

Oral presentation

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Outcomes of adolescents treated involuntarily under the Canadian mental health act

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from WPA Thematic Conference. Coercive Treatment in Psychiatry: A Comprehensive Review
Dresden, Germany. 6–8 June 2007

Published: 19 December 2007

BMC Psychiatry 2007, 7(Suppl 1):S77 doi:10.1186/1471-244X-7-S1-S77

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/S77>

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Background

Restraint takes several forms. The effects on adolescents of the social form of constraint known as formal certification are considered wherein patient legal status is involuntary, compelling them to remain in a treatment setting for 30 days (renewable) under the Mental Health Act.

Methods

Annual data collected in the regional CAMHP information system from 2002–2006 (n = 21,107 referrals) was used to compare clinical characteristics and functional outcomes of voluntary and involuntary patients with formal certification status under the Mental Health Act. Analyses included descriptive statistics, (e.g. clinical characteristics, population-based rates and frequencies), regression, logistic regression and Chi Square analysis, with graphical representation.

Results

Compared to those without status, those with certification status had on average 6 (n = 752) registrations system wide for those with status compared to 1 (n = 20,656) for system wide those without status. For those treated at the same level of inpatient or urgent service, an average of 6 registrations were observed (n = 390) for those with status compared to an average of 3 admissions (n = 1416) for those without status. Those treated at the same level of inpatient or urgent service with status were older and had significantly more comorbidity, greater urgency on admis-

sion and longer lengths of stay. More than those without status, status patients more often were diagnosed with psychosis and more often had child protection status. Those with status were more functionally impaired on admission, but were comparable to those without status on discharge.

Conclusion

Formal certification appears to be used on a unique population of patients (involuntary) who require treatment and differ substantially from patients without formal status (voluntary). It appears that this legislative form of restraint does not impair the functional improvement of this population.