Schizophrenia has been described as one of the most severe mental illnesses. The current rate of schizophrenia is estimated at 1% of the population globally (Torrey, 2001). Despite this fairly low percentage, Schizophrenia has a devastating and lasting impact on a diagnosed individual’s life.
There are a number of clinical channels through which Schizophrenia can be treated. One of these channels is through hospitalization. Hospitalization is an important environment for the treatment of people who are severely psychotic (Rossberg & Friis, 2004) as “it enables mental health professionals to observe the patient in a controlled setting” (Torrey, 2001, p. 185). This controlled hospital environment is vital as it allows the patient to be observed and appropriately cared for during the potentially distressing period of hospitalization. The hospital environment also enables medication to be administered and altered, as well as provides the person diagnosed with Schizophrenia with the supervision of healthcare providers, such as Psychiatrists, Psychologists and Nurses. Despite the outwardly positive influence on a patient’s mental health, hospitalization also has the potential to have a negative and traumatic impact, more specifically if the hospitalisation is involuntary or involved in some form of coercion.

Involuntary or coercive treatment can be defined as treatment imposed on the patient against his/her will. Coercive treatment of persons with mental illnesses is a controversial topic.

Traditionally, mental patients were denied the right to discharge themselves from a mental hospital. In this present age of informed consent, however, patients are able to refuse hospital treatment (RHT), despite staff recommendations, on the basis that they have insight and good judgement (Schlebush, & Luiz, 1985). However, not all mentally ill patients have insight and good judgement. Even though it is internationally recognized that the majority of mental health care users should be treated voluntarily, under circumstances where the patients might cause significant distress and be a potential danger to themselves or others, they might be forced against their will (Mental Health Care Act, 2002). “In accordance with this MHCA, a mental health care user may be treated involuntarily at a health establishment on an inpatient basis under very specific regulations which serve to protect the users’ rights as much as possible” (Moosa, & Jeenah, 2008, p. 109).

Let’s look at this from one side of the coin first. Critics of involuntary commitment argue that it does more harm than good. They conclude that involuntary or coercive treatment can be defined as treatment imposed on the patient against his/her will. Coercive treatment of persons with mental illnesses is a controversial topic.

Tips for Healthcare Providers

1. Include family members in the treatment process by psycho-educating them on what the illness entails as well as assisting them in providing a supportive role.
2. If a patient is admitted, family members should be part of the treatment program early in the admission process and not just at discharge.
3. If forced admission is required, try to get family members that the patient trusts involved in the admission process.
4. Focus on a multidisciplinary treatment plan. (Such as including other health care providers such as Psychiatrist, Psychologist, Social Worker, Occupational therapist etc.) The impact of schizophrenia is not just on the patient but on the entire family so a holistic treatment plan is essential in reducing the rates of relapse.
5. The Nurse-Patient relationship is an important one as they interact with patients more than the treating doctor. This is especially important as the nurse is the one administering medications and injections etc. Empathy when interacting with patients has been shown to lower the levels of trauma that the patient feels.
6. If you suspect the patient may not be compliant on the medication, rather opt for depot injection in treatment to ensure compliance.
On the other side of the coin, however, many mental health professionals argue that the use of coercion is sometimes necessary and important to ensure patients receive the proper care.

Tips for Family Members

Family members can play a vital role in helping to support a person with a mental illness.

1. If you think your family member has schizophrenia, seek help immediately as early intervention is crucial.
2. Educate yourself: Empower yourself with the knowledge of symptoms and treatments.
3. Be Empathic, try to imagine what your loved one is going through.
4. Set Realistic expectations and goals for yourself as well as your family member that has a severe illness. What may seem like realistic goals for you may be unrealistic for them. Check in with them when setting goals.
5. Avoid high Expressed Emotion: High expressed emotion can be defined by critical, hostile and emotional over-involvement in interactions with the person with the illness. This has been a predicting factor in relapse rate for persons with schizophrenia.
6. Support: Support your family member through this as well as obtain support for yourself. Having a family member diagnosed with a severe illness not only affects the individual but the whole family. It is vitally important that you have your own support structure in place.
7. Join a support group as interacting with other families or people with schizophrenia can help you gain more insight into the illness as well as reduce feelings of isolation and fear.
8. Encourage Compliance of Medication.

On the other side of the coin, however, many mental health professionals argue that the use of coercion is sometimes necessary and important to ensure patients receive the proper care.
Compulsory psychiatric hospitalization, especially during an acute psychotic episode, has been suggested as being extremely traumatic. In a study conducted by Beattie, Shannon, Kavanagh and Mullhollan, (2009) 66% of participants (sample size of 31) said their first psychiatric admission was most distressing. To date, there is a lack of existing studies focusing on the traumatic effects of acute psychosis and admissions. McGorry, et al. (1991) were among the first to suggest that the experience of a psychiatric hospital might be a direct cause of PTSD within psychosis.

On the other side of the coin, however, many mental health professionals argue that the use of coercion is sometimes necessary and important to ensure patients receive the proper care. From both a social responsibility standpoint, and with the client’s overarching mental health in mind, they conclude that involuntary treatment becomes necessary when patients are too ill to understand that they might need it, and when the patient might attempt to harm him / herself or others (Lidz, et. al., 1998). They argue that whilst autonomy is important, not all mentally ill patients have the insight and good judgement to make decisions that are in the best interest of themselves and the society/community that they live in. For some patients who are psychotic, psychiatric hospitalisation provides a structure and routine. In a study carried out in South Africa looking at trauma during first time hospitalization of persons diagnosed with schizophrenia, one participant stated that the psychiatric hospital was a space of refuge and assisted him in social reintegration. “The routine of knowing that he would have meals, a place to sleep and the necessary treatment provided him with a great sense of relief and safety.” (Zobi, 2011, p.57).

In the end, no matter which side of the coin you fall on, it is our ethical duty as mental health professionals to act in the best interest of our patient. Sometimes that might mean depriving them of a sense of liberty in order to treat them. Sometimes it might mean being more conscious about how we communicate with them, trying to ensure their experience if they are hospitalised is as comfortable as possible. As long as their care is always in mind, we’ll be upholding our most sacred of tenants... to treat the ill to the best of our ability.

References