# Reducing force in mental health care with the help of guidelines

Submission date	Recruitment status	[X] Prospectively registered		
28/10/2019	No longer recruiting	[X] Protocol		
Registration date	Overall study status	Statistical analysis plan		
02/12/2019	Completed	[X] Results		
Last Edited	Condition category	[X] Individual participant data		
17/02/2025	Mental and Behavioural Disorders			

#### Plain English summary of protocol

Background and study aims

Coercive measures in psychiatry are discussed controversially. On the one hand, they are a violation of the human rights of people with mental health problems. On the other hand, they are often used as measures of the last resort to restore safety for patients and staff on psychiatric wards. This study aims to find out whether the use of coercive measures on psychiatric wards can be reduced by implementing the German Clinical Practice Guidelines "Avoidance of Coercion-Prevention and Treatment of Aggressive Behavior in Adults" (2018).

#### Who can participate?

52 psychiatric wards (26 from Southern Germany and 26 from Berlin) selected by the ward's staff according to their needs and possibilities, supported by an implementation consultant (nurse, psychologist).

#### What does the study involve?

The participating wards are randomly allocated to either an intervention group or a control group. The intervention group receive the intervention (implementation of clinical practice guidelines) straight away for 12 months. The control group also receive the intervention after 12 months. The level of implementation, number of coercive measures, and the duration of coercive measures are recorded before and after the intervention and are compared between the intervention and control wards.

#### What are the possible benefits and risks of participating?

Staff on the wards might worry that aggressive incidents become more frequent when restrictive measures are reduced and that they might become victims of assaults. Therefore, the number and severity of aggressive incidents is also measured.

# Where is the study run from?

- 1. Ulm University (Germany)
- 2. Vivantes Klinikum Am Urban, Clinic for Psychiatry, Psychotherapie und Psychosomatic Charite Berlin (Germany)
- 3. St. Hedwig Hospital, Psychiatric University Clinic, Charité Berlin (Germany)

When is the study starting and how long is it expected to run for? January 2019 to January 2023

Who is funding the study? Innovationsausschuss beim Gemeinsamen Bundesausschuss

Who is the main contact? Dr Sophie Hirsch sophie.hirsch@zfp-zentrum.de

#### Study website

https://prevco.de/

# Contact information

#### Type(s)

**Public** 

#### Contact name

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#### Type(s)

Scientific

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# Additional identifiers

#### **EudraCT/CTIS** number

Nil known

#### **IRAS** number

#### ClinicalTrials.gov number

Nil known

#### Secondary identifying numbers

IVZ S3

# Study information

#### Scientific Title

Implementation of the German Clinical Practice Guidelines on Prevention of Coercion and Violence (PreVCo) in psychiatry: a 2-year multicenter randomized matched-pair waiting list control trial (RCT) with complementary qualitative interviews

#### Acronym

PreVCo

#### **Study objectives**

Current study hypothesis as of 06/04/2023:

H1: The number of coercive measures per bed and year can be reduced by the intervention.

H1a: The guideline adherence can be enhanced by the intervention.

H2: The cumulative duration of seclusion and restraint per bed and year can be reduced by the intervention.

H3: Wards with high fidelity to the clinical practice guidelines have less coercive measures and less aggressive incidents.

H4: There is a correlation between the level of implementation in the intervention phase and the reduction of coercive measures.

H5: Various successful strategies can be identified due to the variety of interventions applied on the different participating wards.

#### Previous study hypothesis:

H1: The number of coercive measures per bed and year can be reduced by the intervention.

H2: The cumulative duration of seclusion and restraint per bed and year can be reduced by the intervention.

H3: Wards with high fidelity to the clinical practice guidelines have less coercive measures and less aggressive incidents.

H4: There is a correlation between the level of implementation in the intervention phase and the reduction of coercive measures.

H5: Various successful strategies can be identified due to the variety of interventions applied on the different participating wards.

