Developing targeted MR-CRAS interventions to reduce the duration of mechanical restraint among forensic psychiatric inpatients

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BACKGROUND
Duration of mechanical restraint (MR) is prolonged among forensic psychiatric inpatients in Denmark. A new short-term risk assessment instrument, the Mechanical Restraint – Confounder, Risk, Alliance Score (MR-CRAS) checklist is now developed to support staffs’ decision to release the patient from MR, but the checklist do not indicate reflections of conflict management and potential care interventions to improve MR-CRAS scores of the patient, contributing to a decrease in the duration of MR.

AIM
This project aims at developing a catalogue of interventions targeted to confounders, risk behavior and parameters of alliance inherent in the MR-CRAS checklist that are based on existing evidence and perceived usefulness from the perspective of both patients and clinicians to promote release from MR.

OBJECTIVE 1.1
Gathering experiences through a two-part semi-structured in-depth interview with forensic patients (n=10) and clinicians (n=10) Experiences and perspectives on interventions facilitating patient’s release from MR

OBJECTIVE 1.2
Conducting a systematic literature review of existing evidence-based interventions with positive effect on the duration of MR Interventions targeted to confounders, risk behavior and parameters of alliance, which have shown positive results in reducing the duration of MR

OBJECTIVE 1.3
Integrating findings from the interviews and the literature review into a catalogue of possible MR-CRAS interventions

OBJECTIVE 2.1-2.2
Validate the developed catalogue of possible MR-CRAS interventions through feedback from clinicians (n=16) through a two-part focus-group interview Validate the relevance, appropriateness and comprehensiveness of the catalogue of identified possible MR-CRAS interventions as interventions for reducing time spend in MR

OBJECTIVE 2.3
Adjust the developed catalogue of interventions targeted to confounders, risk behavior and parameters of alliance inherent in the MR-CRAS checklist to promote patients release from MR. Re-validate the catalogue through semi-structured focus-group interviews with clinicians (n=15) Validate relevance and comprehensions of MR-CRAS score combined with the catalogue of identified possible MR-CRAS interventions

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