

BMJ Open

BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<http://bmjopen.bmj.com>).

If you have any questions on BMJ Open's open peer review process please email info.bmjopen@bmj.com

BMJ Open

Factors associated with perceived coercion in adults receiving psychiatric care: a scoping review protocol

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2022-065393
Article Type:	Protocol
Date Submitted by the Author:	02-Jun-2022
Complete List of Authors:	Lessard-Deschênes, Clara; Université de Montréal; Centre de recherche de l'Institut universitaire en santé mentale de Montréal Goulet, Marie-Hélène; Université de Montréal, ; Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Pariseau-Legault, Pierre Pariseau-Legault; Université du Québec en Outaouais
Keywords:	MENTAL HEALTH, Adult psychiatry < PSYCHIATRY, PSYCHIATRY

SCHOLARONE™
Manuscripts

TITLE PAGE**Factors associated with perceived coercion in adults receiving psychiatric care: a scoping review protocol****Authors**

Clara Lessard-Deschênes^{1,2}, RN, M.Sc., PhD student. clara.lessard-deschenes@umontreal.ca

Marie-Hélène Goulet^{1,2}, RN, PhD. marie-helene.goulet@umontreal.ca

Pierre Pariseau-Legault^{3,4,5}, RN, PhD. pierre.pariseau-legault@uqo.ca

¹ Faculty of Nursing, Université de Montréal, Montreal, Quebec, Canada.

² Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Montreal, Quebec, Canada.

³ Université du Québec en Outaouais (Campus Saint-Jérôme), Quebec, Canada.

⁴ Centre de recherche et de partage des savoirs InterActions

⁵ Centre de recherche de Montréal sur les inégalités sociales, les discriminations et les pratiques alternatives de citoyenneté (CREMIS)

Correspondence should be addressed to Clara Lessard-Deschênes, 2375 chemin de la Côte-Sainte-Catherine, Montreal, Quebec, H3T 1A8. Email: clara.lessard-deschenes@umontreal.ca.

Word count : 1739

TITLE

Factors associated with perceived coercion in adults receiving psychiatric care: a scoping review protocol

ABSTRACT

Introduction: Coercion is inevitably linked to psychiatric and mental health care. Though many forms of coercion exist, perceived coercion appears to be a less studied form despite its marked prevalence and negative consequences. In the literature, several factors have been studied for their association with perceived coercion, but no literature reviews have focused on this precise subject. Gaining knowledge of the association between these factors and the degree of perceived coercion is essential to guide future research and develop informed interventions. The purpose of this review will be to identify, in the literature, factors associated with perceived coercion by adults receiving psychiatric care.

Methods and analysis: A scoping review will be conducted by following the Joanna Briggs Institute methodology. A search with descriptors and keywords will be performed in the following databases: CINAHL, MEDLINE, PUBMED, EMBASE, and PsychINFO. Then, a search for grey literature will be conducted, psychiatric and mental health journals will be searched, and reference lists will be examined to identify further pertinent literature. All literature on factors (human, health-related, organizational, etc.) and their association to perceived coercion by adults (18 and older) in psychiatry will be included. A quality assessment of the literature included will be performed. The extracted data will be analyzed with a method of content analysis.

Ethics and dissemination: No ethics approval is required for this review. This scoping review will present a global portrait of the factors that show an association with perceived coercion in psychiatric care. Identifying these factors will guide future research and inform the development of initiatives aiming to reduce coercion. The results of this scoping review will be submitted to a scientific journal for publication, presented in conferences, and shared with clinicians working in psychiatric and mental health care.

1
2
3 **Systematic review registration:** This scoping review protocol has been registered on Open
4 Science Framework (<https://osf.io/kc7gw>).
5
6
7
8
9

10 **STRENGTHS AND LIMITATIONS OF THIS STUDY**

- 13 • This will be the first scoping review presenting the association between perceived coercion
14 in psychiatry and different factors (human, organizational, etc.).
- 15 • This scoping review will present results from an extensive literature search conducted in
16 various databases, specialized journals, and grey literature.
- 17 • The target population, including adults receiving psychiatric care in the hospital, but also
18 in outpatient clinics or directly in the community, will allow for a broader exploration of
19 factors associated with perceived coercion.
- 20 • This review will be limited to literature in French and English, limiting the inclusion of
21 possible relevant sources in other languages.
22
23
24
25
26
27
28
29
30
31
32