# Ethics approval required

Old ethics approval format

# Ethics approval(s)

Approved 04/09/2019, ethics committee of Ulm University (Ulm HelmholtzstraBe 20 (Oberer Eselsberg) 89081 Ulm, Germany; Tel: +49 (0)731 500 22050/22052; Email: ethik-kommission@uni-ulm.de), ref: 55/19

#### Study design

Multicenter randomized matched-pair waiting list control trial (RCT) with complementary qualitative interviews

#### Primary study design

Interventional

#### Secondary study design

Randomised controlled trial

#### Study setting(s)

Hospital

#### Study type(s)

Prevention

#### Participant information sheet

See study outputs table

#### Health condition(s) or problem(s) studied

Psychiatric wards treating patients with severe mental illness, including the option of involuntary treatment

#### **Interventions**

Participating wards choose 2-3 interventions from the following list:

- 1. Implementation of standardised recording of coercive measures and aggressive incidents allowing analysis on a ward level
- 2. Implementation of internal standards in accordance with the Clinical Practice Guidelines concerning indication, conduct, review, documentation and debriefing of coercive measures or review existing standards.
- 3. Establish monthly team meetings were the data on coercive measures are discussed together with the ward manager and the head of the department
- 4. Establish a schedule for staff training in de-escalation techniques and aggression management and make sure that every employee who has contact with patients is trained at least once every two years
- 5. Ensure that patients who are secluded or restrained receive continuous personal 1:1 support by trained staff
- 6. Guarantee that after coercive measures debriefings with involved patients are done regularly and that these debriefings are documented properly
- 7. Employ peers on the wards
- 8. Install a plan of action to enhance the physical environment to avoid aggression and coercion on the ward and review this plan annually
- 9. Implementation of risk assessment tools e.g. the Brøset Violence Checklist (BVC) or another instrument in all patients at risk. Ensure that patients with high scorings will get appropriate interventions, e. g. talking down a patient by two staff members
- 10. Advise the patients who experienced coercive measures to prepare a patient advance

directive or offer to develop joint crisis plans together with their treating physicians

- 11. Realize pharmacotherapy in accordance with current clinical guidelines, evaluate the quality of the pharmacotherapy in regular intervals, e. g. once a month
- 12. Implementation of Safewards or another complex intervention consisting of different modules (e. g. Weddinger Modell, Six Core Strategies)

52 psychiatric wards (26 from Southern Germany and 26 from Berlin) are recruited to implement some of these interventions, selected by the ward's staff according to their needs and possibilities, supported by an implementation consultant (nurse, psychologist). The wards are randomised to an intervention and a control group. The control group will also get the intervention after 12 months.

The level of implementation, number of coercive measures, the duration of coercive measures and the number and severity of aggressive incidents are recorded before and after the intervention and are compared between intervention and control wards. In T0 the intervention wards will have their baseline assessment and their 1-day kick-off workshop. The intervention period will last 12 months. The wards will have 2 further half-day-workshops and telephone and email support by experts during this year. In T1 (after 12 months) follow-up assessment will be performed on the intervention wards and baseline assessment will be performed on the waiting list wards. Then the waiting list wards will have the intervention. In T2 (after 24 months) the waiting list wards will have their follow-up measurement. The study contains also a qualitative part. The interviews will start in month 2 on the intervention wards and in month 14 on the waiting list wards.

#### **Intervention Type**

Behavioural

#### Primary outcome measure

Number of coercive measures, measured per bed and year in the year before the intervention and in the intervention year. These are routine data available in all the clinics as prescribed by law. Coercive measures are forced medication, physical and mechanical restraint and seclusion.

#### Added 06/04/2023:

Due to the COVID-19 pandemic some wards were closed for several months and could not provide data at 12 months. Therefore the researchers decided to analyse the last 3 months provided by every ward. The intention to analyse all months (9-12 months were available) was also followed and used as a sensitive analysis.

