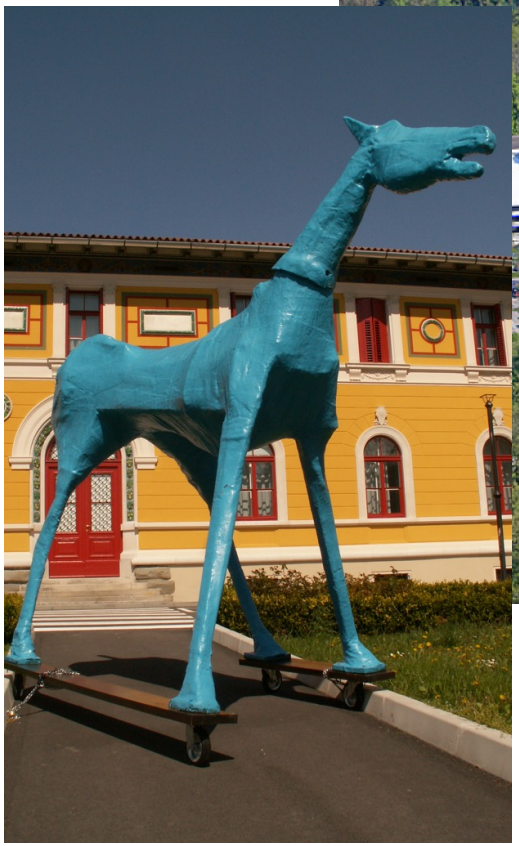

# *Supported Decision Making in Severe Mental Illness*

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Rome, 24th July 2019

# 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: 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

# 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

# service provision (2)

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

Inpatient admission, day hospital treatment, outpatient treatment and home-treatment

9Mio €/year service budget, covers all adults (public & private health insurance, people depending on social assistance, refugees, asylum seekers and migrants from the EU)

# coercion

Being detained in hospital (usually in a locked ward)
Physical restraint: being held down by several people
Mechanical restraint: being tied to a bed frame
Seclusion: being locked in a room
Coercive medication: being injected with tranquilizers

# Monitoring coercive interventions in mental health services in Germany (Baden-Württemberg 2016) and Heidenheim (2018)

| | |
|---|---|
| Detention: 8-10% of inpatients | 5% |
| Some form of coercion:<br>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)

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

no ECT (voluntary or coerced) used since 2011

# Legal capacity

England and Wales: best interests decision if the person does not pass the functional capacity assessment (the information should be explained in simple terms)

Italy: full guardianship or support administration, mix of substitution and support depending on cases

France: mix of full and partial guardianship and mandate for future protection

Germany: guardianship with substituted decision making, compulsory treatment and hospital detention (based on capacity assessments)

Heidenheim:

- 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)

# 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
- 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

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

England, Italy, The Netherlands, Norway: shared decision-making experiments by research groups.

US: supported decision-making practices based on open conversation with people with mental health conditions

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)

# Community inclusion

UK: community care

Italy: Centres for Mental Health on the territory

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

Heidenheim:

- Community mental health network
- Home-treatment as alternative to inpatient treatment
- Peer-professional collaboration for school prevention project
- Mental health as part of general healthcare provision

# 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

# 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 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

laws

MDPI

*Article*

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

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Academic Editor: Anna Arstein-Kerslake
Received: 28 December 2015; Accepted: 14 March 2016; Published: 17 March 2016

frontiers in Psychiatry

OPINION
published: 29 March 2019
doi: 10.3389/fpsyt.2019.00137

Check for updates

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

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Thank you