33 **INTRODUCTION**

34
35
36 Coercion is still used regularly in mental health and psychiatric care, with a marked increase
37 in involuntary hospitalizations and community treatment orders ¹ and no steady reduction in the
38 use of mechanical restraint ². Despite controversy and ethical debates, as well as various initiatives
39 to reduce its use ³, the prevalence of coercion remains high ⁴⁻⁸. While coercion can be broadly
40 defined as using pressures to make a person act accordingly to another person or organization's
41 wishes ⁹, it is a more complex concept in psychiatry, where different forms of coercion coexist:
42 formal, informal, and perceived coercion ¹⁰. Formal coercion refers to the use of coercive measures
43 (e.g. involuntary hospitalization, seclusion) under the mental health legislation ¹¹. Informal
44 coercion consists of pressure, manipulation, and various control strategies used by health
45 professionals to promote treatment adherence ⁵. Persuasion, inducement, and threats are examples
46 of informal coercion ⁹. The current review will focus on perceived coercion, the individual's
47 subjective experience of being coerced ⁷.
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 Although less studied than other forms of coercion, perceived coercion is nevertheless
4 experienced by 74% of involuntarily hospitalized individuals and 25% of those voluntarily
5 admitted due to a mental illness ⁷. Perceived coercion has many consequences for the person
6 experiencing it, such as an increased risk of suicide after discharge ¹², avoidance of mental health
7 services ¹³, and feelings of dehumanization and isolation ⁷. While studies have presented results on
8 the association between different factors and perceived coercion, for example by studying the
9 influence of age ¹⁴, legal status ¹⁵, the quality of interactions with health professionals ¹⁶, or
10 procedural justice ¹⁷, to our knowledge, few literature reviews have specifically addressed this
11 subject. We found only one systematic review that has looked at variables associated with the
12 subjective experience of coercion, by studying the experience of patients after being subjected to
13 specific coercive measures, i.e. mechanical restraint, seclusion, and forced medication ¹⁸.
14 Considering that perceived coercion is not exclusively related to the experience of such measures
15 ⁹, a more global portrait of this subject is essential. A scoping review method will be used to present
16 the state of knowledge on the factors associated with perceived coercion, which could help guide
17 the development of interventions specifically designed to minimize the experience of this
18 phenomenon. The purpose of this article will be to identify, in the literature, factors associated with
19 perceived coercion by adults receiving psychiatric care. The following research questions will be
20 asked:
21
22
23
24
25
26
27
28
29
30
31
32
33

- 34 1. What factors are associated with perceived coercion by adults receiving psychiatric care?

37 **METHODS AND ANALYSIS**

38
39
40 This review will follow the Joanna Briggs Institute (JBI) methodology for scoping reviews
41 ¹⁹. This method follows nine steps: 1) defining the objectives, 2) developing the inclusion criteria,
42 3) planning 4) searching the evidence, 5) selecting the evidence, 6) extracting the evidence, 7)
43 analyzing the evidence, 8) presenting the results and 9) summarizing the evidence. The final
44 version of the scoping review will follow The Preferred reporting items for systematic review and
45 meta-analysis extension for Scoping Reviews (PRISMA-ScR). For the designing of this protocol,
46 The Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P)
47 checklist was followed (see additional file 1) ²⁰ and the protocol was registered on *Open Science*
48 *Framework* (<https://osf.io/kc7gw>).
49
50
51
52
53
54
55
56
57
58
59
60

Inclusion criteria

Following the JBI methodology for the development of a scoping review protocol, this section presents the type of participants, concept, context, and type of evidence that will be included.

Participants

The target population will be adults aged 18 years or older who are receiving or have received care for a mental illness. Considering the relatively low number of studies on perceived coercion, all mental illnesses will be included. Studies with participants that are 16 years of age and older will be included if the majority of participants are over 18 years of age. While no upper age limit will be applied, literature focusing specifically on gerontopsychiatry will be excluded, as will the one on forensic psychiatry considering the particularities associated with these subspecialties.

Concept

This review will include literature on the factors (human, organizational, sociodemographic, etc.) associated with perceived coercion, i.e. the subjective experience of coercion. The association between the factor and perceived coercion can be measured quantitatively (with specific scales that measure perceived coercion, i.e. *The MacArthur Admission Experience Survey*) or discussed qualitatively by participants of a study (themes related to their subjective experience of coercion).

Context

All mental health care settings will be included: inpatient, outpatient, and community-based care.

Type of evidence

Any existing literature on the concept of interest will be considered. It could include, but not be limited to, primary studies (quantitative, qualitative, mixed methods), literature reviews (systematic reviews, meta-analyses, etc.), conference abstracts, guidelines, theoretical articles, and grey literature (theses, etc.).

Search strategy

First, a search will be conducted in five databases: CINAHL, MEDLINE, PUBMED, EMBASE, and PsychINFO. Based on two main concepts derived from the research questions, "perceived coercion" and "psychiatry/mental illness," a list of terms was generated with the assistance of a librarian (table 1), from which a search will be conducted using descriptors and keywords (table 2). Based on the librarian's recommendation, "factors" was not considered in the search given the ambiguous nature of this concept but will be used as an inclusion criterion. A restriction will be applied to find literature in French and English only, with no restrictions for years of publication to obtain the entire scientific literature on the topic of interest. Next, a search will be conducted specifically in mental health periodicals to identify articles that might not be in the databases. A search will also be conducted to identify grey literature by searching OpenGrey, university thesis sites, and government agencies. Lastly, the reference lists of the selected articles will be searched to include any other literature deemed relevant according to the inclusion criteria. The search will be conducted in an iterative manner, meaning that the search strategy may be refined as we find pertinent evidence and become more familiar with the subject of interest.

Table 1. Main concepts and their associated lists of descriptors and keywords.

