

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.

Care and monitoring during the application of coercive measures

Policy 1235-68-15

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

What happens during the application of a coercive measure?

Throughout the intervention, my clinical team will:

- Provide close or constant supervision to ensure my comfort and safety;
- Treat me with respect and dignity;
- Come see me regularly to reassess my clinical condition and evaluate the possibility of discontinuing the measure.

Psychological care

I may experience negative emotions such as distress, anger, fear, anxiety, etc., during or after the application of coercive measures. It's important to verbalize my lived experiences. My clinical team will be on hand to:

- Answer my questions, reassure me and listen to me;
- Orient me in time and space;
- Explain the situation and remind me of the criteria for the withdrawal of the measures.

Physical care

In seclusion, my clinical team will:

- Check my general condition, vital signs and positioning;
- Ensure that my physiological needs are met (e.g. drinking, eating, using the washroom, hygiene).

While in restraints (in addition to care in seclusion), the following will be verified:

- Fit of restraints;
- Absence of wounds at restraint sites;
- Circulation in my limbs;
- Absence of pain.

It's important to communicate my physical discomforts, including hunger and thirst, to my clinical team.



Interventions during and after the application of the measures will be made to avoid or reduce, as much as possible, the effect of negative emotions or physical discomfort.

How is the end of the unplanned coercive measure decided?

The coercive measure is ceased as soon as the assessment indicates that I no longer present a risk of injury to myself or others.

This assessment takes into account the behaviours indicative of aggression, the triggers in the problematic situation and an evaluation of my physical and mental condition.

This assessment is carried out by an interdisciplinary team and must include a professional, such as a nurse or doctor, who is legally entitled to decide on the use of coercive measures.

What happens after the measure ends?

The interdisciplinary team will meet with me to review the event in order to identify alternative measures and adjust my intervention plan.