. in healthy food, places to visit, people to meet, exercise, arts ...

Adopt Open-dialogue approach

Critical points

- Mental Health unit within the district general hospital
- Open-doors policy
- Home-treatment
- Peer support
- Social model of mental illness
- Regular meetings with local stakeholders to emphasize users' rights: police, guardianship court, local authorities, hospital



Article

Germany without Coercive Treatment in Psychiatry—A 15 Month Real World Experience

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Supported Decision Making in the Prevention of Compulsory Interventions in Mental Health Care

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Concept Paper

End Coercion in Mental Health Services—Toward a System Based on Support Only †

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Thank you