

STATEMENTS

**Coercive Interventions during Inpatient Psychiatric Care
Patient's preference, prevention and effects**

- 1) Evidence shows that patients experience involuntary medication as less restrictive than seclusion with or without mechanical restraint. [this dissertation]
- 2) Although the majority of Dutch patients prefer to be medicated in an emergency, seclusion is the most frequently used coercive measure in the Netherlands. Therefore it is important to register patients' preferences in advanced directives. [this dissertation]
- 3) To reach the standards and recommendations of the European Council and international guidelines for best practices, the use of coercive interventions in the Netherlands needs not only to be reduced, but their clinical practice requires also a serious improvement. [this dissertation]
- 4) Structured risk assessment should include tools that assess not only agitated and violent behavior, but also patients' psychological impairment and uncooperative behavior. This may lead to more accurate prediction and the successful prevention of coercive incidents. [this dissertation]
- 5) Seriously ill patients (diagnosed with borderline personality disorder), who are at a higher risk to themselves or to others should be treated at Psychiatric Intensive Care Units such as the one described in this dissertation, to minimize the use of coercive interventions. [this dissertation].
- 6) Patients' preferences cannot guide the establishment of international uniform methods for managing violent behavior. [this dissertation]
- 7) If the fear instinct is at the basis of all psychopathic diseases (Sidis, 1911) then the approach of gaining patients' compliance by inducing fear & coercion (i.e. using seclusion and restraint), is anti-therapeutic.
- 8) The significant problems we face cannot be solved at the same level of thinking we were at when we created them (Albert Einstein). Therefore elimination or reduction of seclusion and restraint can be achieved only if we learn to think differently and start viewing seclusion and restraint not as a common practice but as a serious violation of patients' human rights.
- 9) Traumatized psychiatric patients may lose their capacity to accurately assess and predict danger (Bloom, 2006b), which may lead to oversensitive reactions to threat and may explain their incapability (not unwillingness) to response adequately.
- 10) Our prime purpose in this life is to help others. And if you can't help them, at least don't hurt them (Dalai Lama). Therefore it is important to use less restrictive methods to protect psychiatric patients from harming themselves or others without hurting/ traumatizing them.
- 11) We can never obtain peace in the outer world until we make peace with ourselves. (Dalai Lama). Therefore the best method to prevent violence is to help people with mental illness to find their inner peace.