Coercion	Perception	Psychiatry / mental illness
Descriptors (MeSH)	Descriptors (MeSH)	Descriptors (MeSH)
"Coercion"	"Perception"	"Mental Disorders"
"Involuntary Treatment, Psychiatric"	"Social Perception"	"Bipolar and Related Disorders"
"Commitment of Mentally Ill"		"Schizophrenia Spectrum and Other Psychotic Disorders"
"Restraint, Physical"		"Mentally Ill Persons"
	Keywords	"Hospitals, Psychiatric"
Keywords	Perception(s)	"Psychiatric Department, Hospital"
Coercion	Perceived	
Coercing	Perceive	Keywords
Coercive	Perceiving	Psychiatric
Coerced	Experience(s)	Psychiatry
Involuntary	Experienced	Mental health
Involuntarily	Experiencing	Mental illness(es)
Commitment(s)	Subjective	Mentally ill
Restraint		Mental disorder(s)
restrained		Mentally disordered
Restraining		Schizophrenia
Seclusion		
Secluding		

secluded	Schizophrenic
Constraint	Psychosis
Constrained	Psychotic
Constraining	bipolar
Forced	
Force	
Compulsory	
Intimidation	
Intimidate	
intimidated	

Table 2. Example of a pilot search

Database	Search using descriptors and keywords	Filters	Results
PUBMED	(("Coercion"[Mesh] OR "Involuntary Treatment, Psychiatric"[Mesh] OR "Commitment of Mentally Ill"[Mesh] OR "Restraint, Physical"[Mesh:NoExp] OR Coercion[TIAB] OR Coercing[TIAB] OR Coercive[TIAB] OR Coerced[TIAB] OR Involuntary[TIAB] OR Involuntarily[TIAB] OR Commitment[TIAB] OR commitments[TIAB] OR Restraint[TIAB] OR restrained[TIAB] OR Restraining[TIAB] OR Seclusion[TIAB] OR secluded[TIAB] OR Secluding[TIAB] OR Constraint[TIAB] OR constrained[TIAB] OR Constraining[TIAB] OR forced[TIAB] OR force[TIAB] OR compulsory[TIAB] OR intimidation[TIAB] OR intimidate[TIAB] OR intimidated[TIAB]) AND ("Perception"[Mesh:NoExp] OR "Social Perception"[Mesh:NoExp] OR Perception[TIAB] OR perceptions[TIAB] OR Perceived[TIAB] OR Perceive[TIAB] OR Perceiving[TIAB] OR Experience[TIAB] OR experiences[TIAB] OR Experienced[TIAB] OR Experiencing[TIAB] OR Subjective[TIAB])) AND ("Mental Disorders"[Mesh:NoExp] OR "Bipolar and Related Disorders"[Mesh] OR "Schizophrenia Spectrum and Other Psychotic Disorders"[Mesh] OR "Mentally Ill Persons"[Mesh] OR "Hospitals, Psychiatric"[Mesh] OR "Psychiatric Department, Hospital"[Mesh] OR Psychiatric[TIAB] OR Psychiatry[TIAB] OR "Mental health"[TIAB] OR "Mental illness"[TIAB] OR "mental illnesses"[TIAB] OR "Mentally ill"[TIAB] OR "Mental disorder"[TIAB] OR "mental disorders"[TIAB] OR "Mentally disordered"[TIAB] OR Schizophrenia[TIAB] OR Schizophrenic[TIAB] OR Psychosis[TIAB] OR Psychotic[TIAB] OR bipolar[TIAB])	English, French	4223

Source of evidence selection

All citations will be uploaded in Covidence software (2022) and duplicates will be removed. A first selection will be based on title and abstract examination of the articles for assessment against

1
2
3 the inclusion criteria. The selection will be conducted independently by two main reviewers
4 following a pilot test. A second selection will be made based on full-text examination of the
5 literature selected in the first stage. The help of a third reviewer will be sought if any disagreements
6 arise between the other reviewers at each stage of the selection process. The reasons for exclusion
7 will be documented and reported in the final scoping review. The results of the selection process
8 will be reported and presented in a PRISMA extension for scoping review (PRISMA-ScR) flow
9 diagram²⁰.

15 **Data extraction**

16
17 Data extraction will be done according to the categories proposed in the JBI methodology
18 for scoping reviews¹⁹ and adapted to the purpose and research questions of the present study:
19 *authors, year of publication, country of origin, purpose, population, sample size, context of care,*
20 *method, type of factor assessed and its description, method of data collection used (scale,*
21 *questionnaire, interview, ...), key findings and quality assessment.* Using the Covidence software
22 (2022), two authors will independently extract data from three papers to verify that all relevant data
23 have been extracted. In the case of disagreement, a discussion will take place between the two
24 authors to clarify the items to be extracted, and the step will be repeated with a different article
25 until an inter-judge agreement is reached. We will assess the quality of the literature by using the
26 following tools: the Mixed Methods Appraisal Tool (MMAT)²¹, the Joanna Briggs Institute
27 Critical Appraisal Checklist for Systematic Reviews and Research Syntheses²², and the Authority,
28 Accuracy, Coverage, Objectivity, Date, Significance checklist (AACODS) for grey literature²³.

38 **Data analysis and presentation of the results**

39
40 First, a description of the included literature, its main characteristics, and the factors
41 examined will be presented in a tabular form accompanied by a narrative summary. Miles et al.'s
42 (2020) content analysis method will be used to allow for the presentation of the factors and their
43 association with perceived coercion. The extracted data will be coded (using QDA Miner software)
44 according to the specific factors presented in the literature and organized in a table to proceed with
45 their comparison. Next, broad categories will be identified, allowing different factors to be grouped
46 into a single category. Finally, conclusions will be presented, and recommendations formulated,
47 taking into account the state of knowledge on the subject and possible research gaps.
48
49
50
51
52
53
54
55
56
57
58
59
60

Patient and public involvement

No patient was involved in the development of this review protocol. However, a person with lived experience in psychiatry will be involved in reviewing the results of the scoping review.