#### Secondary outcome measures

Current secondary outcome measures as of 17/01/2023:

- 1. Level of implementation of the Clinical Practice Guidelines measured using a Likert scale graduated in ten steps (0-9) with standard examples covering the 12 interventions (derived from the guidelines recommendations) that can be implemented by the wards. Change will be measured by a pre-post-comparison calculating the difference between post- and pre-scoring (baseline and after 12 months)
- 2. Cumulative duration of coercive measures (physical and mechanical restraint and seclusion), measured using routine data in the year before the intervention and in the intervention year 3. Number of aggressive incidents measured using patient records during the year of the
- intervention

Previous secondary outcome measures:

- 1. Level of implementation of the Clinical Practice Guidelines measured using a Likert scale graduated in ten steps (0-9) with standard examples covering the 12 interventions (derived from the guidelines recommendations) that can be implemented by the wards. Change will be measured by a pre-post-comparison calculating the difference between post- and pre-scoring (baseline and after 12 months)
- 2. Cumulative duration of coercive measures (physical and mechanical restraint and seclusion), measured using routine data in the year before the intervention and in the intervention year.

  3. Number of aggressive incidents measured using the SOAS-P scale during the year of the
- 3. Number of aggressive incidents measured using the SOAS-R scale during the year of the intervention. Events with >= 10 points on the SOAS-R scale will be counted as assaults

#### Overall study start date

30/01/2019

#### Completion date

31/01/2023

# **Eligibility**

#### Key inclusion criteria

Psychiatric wards with the option to realize involuntary treatment

#### Participant type(s)

Other

#### Age group

Adult

#### Sex

Both

#### Target number of participants

52 wards

#### Total final enrolment

55

#### Key exclusion criteria

- 1. Forensic wards
- 2. Wards for children and adolescents
- 3. Wards where mainly people with dementia are treated

#### Date of first enrolment

01/02/2020

#### Date of final enrolment

29/07/2020

# Locations

#### Countries of recruitment

Germany

# Study participating centre

#### **Ulm University**

ZfP Suedwuerttemberg, CLinic for Psychiatry and Psychotherapie I Weingartshofer Strasse 2 Ravensburg-Weissenau Germany 88214

#### Study participating centre

Vivantes Klinikum Am Urban, Clinic for Psychiatry, Psychotherapie und Psychosomatic Charite Berlin,

Dieffenbachstraße 1 Berlin Germany 10967

#### Study participating centre

St. Hedwig Hospital, Psychiatric University Clinic, Charité Berlin

Große Hamburger Str. 5-11 Berlin Germany 10115

# Sponsor information

#### Organisation

**Ulm University** 

#### Sponsor details

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#### Sponsor type

Hospital/treatment centre

#### Website

https://www.zfp-web.de

#### **ROR**

https://ror.org/032000t02

# Funder(s)

#### Funder type

Government

#### **Funder Name**

Innovationsausschuss beim Gemeinsamen Bundesausschuss

# **Results and Publications**

#### Publication and dissemination plan

Current publication and dissemination plan as of 17/01/2023:

The study design was published in 2020, the pilot study was published in 2022. In 2023 the quantitative and qualitative analysis will be published.

Previous publication and dissemination plan:

The study design will be published at the end of 2019. In 2023 the quantitative and qualitative analysis will be published.

# Intention to publish date

31/07/2023

# Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be stored in a publically available repository

# IPD sharing plan summary

Stored in publicly available repository

# **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	15/09/2020	27/10/2020	Yes	No
Interim results article	Pilot study results	01/05/2022	17/01/2023	Yes	No
Participant information sheet	Brief PIS. In German.	31/08/2019	17/01/2023	No	Yes

Participant information sheet	In German		17/01/2023	No	Yes
Interim results article	baseline survey data	11/05/2023	31/05/2023	Yes	No
Dataset Results article Other publications	Barriers and facilitators	22/11/2023 01/12/2023 14/02/2025	16/01/2024 16/01/2024 17/02/2025	Yes	No No No