Coercion and mental health services: a Latvian perspective

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Population in 2023 — 1,891,000

What do we currently have

- **Five psychiatric hospitals** provide psychiatric services for adults;
- two of which includes narcological department (addiction medicine department);
- a forensic psychiatry unit without security in each;
- one security guard in emergency department (not in all hospitals).


Riga Psychiatry and Narcology center

Cont.

- **One** hospital for long-term and chronically ill .
- **One** hight- security forensic psychiatry unit (45 beds).
- One psychiatric ward **in prison.**
- **Four hospitals** have psychiatric departments for children.
- Outpatient departments, day care clinics, long-term social care centers.
- **In 2022:** psychiatrists 3.3 per 1000 (OECD- 3.6 per 1000; nurses 4.4 (OECD 8.8).

Health at a Glance Europe 2022; OECD/European Union (2022)

Mental health in Latvia in 2015-2021,Center For Disease Prevention and Control, 18 edition, Riga, 2022.

Coercive practices in Latvia

- **Formal coercion** is defined based on the **Medical Treatment Law** for psychiatric hospitals and **Criminal law** for forensic units.
- **Quasi-coercive measures** for patients with addiction, who committed violation of law.
- **Informal coercion**- a matter of culture and commonly used practices.

Psychiatrist- balancing among human rights protection, public safety and the need for proper treatment of individuals.

Still...

- **Registries on use of means of restraint coercive incidents unavailable**; data collection by hospitals- no public data provided by hospitals for processing and research.
- **Severe underreporting of violent acts** in mental health - only **1%** of mental health staff reported assault during the last 5 years, and assaults on psychiatrists not reported at all (Rakevich, Konstantinova, Losevich, 2021).
- **The inpatient suicide rate is underreported** in Latvia – zero cases were reported from 2000 to 2020, although at least two deaths from self-harm were detected in 2019 by the audit of the Health Inspectorate.

Rakevich, V., Konstantinova, K., Losevich, M.(2021). Patient-to-staff violence in mental health settings in Latvia - underreported and underestimated. Abstracts of the 63rd International Scientific Conference of Daugavpils University, academic press “Saule”, 97.p.

The Health Inspectorate, Republic of Latvia, reply Nr 3.1.-2/31773/ to the inquiry on 21.12.2020/ Veselības Inspekcija, atbilde Nr 3.1 – 2/31773 uz vēstuli no 21.12.2020.

Latvian law permits involuntary psychiatric placement and treatment in certain cases:

- **Involuntary hospitalization to psychiatric hospital-** may be carried out by the emergency team or police officers.
- **Psychiatric placement and treatment without the consent** of a patient- in a general psychiatric settings.

Law of Latvia, Ārstniecības likums/Medical Treatment Law. Latvijas Vēstnesis, 167/168, 01.07.1997., https://likumi.lv/ta/id/44108

Law of Latvia, Likums "Par policiju"/Law On Police. Latvijas Republikas Augstākās Padomes un Valdības Ziņotājs, 31/32, 15.08.1991. https://likumi.lv/ta/id/67957

Criteria for psychiatric placement and treatment without the consent of a patient/**involuntary treatment**

1. **Dangerous to others or self-harm** as a possible consequences of mental disorder
2. **An inability to care** for him or herself or for a person under his or her guardianship + the possible consequences of mental disorder may be unavoidable and serious deterioration of the person's health