ETHICS AND DISSEMINATION

The aim of this scoping review is to identify the factors that are associated with perceived coercion by people receiving psychiatric care. To our knowledge, this is the first literature review on this topic. Since the concept of perceived coercion remains a relatively understudied form of coercion, using a scoping review approach is relevant to ensure that a global portrait of the literature on this issue is presented. Indeed, it is now clear that coercion in psychiatry is not just about control measures, but rather a complex and multifactorial phenomenon that requires a better understanding of its various components. As the human rights-based approach to mental health care is gaining traction^{24 25}, it is essential that perceived coercion, which includes the perception of being treated fairly⁹, be considered in the development of initiatives aspiring to be respectful of human rights. Therefore, this review will provide a better understanding of the underlying factors that might contribute to the perception of coercion in psychiatric and mental health care, while allowing the distinction between human and organizational factors. We anticipate that the findings of this study will inform the development of interventions to reduce perceived coercion in psychiatric and mental health care by identifying modifiable factors that are associated with its prevalence. In addition, we believe that the results of this review will benefit all psychiatric and mental health stakeholders wishing to increase the quality of care and services provided to this population. The results of this scoping review will be submitted to a scientific journal for publication. In addition, the results will be presented in international mental health conferences and shared with clinicians working in psychiatric and mental health care.

DECLARATIONS

Authors' contributions

CLD designed and wrote the initial version of the scoping review protocol. MHG and PPL offered guidance during the design of the protocol and critically reviewed and helped refine the protocol.

Funding statement

This work was supported by the Ministère de l'Enseignement Supérieur du Québec and the Réseau de recherche en interventions en sciences infirmières du Québec (RRISIQ) (no grant numbers available). The funding did not influence in any way the writing of this review protocol.

Competing interests

The authors declare that they have no competing interests.

Word count

1739

Acknowledgement

The authors would like to acknowledge the contribution of Anne Bourbonnais, RN, PhD, associate professor at the Université de Montréal, for her guidance during the initial design of this protocol. The authors would also like to acknowledge the contribution of Marie Désilets, librarian at the Centre de documentation de l'Institut universitaire en santé mentale de Montréal, for her help in designing the search strategy.

Additional file

Additional file 1: The Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) checklist. (PRISMA-P+checklist_perceived coercion.docx).

REFERENCES

1. Sashidharan SP, Saraceno B. Is psychiatry becoming more coercive? *BMJ* 2017;357:j2904. doi: 10.1136/bmj.j2904
2. Newton-Howes G, Savage MK, Arnold R, et al. The use of mechanical restraint in Pacific Rim countries: an international epidemiological study. *Epidemiology and Psychiatric Sciences* 2020;29:e190. doi: 10.1017/S2045796020001031 [published Online First: 2020/12/02]
3. Gooding P, McSherry B, Roper C. Preventing and reducing 'coercion' in mental health services: an international scoping review of English-language studies. *Acta Psychiatr Scand* 2020;142(1):27-39. doi: 10.1111/acps.13152 [published Online First: 2020/01/19]
4. Gowda GS, Lepping P, Ray S, et al. Clinician attitude and perspective on the use of coercive measures in clinical practice from tertiary care mental health establishment - A cross-sectional study. *Indian J Psychiatry* 2019;61(2):151-55. doi: 10.4103/psychiatry.IndianJPsychiatry_336_18
5. Hotzy F, Jaeger M. Clinical Relevance of Informal Coercion in Psychiatric Treatment—A Systematic Review. *Frontiers in Psychiatry* 2016;7(197) doi: 10.3389/fpsy.2016.00197
6. Hotzy F, Moetteli S, Theodoridou A, et al. Clinical course and prevalence of coercive measures: an observational study among involuntarily hospitalised psychiatric patients. *Swiss Med Wkly* 2018;148:w14616. doi: 10.4414/smw.2018.14616 [published Online First: 2018/04/27]
7. Newton-Howes G, Stanley J. Prevalence of perceived coercion among psychiatric patients: literature review and meta-regression modelling. *The Psychiatrist* 2012;36(9):335-40. doi: 10.1192/pb.bp.111.037358 [published Online First: 2018/01/02]
8. Lebenbaum M, Chiu M, Vigod S, et al. Prevalence and predictors of involuntary psychiatric hospital admissions in Ontario, Canada: a population-based linked administrative database study. *BJPsych Open* 2018;4(2):31-38. doi: 10.1192/bjo.2017.4 [published Online First: 2018/02/23]
9. Szmukler G, Appelbaum P. Treatment pressures, leverage, coercion, and compulsion in mental health care. *Journal of Mental Health* 2008;17(3):233-44.
10. Hem MH, Gjerberg E, Husum TL, et al. Ethical challenges when using coercion in mental healthcare: A systematic literature review. *Nursing Ethics* 2016;25(1):92-110. doi: 10.1177/0969733016629770
11. García-Cabeza I, Valenti E, Calcedo AJSM. Perception and use of informal coercion in outpatient treatment: a focus group study with mental health professionals of Latin culture. 2017;40(2):63-69.
12. Jordan JT, McNiel DE. Perceived Coercion During Admission Into Psychiatric Hospitalization Increases Risk of Suicide Attempts After Discharge. *Suicide Life Threat Behav* 2020;50(1):180-88. doi: 10.1111/sltb.12560 [published Online First: 2019/06/05]
13. Szmukler G. Compulsion and "coercion" in mental health care. *World Psychiatry* 2015;14(3):259-61. doi: 10.1002/wps.20264
14. Sampogna G, Luciano M, Del Vecchio V, et al. Perceived Coercion Among Patients Admitted in Psychiatric Wards: Italian Results of the EUNOMIA Study. 2019;10(316) doi: 10.3389/fpsy.2019.00316
15. Theodoridou A, Schlatter F, Ajdacic V, et al. Therapeutic relationship in the context of perceived coercion in a psychiatric population. *Psychiatry Research* 2012;200(2):939-44. doi: <https://doi.org/10.1016/j.psychres.2012.04.012>

