2022: IS IT TIME TO OPEN THE DOORS IN THE ACUTE PSYCHIATRIC HOSPITALISATION?

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Dear editor,

Providing the least restrictive mental health care is an unavoidable ethical principle and is one of the 10 basic principles of the "Mental Health Care Law" published in 1996 by the World Health Organization (WHO)[1]. Thus, several projects to promote and stimulate person-centered psychiatric care have been initiated by the WHO and the World Psychiatric Society since 2008[2].

In contrast to open medical inpatient units, people suffering from severe psychiatric disorders have a high probability of being involuntarily admitted to a Psychiatry Ward with Locked Doors (PWLD), which implies the application of a set of measures involving the restriction of the individual's freedom. The main argument for keeping the doors locked is that it is considered an effective measure for the prevention of suicides and self-harm behavior, as well as absconding. On the contrary, it is now being argued that the restrictive atmosphere of PWLD could in itself generate a climate of tension that would increase the incidence of violent situations and absconding[3]. Furthermore, the restrictions associated with PWLD promote that inpatients may perceive the treatment they receive as demeaning, which undoubtedly poses a threat to the therapeutic alliance[4].

In contrast to the traditional psychiatry inpatient model, innovative procedures have been developed and consolidated in the so-called Open-Door Policy Psychiatry Wards (ODPW). In these units, the traditional model of hospitalization is challenged by alternative measures based on collaboration and share decision-making. The effect of ODPW has been investigated through comparative studies with PWLD and research of the transition from PWLD to ODPW, both from a therapeutic and safety point of view.

It is essential that ODPW can ensure safety by preventing absconding, self-harm behavior and aggression. A longitudinal study over 15 years showed that there were no significant differences between PWLD and ODPW in terms of absconding, attempted self-harm and suicides[5]. Another study published in 2017 showed that aggressive and violent behavior was less likely in ODPW than in PWLD[6].

The published scientific literature also shows that respect for the personal freedom associated with the ODPW helps to reduce the use of coercive measures and therefore favours the reduction of involuntary admissions[7]. Hochstrasser et al. in 2018 observed that the number of seclusions and forced medication is significantly reduced each year during 6 years of follow-up in a ODPW[8].

Different open-door experiences are being conducted in spanish hospitals(Hospital Universitari Germans Trias i Pujol, Hospital Gregorio Marañón, Hospital Comarcal de Inca, Centre Assistencial Emili Mira, among others). Opening the doors in this acute psychiatric units has led to a perceived improvement in the therapeutic climate, highly valued by users and professionals, which does not reduce patient safety or increase conflictive events.

The reduction of inpatient restrictions, including locked doors, implies a paradigm shift in hospitalisation towards a person-centered psychiatry. This is a key aspect that implies fundamental changes in the interaction between professionals and patients. In this respect, the implementation of new nursing care models, among which the Safewards model stands out, is a key element for the success of the project. The involvement of the staff and appropriate institutional support are essential for the success of the project; there are no rigid open-door programmes, but they must be flexible and adapted to the idiosyncrasies and possibilities of each hospital (intermittent opening of doors, open areas next to locked areas, etc.). How to implement such a model, which is not standardised, can be complex. A qualitative study was carried out in Germany to find out what requirements are necessary for its implementation, concluding that the conceptual, number of professionals and structural conditioning factors prior to opening are very

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important. They also point to the importance of institutional involvement and support from policy initiatives, not only at a conceptual level, but also financially[9].

In conclusion, we believe that psychiatric acute inpatient wards should be aware of the solid scientific evidence supporting the therapeutic advantages of these models. We are living in a historic moment in psychiatry in which person-centered care must be promoted, fostering autonomy and respecting the rights of the individuals. We believe that the current situation invites each mental health providers to consider the extent to which it can implement an open door programme as rigorously as possible. It is needless to say that the undertaking is not an easy one, but the importance of the objective undoubtedly far outweighs the effort to achieve it.

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