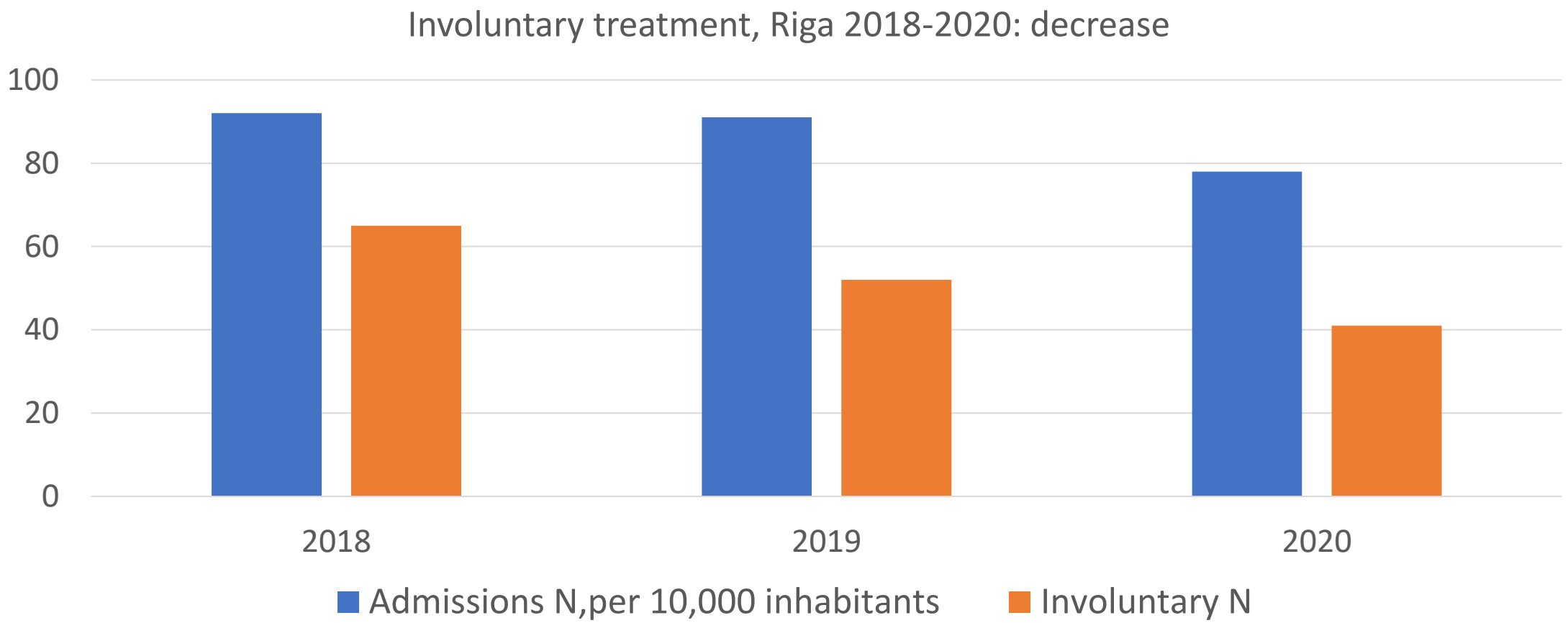
Law of Latvia, Ārstniecības likums/Medical Treatment Law. Latvijas Vēstnesis, 167/168, 01.07.1997

Involuntary placement and treatment procedure

- The detainment **can be initiated by a psychiatrist** in the admission ward (life–saving treatment can be ordered only);
- Decision shall be approved **by a council of psychiatrists within 72h period**, and the medical hospital treatment has to be permitted **by the court.**
- There is **no requirement for the involvement of an independent medical expert.**

Law of Latvia, Ārstniecības likums/Medical Treatment Law. Latvijas Vēstnesis, 167/168, 01.07.1997

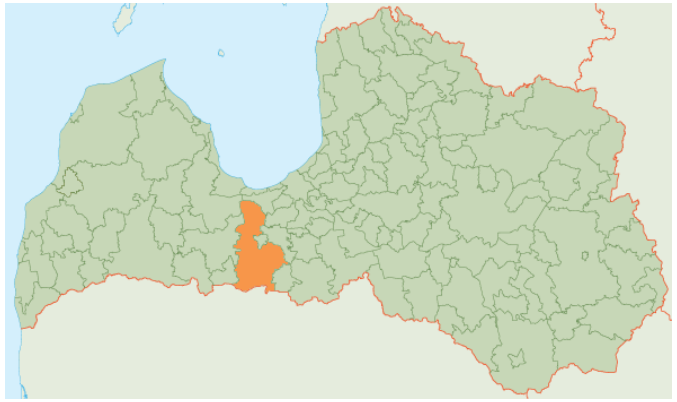
Statistics on involuntary treatment in 2018 – 2020 (Riga)



Riga Centre of Psychiatry and Addiction Medicine data, 2021

Statistics on involuntary patients in 2020 (Jelgava):

- In 2020 the criteria of “**danger to others”** was most often met;
- mostly were diagnosed with schizophrenia;
- the “inability to care” criteria was not met.