16. Sheehan KA, Burns T, Sheehan KA, et al. Perceived coercion and the therapeutic relationship: a neglected association? *Psychiatric Services* 2011;62(5):471-76. doi: 10.1176/ps.62.5.pss6205_0471
17. Galon P, Wineman NM. Quasi-Experimental Comparison of Coercive Interventions on Client Outcomes in Individuals With Severe and Persistent Mental Illness. *Archives of Psychiatric Nursing* 2011;25(6):404-18. doi: 10.1016/j.apnu.2010.10.004
18. Aguilera-Serrano C, Guzman-Parra J, Garcia-Sanchez JA, et al. Variables Associated With the Subjective Experience of Coercive Measures in Psychiatric Inpatients: A Systematic Review. *The Canadian Journal of Psychiatry* 2017;63(2):129-44. doi: 10.1177/0706743717738491
19. Peters M, Godfrey C, McInerney P, et al. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z, eds. *JBIManual for Evidence Synthesis2020*.
20. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Annals of Internal Medicine* 2018;169(7):467-73. doi: 10.7326/M18-0850
21. Hong QN, Fàbregues S, Bartlett G, et al. The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for Information* 2018;34:285-91. doi: 10.3233/EFI-180221
22. Aromataris E, Fernandez R, Godfrey CM, et al. Summarizing systematic reviews: methodological development, conduct and reporting of an umbrella review approach. *Int J Evid Based Healthc* 2015;13(3):132-40. doi: 10.1097/xeb.0000000000000055
23. Tyndall J. AACODS checklist for appraising grey literature. Flinders University, 2010.
24. Funk M, Bold ND. WHO's QualityRights Initiative: Transforming Services and Promoting Rights in Mental Health. *Health Hum Rights* 2020;22(1):69-75. [published Online First: 2020/07/17]
25. Porsdam Mann S, Bradley VJ, Sahakian BJ. Human Rights-Based Approaches to Mental Health: A Review of Programs. *Health Hum Rights* 2016;18(1):263-76. [published Online First: 2016/10/27]

PRISMA-P 2015 Checklist

This checklist has been adapted for use with systematic review protocol submissions to BioMed Central journals from Table 3 in Moher D et al: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews* 2015 4:1

An Editorial from the Editors-in-Chief of *Systematic Reviews* details why this checklist was adapted - Moher D, Stewart L & Shekelle P: Implementing PRISMA-P: recommendations for prospective authors. *Systematic Reviews* 2016 5:15

Section/topic	#	Checklist item	Information reported		Line number(s)
			Yes	No	
ADMINISTRATIVE INFORMATION					
Title					
Identification	1a	Identify the report as a protocol of a systematic review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30-31
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number in the Abstract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	53-54
Authors					
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7 to 22
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	298-299
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Support					
Sources	5a	Indicate sources of financial or other support for the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	301 to 303
Sponsor	5b	Provide name for the review funder and/or sponsor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	301-302
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	302-303
INTRODUCTION					
Rationale	6	Describe the rationale for the review in the context of what is already known	<input checked="" type="checkbox"/>	<input type="checkbox"/>	84-95

Section/topic	#	Checklist item	Information reported		Line number(s)
			Yes	No	
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	98
METHODS					
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and report characteristics (e.g., years considered, language, publication status) to be used as criteria for eligibility for the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	110 to 135
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study authors, trial registers, or other grey literature sources) with planned dates of coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	137 to 150
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	153
STUDY RECORDS					
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	156; 170-171
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) through each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	157 to 162
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	170 to 174
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources), any pre-planned data assumptions and simplifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	166 to 170
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	166 to 170
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	174 to 177
DATA					
Synthesis	15a	Describe criteria under which study data will be quantitatively synthesized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned exploration of consistency (e.g., I^2 , Kendall's tau)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46

Section/topic	#	Checklist item	Information reported		Line number(s)
			Yes	No	
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-regression)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	179 to 186
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a

For peer review only

BMJ Open

Factors associated with perceived coercion in adults receiving psychiatric care: a scoping review protocol

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2022-065393.R1
Article Type:	Protocol
Date Submitted by the Author:	20-Aug-2022
Complete List of Authors:	Lessard-Deschênes, Clara; Université de Montréal; Centre de recherche de l'Institut universitaire en santé mentale de Montréal Goulet, Marie-Hélène; Université de Montréal, ; Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Pariseau-Legault, Pierre Pariseau-Legault; Université du Québec en Outaouais
Primary Subject Heading:	Mental health
Secondary Subject Heading:	Health services research
Keywords:	MENTAL HEALTH, Adult psychiatry < PSYCHIATRY, PSYCHIATRY

SCHOLARONE™
Manuscripts

TITLE PAGE**Factors associated with perceived coercion in adults receiving psychiatric care: a scoping review protocol****Authors**

Clara Lessard-Deschênes^{1,2}, RN, M.Sc., PhD student. clara.lessard-deschenes@umontreal.ca

Marie-Hélène Goulet^{1,2}, RN, PhD. marie-helene.goulet@umontreal.ca

Pierre Pariseau-Legault^{3,4,5}, RN, PhD. pierre.pariseau-legault@uqo.ca

¹ Faculty of Nursing, Université de Montréal, Montreal, Quebec, Canada.

² Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Montreal, Quebec, Canada.

³ Université du Québec en Outaouais (Campus Saint-Jérôme), Quebec, Canada.

⁴ Centre de recherche et de partage des savoirs InterActions

⁵ Centre de recherche de Montréal sur les inégalités sociales, les discriminations et les pratiques alternatives de citoyenneté (CREMIS)

Correspondence should be addressed to Clara Lessard-Deschênes, 2375 chemin de la Côte-Sainte-Catherine, Montreal, Quebec, H3T 1A8. Email: clara.lessard-deschenes@umontreal.ca.

Word count : 2034

TITLE

Factors associated with perceived coercion in adults receiving psychiatric care: a scoping review protocol

ABSTRACT

Introduction: Coercion is inevitably linked to psychiatric and mental health care. Though many forms of coercion exist, perceived coercion appears to be a less studied form despite its marked prevalence and negative consequences. In the literature, several factors have been studied for their association with perceived coercion, but few literature reviews have focused on this precise subject. Gaining knowledge of the association between these factors and the degree of perceived coercion is essential to guide future research and develop informed interventions. The purpose of this review will be to identify, in the literature, factors associated with perceived coercion by adults receiving psychiatric care.

Methods and analysis: A scoping review will be conducted by following the Joanna Briggs Institute methodology. A search with descriptors and keywords will be performed in the following databases: CINAHL, MEDLINE, PUBMED, EMBASE, and PsychINFO. Then, a search for grey literature will be conducted, psychiatric and mental health journals will be searched, and reference lists will be examined to identify further pertinent literature. All literature on factors (human, health-related, organizational, etc.) and their association to perceived coercion by adults (18 and older) in inpatient, outpatient and community-based psychiatry will be included. A quality assessment of the literature included will be performed. The extracted data will be analyzed with a method of content analysis. An exploratory search was conducted in September 2021 and will be updated in September 2022 once the evidence selection process is planned to begin.

Ethics and dissemination: No ethics approval is required for this review. The results of this scoping review will be submitted to a scientific journal for publication, presented in conferences, and shared with clinicians working in psychiatric and mental health care.

SYSTEMATIC REVIEW REGISTRATION

This scoping review protocol has been registered on Open Science Framework (<https://osf.io/kc7gw>).

STRENGTHS AND LIMITATIONS OF THIS STUDY

- This scoping review will present results from an extensive literature search conducted in various databases, specialized journals, and grey literature.
- The target population, including not only adults receiving psychiatric care in the hospital but also in outpatient clinics or directly in the community, will allow for a broader exploration of factors associated with perceived coercion.
- A consultation with relevant stakeholders to review the preliminary results will allow to further develop and refine the results.
- Only literature in French and English will be included, limiting the inclusion of possible relevant sources in other languages.
- The absence of involvement from a person with lived experience from the early stages of this scoping review could limit the preciseness and relevance of the search strategy and the depth of the findings.

INTRODUCTION

Coercion is still used regularly in mental health and psychiatric care, with a marked increase in involuntary hospitalizations and community treatment orders ¹ and no steady reduction in the use of mechanical restraint ². Despite controversy and ethical debates, as well as various initiatives to reduce its use ³, the prevalence of coercion remains high ⁴⁻⁸. While coercion can be broadly defined as using pressures to make a person act according to another person or organization's wishes ⁹, it is a more complex concept in psychiatry, where different forms of coercion coexist: formal, informal, and perceived coercion ¹⁰. Formal coercion refers to the use of coercive measures (e.g. involuntary hospitalization, seclusion) under the mental health legislation ¹¹. Informal

1
2
3 coercion consists of pressure, manipulation, and various control strategies used by health
4 professionals to promote treatment adherence⁵. Persuasion, inducement, and threats are examples
5 of informal coercion⁹. The current review will focus on perceived coercion, the individual's
6 subjective experience of being coerced⁷.
7
8
9

10 Although less studied than other forms of coercion, perceived coercion is nevertheless
11 experienced by 74% of involuntarily hospitalized individuals and 25% of those voluntarily
12 admitted due to a mental illness⁷. Perceived coercion has many consequences for the person
13 experiencing it, such as an increased risk of suicide after discharge¹², avoidance of mental health
14 services¹³, and feelings of dehumanization and isolation⁷. Many studies have presented results on
15 the association between different factors and perceived coercion, for example by studying the
16 influence of age¹⁴, legal status¹⁵, the quality of interactions with health professionals¹⁶, or
17 procedural justice¹⁷. Consequently, a number of literature reviews have looked at perceived
18 coercion, as a main or secondary outcome, by exploring the impacts of seclusion and restraint^{18 19},
19 forced medication¹⁹, the patients' legal status²⁰⁻²⁴ and the patients' decision-making capacity²⁵. We
20 found only one systematic review, dating back to 2011, that considered other factors, such as the
21 patients' quality of life or their sociodemographic characteristics²¹. This review had several
22 limitations, including the selection of studies in English only and the absence of consideration for
23 grey literature. Furthermore, more recent studies suggest that perceived coercion may be linked to
24 other factors such as the perception of fairness and justice during treatment, also known as
25 procedural justice^{16 17 26 27}. Considering the lack of literature reviews that take into account all the
26 factors that may be associated with perceived coercion, a more global and recent portrait of this
27 subject is needed.
28
29
30
31
32
33
34
35
36
37
38
39
40

