

## Abstract

**Background:** Perceived coercion in psychiatric care is a rising area of concern in the past 20 years. Some previous studies had found negative impact on treatment with high perceived coercion. Furthermore, reduction of perceived coercion was undoubtedly justified in terms of ethical consideration and human rights. Practice of coercive treatment varied across different countries with respect to the background culture and local law. The current study tried to investigate the factors associated with perceived coercion during psychiatric admission process in Hong Kong and to compare them with the international studies. The current study also examined the pilot service of the orientation video created by Kowloon Hospital (KH) on reduction of patient's perceived coercion during the admission process; in which the orientation video was served as a mean of providing information and facilitating involvement in treatment decision making.

**Methods:** A cross-sectional study was performed to identify the factors associated with perceived coercion during psychiatric admission process. These factors included demographics (age, gender, educational level), coercive events happened during admission process (legal status, use of physical coercive measures, process exclusion and perceived negative pressure) and clinical factors (diagnosis, severity of mental illness, insight and level of functioning). The analysis consisted of patients with and without past psychiatric admissions. Participants were conveniently recruited due to practical difficulties to ensure all the participants to go through the reliable measures of perceived coercion with the validated Chinese version of the Admission Experience Survey within 48 hours after admission. At the same time, an observational study was

conducted to explore the effect of the orientation video created by KH on patient's perceived coercion during psychiatric admission process. Under current practice, only patients without past psychiatric admission in Hong Kong and was arranged admission to Kowloon Psychiatric Observation Unit (KPOU) of KH after seen by consultation-liaison team in a local general hospital (Queen Elizabeth Hospital) on Monday, Wednesday and Friday would be shown the orientation video. Participants in the study were retrospectively identified as experimental group (having watched the orientation video before admission) and control group (without watching the orientation video before admission) after admission to KPOU.

**Results:** 114 patients were recruited in the analysis of the factors associated with perceived coercion during psychiatric admission process. Perception of process exclusion, perceived negative pressure exerted during admission process, legal status, use of physical coercion and insight were correlated with perceived coercion in bivariate analysis. In multivariate analysis, insight was not a significant predictor of perceived coercion; while the other 4 factors remained as significant predictors. The ordinal regression analysis accounted for 59.8% of the variance in perceived coercion.

Regarding the study on the effect of orientation video on perceived coercion during psychiatric admission, 55 patients in the experimental group and 57 patients in the control group were recruited. No statistically significance difference on perceived coercion was found between the experimental group and control group.

**Conclusion:** The current study is the first in the literature to explore the effect of orientation video on perceived coercion during psychiatric admission process. The current study could not demonstrate a difference on perceived coercion during psychiatric admission process with the use of the orientation video created by KH. Treating patient with fairness and respectfulness, avoiding use of negative pressure and minimising use of physical coercive measures might be essential to reduce perception of coercion during psychiatric admission process.

**Keywords:** Perceived coercion, psychiatric admission, orientation video