(Blekte, 2021, public report).

Study in 2021: ”Indications for treatment without consent- opinions of medical practitioners”

Medical professionals were invited to take part in anonymous online survey with multiple-choice and open-ended questions, and decide on an involuntary admission or not in seven clinical vignettes.

We identify that:

- Latvia’s medical practitioners can make **radically different decisions** in identical clinical situations.
- **Avoidance and resistance** of respondents to undertake challenging legal decision has been observed.
- **Lack of confidence** in identifying psychiatric disorders and in need of inpatient psychiatric treatment among non-psychiatrists.
- **The need for leadership and legal support** in healthcare to improve staff morale was identified.

Konstantinova, K.(2022). Indications for medical treatment without consent. Abstracts of the International Scientific Conference on Medicine organized within the frame of the 80th International Scientific Conference of the University of Latvia, Medicina (Kaunas), Riga, v.58(1): 118.

Most pressing issues that need to be fixed

- The **inability/incapacity criteria** are not established in regulatory documents.
- Receiving patient's consent or refusal of treatment the decisional capacity is not assessed.
- It is unclear how the clinician makes **a prediction regarding the severity and duration** of the mental disorder.
- The **consequences of non-treatment** (and criteria of need for hospital treatment) not specified.
- The **time criteria** for inability to care and inevitable consequences must be met is not specified.
- Legal criteria are **difficult to apply in practice.**
- There is **no legal criteria** about involuntary admission to hospital at the prehospital stage.
- There is no **coercive follow–up or after-care**;
- The patient's **performative capacity, need for support, and risk of violent** acts in the future is **not assessed** at the discharge.

Means of restraint

Mechanical restraints (mostly bed belts)

Physical restraint

Chemical restraint (short-acting antipsychotics and benzodiazepines)

Placement in a monitoring ward.

- Can be applied in cases, when there are **direct threats** that a patient due to mental disorder **may commit injuries** to himself or herself or other persons and **attempts to discontinue threat by verbal convincing have failed;**
- doctor's appointment;
- may be used for a patient by force only if the patient is **hospitalized without his or her consent.**

Application of restrictions

- **Specially created forms** for fixing the fact of limitation- indices confining means, the starting and end time, and injuries caused, if any have been caused for the patient or medical practitioner.
- The medical practitioner checks the patient's state of health at least **every 15 minutes.**
- The patient can be in a continuously restrained position **for no longer than two hours** at one time of restraint.
- If the patient continues to pose a threat due to mental disorders, **repeated** mechanical restraint is allowed no earlier than **after 10-15 minutes.**

Restrictions on minors

- The medical practitioner shall immediately **inform the patient's legal representative** and makes the corresponding notice in the log.
- Health check at least **every 10 minutes.**
- Can be continuously restrained for no longer than **one hour** at one time of restraint. After this period, the patient is released and his behavior is evaluated. If the patient continues to pose a threat due to mental disorders, repeated mechanical restraint is allowed no earlier than **after 15-30 minutes**. The minor patient can stay in the monitoring/observation ward for no longer than **four hours**; re-admission of the patient to the observation ward is allowed no earlier than **after 24 hours**.

Some issues in practice 

- **Not all cases** of patient restriction are **documented.**
- Medical professionals are **not trained in debriefing technics.**
- There is **no local/national register** for the use of coercion and involuntary hospitalization rate.
- Restrictions of patients (mechanical, chemical) are also carried out **in somatic hospitals** but are not considered coercion.

Other means of control in psychiatric hospitals

- **Body search for prohibited items**, e.g., explosive and flammable objects, sharpened objects, alcohol and substances of abuse, medicines (without a doctor's prescription), electronic devices, pornographic or violent content (Ministry cab. Reg. Nr.453, 12.07.2016);
- **reduction of contact with visitors** and cancellation of daily walks;
- **closed doors** in an acute psychiatric ward;
- **hospital-issued clothing** only in acute wards;
- **no direct access to mobile phones** in the acute wards;
- smoking on schedule;
- **consequences of the pandemic-** open wards locked, restrictions of visits; group therapy closure; involuntary isolation in small ward in case of infection; prolonged hospital stay in case of infectious disease; increased adherence to hygiene rules.