41 A scoping review method will be used to present the state of knowledge on the factors
42 associated with perceived coercion, which could help guide the development of interventions
43 specifically designed to minimize the experience of this phenomenon. The purpose of this article
44 will be to identify, in the literature, factors associated with perceived coercion by adults receiving
45 psychiatric care. The following research question will be asked:
46
47
48
49

- 50
51 1. What factors are associated with perceived coercion by adults receiving psychiatric care?
52
53
54
55
56
57
58
59
60

METHODS AND ANALYSIS

This review will follow the Joanna Briggs Institute (JBI) methodology for scoping reviews²⁸. This method was chosen because of its clear guidelines that allows the reviewers to conduct a thorough review that may be reciprocated by readers to ensure its validity. The JBI methodology follows nine steps: 1) defining the objectives, 2) developing the inclusion criteria, 3) planning 4) searching the evidence, 5) selecting the evidence, 6) extracting the evidence, 7) analyzing the evidence, 8) presenting the results and 9) summarizing the evidence. A 10th step of consultation with relevant stakeholders will be added to this review. Though optional, consultation is recommended in other scoping review methodologies to add rigor^{29 30}. For this review, the consultation will take place after the initial data analysis (step 7) and preliminary results will be presented to the following stakeholders: a person with lived experience of perceived coercion, a clinician with extensive experience in psychiatry and a researcher in this field. Their contributions will be acknowledged in the final review and reported in the results section. The final version of the scoping review will follow The Preferred reporting items for systematic review and meta-analysis extension for Scoping Reviews (PRISMA-ScR). For the designing of this protocol, The Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) checklist was followed (see additional file 1)³¹ and the protocol was registered on *Open Science Framework* (<https://osf.io/kc7gw>). The source of evidence selection for this scoping review is scheduled to begin in September 2022. A first completed version of this review is planned for September 2023.

Inclusion criteria

Following the JBI methodology for the development of a scoping review protocol, this section presents the type of participants, concept, context, and type of evidence that will be included.

Participants

The target population will be adults aged 18 years or older who are receiving or have received psychiatric care. Studies with participants that are 16 years of age and older will be included if the majority of participants are over 18 years of age. While no upper age limit will be applied, literature focusing specifically on geriatric psychiatry will be excluded considering the particularities associated with this subspecialty (e.g., physical comorbidities, neurodegenerative disorders). Literature on intellectual disability, perinatal psychiatry or eating disorders will be

1
2
3 excluded. Other than general psychiatry, the following subspecialties will be included: psychiatric
4 rehabilitation, forensic psychiatry, community psychiatry and addiction psychiatry.

5 6 7 Concept

8
9 This review will include literature on the factors (human, organizational,
10 sociodemographic, etc.) associated with perceived coercion, i.e. the subjective experience of
11 coercion. The different factors will be determined and classified during the analysis phase of the
12 review. The association between the factor and perceived coercion can be measured quantitatively
13 (with specific scales that measure perceived coercion, i.e. *The MacArthur Admission Experience*
14 *Survey*) or discussed qualitatively by participants of a study (themes related to their subjective
15 experience of coercion).
16
17
18
19
20

21 22 Context

23 All mental health care settings will be included: inpatient, outpatient, and community-based
24 care.
25
26

27 28 Type of evidence

29 Any existing literature on the concept of interest will be considered. It could include, but
30 not be limited to, primary studies (quantitative, qualitative, mixed methods), literature reviews
31 (systematic reviews, meta-analyses, etc.), conference abstracts, guidelines, theoretical articles, and
32 grey literature (theses, etc.). The literature whose full text is in French or English will be included
33 only.
34
35
36
37

38 39 Search strategy

40 First, a search will be conducted in five databases: CINAHL, MEDLINE, PUBMED,
41 EMBASE, and PsychINFO. Based on two main concepts derived from the research questions,
42 "perceived coercion" and "psychiatry/mental illness," a list of terms was generated with the
43 assistance of a librarian (table 1), from which a search will be conducted using descriptors and
44 keywords (table 2). An exploratory search was conducted in September 2021 (see additional file
45 2), which will be updated once the evidence selection begins (planned date: September 2022).
46 Based on the librarian's recommendation, "factors" was not considered in the search given the
47 ambiguous nature of this concept but will be used as an inclusion criterion. There will be no
48 restrictions for years of publication to obtain the entire scientific literature on the topic of interest.
49 Next, a search will be conducted specifically in mental health periodicals to identify articles that
50
51
52
53
54
55
56
57
58
59
60

might not be in the databases. A search will also be conducted to identify grey literature by searching OpenGrey, university thesis sites, and government agencies. Lastly, the reference lists of the selected articles will be searched to include any other literature deemed relevant according to the inclusion criteria. The search will be conducted in an iterative manner, meaning that the search strategy may be refined as we find pertinent evidence and become more familiar with the subject of interest.

Table 1. Main concepts and their associated lists of descriptors and keywords.

