

An intervention plan tailored to my needs

In collaboration with my clinical team, I develop an intervention plan to help me resolve the specific issues that led to my hospitalization at the Institute.

This plan is unique to me, is made possible by my involvement and is elaborated in light of my previous experiences.

It allows the clinical team to get to know me better and to support me in acquiring better self-management of my emotional tension or stress.



Together to soothe, treat and ensure safety

Coercive measures

explained to patients and their significant others

Your clinical team is available to answer your questions.

For any problematic situation, you can address your concerns to the unit manager.

In the event of dissatisfaction, the local service quality and complaints commissioner is available at extension 1174.

The contexts
of use of
coercive
measures

Policy 1235-68-15

Framework for the application of coercive measures at the National Institute of Forensic Psychiatry Philippe-Pinel



2025-09-16

Coercive measures in an unplanned context

- The clinical team will reflect my state back to me, including the associated risk, and propose alternative measures;
- My collaboration will be sought to help me calm down, while preserving everyone's safety;
- Finally, in exceptional circumstances, the clinical team will apply coercive measures to prevent injury to myself or others.

Alternative measures can be included in my proactive plan, and additional measures may be suggested by the clinical team.

Unplanned context

Urgent, unforeseen situation in which someone intervenes on my behalf when there is an imminent risk of danger to myself or others.

Planned context

Measures that are included in my intervention plan to prevent problematic behaviors that have occurred in the past.

Coercive measures in a planned context

- The decision to use coercive measures must be planned and is the result of a collaborative process with my clinical team;
- My participation, or that of my legal representative if applicable, is required to develop this plan;
- Coercive measures must be discontinued as soon as the reasons justifying their use are no longer present;
- They will be reassessed with me on a frequent basis;
- Together, we will try to identify the source of the problematic behaviors, so that we can implement therapeutic measures to prevent their reoccurrence.



If the interdisciplinary team and the patient do not agree on the measures to be implemented to manage the problematic behavior, the psychiatrist must take steps to obtain a legal authorization to administer care that may include coercive measures.

What about my consent?

In an **unplanned context**, my collaboration will be sought at all times but is not required.

In a **planned context**, my consent, or that of my legal representative, is required before using coercive measures.

To obtain my consent, I must be provided with the following information:

- The situations in which the application of coercive measures is necessary for my safety and that of others;
- The alternative measures that will be used first;
- The type of measure used;
- The monitoring required;
- The inherent risks and expected effects of applying these coercive measures;
- The consequences of a refusal or non-intervention.