Compulsory measures of medical nature

- **Inpatient and outpatient** compulsory measures of medical nature within a **criminal law** - if the person who committed the (criminally punishable) crime in the state of mental incapacity ("insanity defence") or diminished capacity is considered to be also **"publicly dangerous mentally ill"** (Criminal law).

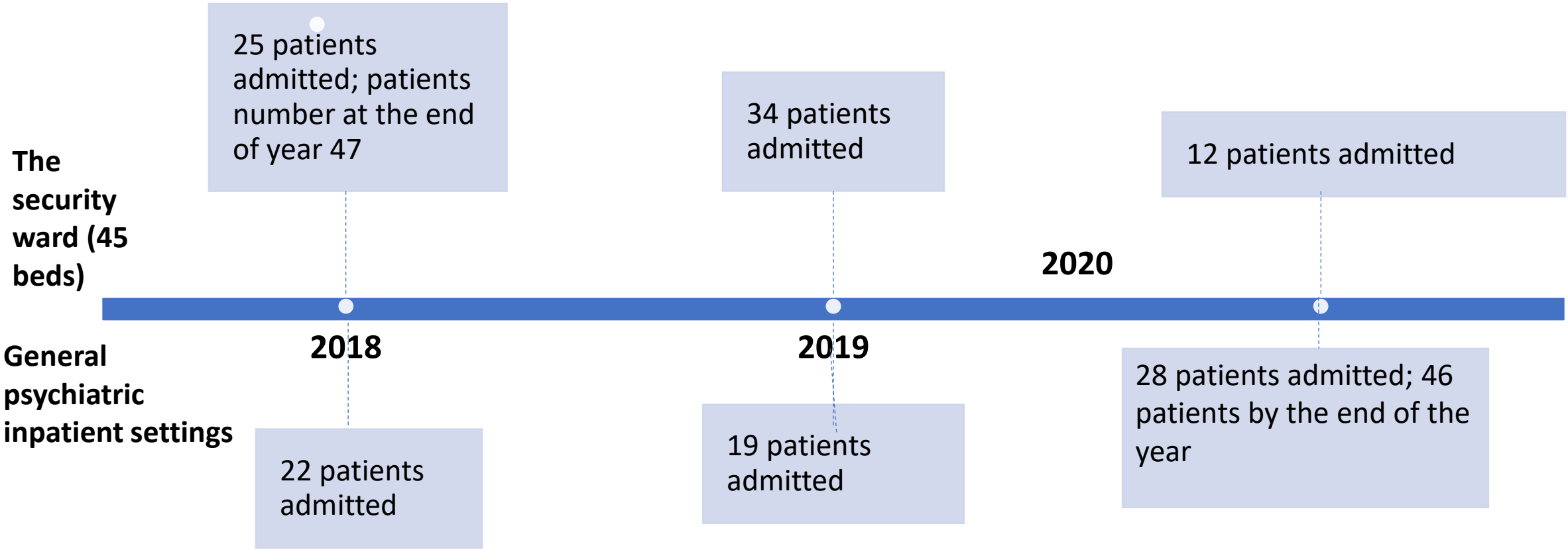
Ministru kabineta 1995. gada 4. aprīļa rīkojums Nr. 156 "Par piespiedu ārstēšanas un tiesu psihiatrisko ekspertīžu nodaļu izveidošanu", Latvijas vēstnesis, 54, 12.04.1995

Krastiņš U. Krimināsods un citi krimināie piespiedu ietekmēšanas līdzekļi/Criminal punishment and other measures of criminal law. Article in Latvian. Jurista Vārds, 2007,. Nr. 11 (464), 13. marts.

Most pressing issues

- The **absence of the appropriate external facilities and social care.**
- **No special sex offender therapy** is available or provided in Latvia (by contrast with Estonia).
- The law does not stipulate compulsory psychiatric medical treatment (e.g., daily injections of medications or use of long-lasting neuroleptics);
- **Future community violence risk assestment** is performed via clinical assestment only; no standardized/registred methods available.

Statistics on compulsory measures of medical nature in 2018 – 2020 (Riga):



Limited liability state company "Riga Center of Psychiatry and Addiction Medicine" 2020 annual report

The compulsory measures of correctional/educational nature

For minors, since the age of 11;

- applied solely to juvenile **offenders;**
- special educational (correctional) establishments of a closed type + some medical interventions too: treatment for any kind of addiction;
- can be applied without child and parent consent- with the consent of the Orphan's and Custody court only;
- 228 minors in 2016; 173 in 2020.

Law of Latvia, Likums "Par audzinoša rakstura piespiedu līdzekļu piemērošanu bērniem"/ Law On Application of Compulsory Measures of a Correctional Nature to Children. Latvijas Vēstnesis, 168, 19.11.2002.

National Health Service, Letters Nr 16-7/16513/2022, On minors' mandatory narcological treatment/Nacionālais veselības dienests, Par obligāto narkoloģisko ārstēšanu nepilngadīgajiem, Vēstule Nr. 16-7/16513/2022.

Restrictions on the rights of persons in social welfare institutions

- **To prevent** leaving a person without supervision and **to protect** the health and life thereof.
- Based on the state of health of a person.
- Is determined **in the individual rehabilitation or care plan.**
- Decision made by the **head of a long-term social care** and social rehabilitation institution or **an authorized representative.**
- **Isolation** of the person for a period not exceeding 24 hours in a room specially arranged for such purpose.
- Regulated by **Law on Social Services and Social Assistance.**

Law of Latvia, Law on Social Services and Social Assistance/ Sociālo pakalpojumu un sociālās palīdzības likums. Latvijas Vēstnesis, 168, 19.11.2002. https://likumi.lv/ta/id/68488

Initiatives to reduce coercion

- The Association “Resource Centre for People with Mental Disabilities ZELDA” implemented project “Pilot Project for Introduction of Supported Decision Making in Latvia.”
- In the period from 1 September 2014 to 30 April 2016.
- the supportive decision-making service is being developed at the moment and will be available as of July 2023 (provided by the Ministry of Welfare).

RC ZELDA has completed the Pilot Project on Implementation of the Supported Decision Making in Latvia, https://zelda.org.lv/en/news/rc-zelda-has-completed-the-pilot-project-on-implementation-of-the-supported-decision-making-in-latvia/

Ongoing research

The project **“Towards a human rights approach for mental health patients with a limited capacity: a legal, ethical and clinical perspective” was initiated by the University of Latvia» 2021 - 2023**

- To study the prevalence, characteristics, and needs of patients with limited capacity in Latvian medical and psychiatry institutions.
- To develop recommendations for improvement of legal regulations, governance, and clinical practice to safeguard the rights of patients with limited capacity.

https://www.lzplemtspeja.lu.lv/en/

FOSTREN

Latvijas Zinātnes padome

FLPP
FUNDAMENTĀLO UN LIETIŠĶO PĒTĪJUMU PROJEKTI

Coercion in psychiatry – an elephant in the room for psychiatrists

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The current “Mental health care organization improvement plan 2023-2025” does not stipulate any target activities to abolish coercion or to promote voluntary measures .

Ministru kabineta 2022. gada 13. decembra rīkojums Nr. 939 “Par Psihiskās veselības aprūpes organizēšanas uzlabošanas plānu 2023.–2025. gadam”/Order of Cabinet of Ministers “On the Plan for improving the organization of mental health care 2023-2025. Latvijas Vēstnesis, 245, 19.12.2022. https://likumi.lv/ta/id/338032, accessed 20 December 2022.

Steps needed to improve mental health care and decrease coercion in Latvia

- An increase in funding to ensure adequate ward staffing, personnel training, continuality of treatment.
- Engaging the public, patient organization representatives, and ethicists in policy-making.
- To improve legislation.
- Different institutes Cooperation.
- New models of end-of-life care.
- New model for community based treatment- follow-up care and intensive support for persons suffering from severe and chronic psychiatric disorders.
- Developing quality indicators of psychiatric care.
- Adequate transparent statistics and registers.
- Outcome measurement of coercion.

Acknowledgements

This paper has been prepared within **the research project "Towards a human rights approach for mental health patients with a limited capacity: A legal, ethical and clinical perspective",** No. lzp-2020/1-0397.

The project "Strengthening of the capacity of doctoral studies at the University of Latvia within the framework of the new doctoral model", identification No.8.2.2.0/20/I/006".

Thank you for your attention!

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