Coercion	Perception	Psychiatry / mental illness
Descriptors (MeSH)	Descriptors (MeSH)	Descriptors (MeSH)
"Coercion"	"Perception"	"Mental Disorders"
"Involuntary Treatment, Psychiatric"	"Social Perception"	"Bipolar and Related Disorders"
"Commitment of Mentally Ill"		"Schizophrenia Spectrum and Other Psychotic Disorders"
"Restraint, Physical"		"Mentally Ill Persons"
	Keywords	"Hospitals, Psychiatric"
Keywords	Perception(s)	"Psychiatric Department, Hospital"
Coercion	Perceived	
Coercing	Perceive	Keywords
Coercive	Perceiving	Psychiatric
Coerced	Experience(s)	Psychiatry
Involuntary	Experienced	Mental health
Involuntarily	Experiencing	Mental illness(es)
Commitment(s)	Subjective	Mentally ill
Restraint		Mental disorder(s)
restrained		Mentally disordered
Restraining		Schizophrenia
Seclusion		Schizophrenic
Secluding		Psychosis
secluded		Psychotic
Constraint		bipolar
Constrained		
Constraining		
Forced		
Force		
Compulsory		
Intimidation		
Intimidate		
intimidated		

Table 2. Example of a pilot search

Database	Search using descriptors and keywords	Results
PUBMED	((("Coercion"[Mesh] OR "Involuntary Treatment, Psychiatric"[Mesh] OR "Commitment of Mentally Ill"[Mesh] OR "Restraint, Physical"[Mesh:NoExp] OR Coercion[TIAB] OR Coercing[TIAB] OR Coercive[TIAB] OR Coerced[TIAB] OR Involuntary[TIAB] OR Involuntarily[TIAB] OR Commitment[TIAB] OR commitments[TIAB] OR Restraint[TIAB] OR restrained[TIAB] OR Restraining[TIAB] OR Seclusion[TIAB] OR secluded[TIAB] OR Secluding[TIAB] OR Constraint[TIAB] OR constrained[TIAB] OR Constraining[TIAB] OR forced[TIAB] OR force[TIAB] OR compulsory[TIAB] OR intimidation[TIAB] OR intimidate[TIAB] OR intimidated[TIAB]) AND ("Perception"[Mesh:NoExp] OR "Social Perception"[Mesh:NoExp] OR Perception[TIAB] OR perceptions[TIAB] OR Perceived[TIAB] OR Perceive[TIAB] OR Perceiving[TIAB] OR Experience[TIAB] OR experiences[TIAB] OR Experienced[TIAB] OR Experiencing[TIAB] OR Subjective[TIAB])) AND ("Mental Disorders"[Mesh:NoExp] OR "Bipolar and Related Disorders"[Mesh] OR "Schizophrenia Spectrum and Other Psychotic Disorders"[Mesh] OR "Mentally Ill Persons"[Mesh] OR "Hospitals, Psychiatric"[Mesh] OR "Psychiatric Department, Hospital"[Mesh] OR Psychiatric[TIAB] OR Psychiatry[TIAB] OR "Mental health"[TIAB] OR "Mental illness"[TIAB] OR "mental illnesses"[TIAB] OR "Mentally ill"[TIAB] OR "Mental disorder"[TIAB] OR "mental disorders"[TIAB] OR "Mentally disordered"[TIAB] OR Schizophrenia[TIAB] OR Schizophrenic[TIAB] OR Psychosis[TIAB] OR Psychotic[TIAB] OR bipolar[TIAB]))	4963

Source of evidence selection

All citations will be uploaded in Covidence software (2022) and duplicates will be removed. A first selection will be based on title and abstract examination of the articles for assessment against the inclusion criteria. The selection will be conducted independently by two main reviewers following a pilot test. A second selection will be made based on full-text examination of the literature selected in the first stage. The help of a third reviewer will be sought if any disagreements arise between the other reviewers at each stage of the selection process. The reasons for exclusion will be documented and reported in the final scoping review. The results of the selection process will be reported and presented in a PRISMA extension for scoping review (PRISMA-ScR) flow diagram ³¹.

Data extraction

Data extraction will be done according to the categories proposed in the JBI methodology for scoping reviews²⁸ and adapted to the purpose and research questions of the present study: *authors, year of publication, country of origin, purpose, population, sample size, context of care, method, type of factor assessed and its description, method of data collection used (scale, questionnaire, interview, ...), key findings and quality assessment*. Using the Covidence software (2022), two authors will independently extract data from three papers to verify that all relevant data have been extracted. In the case of disagreement, a discussion will take place between the two authors to clarify the items to be extracted, and the step will be repeated with a different article until an inter-judge agreement is reached. We will assess the quality of the literature by using the following tools: the Mixed Methods Appraisal Tool (MMAT)³², the Joanna Briggs Institute Critical Appraisal Checklist for Systematic Reviews and Research Syntheses³³, and the Authority, Accuracy, Coverage, Objectivity, Date, Significance checklist (AACODS) for grey literature³⁴.

Data analysis and presentation of the results

First, a description of the included literature, its main characteristics, and the factors examined will be presented in a tabular form accompanied by a narrative summary. Miles et al.'s (2020) content analysis method will be used to allow for the presentation of the factors and their association with perceived coercion. The extracted data will be coded (using QDA Miner software) according to the specific factors presented in the literature and organized in a table to proceed with their comparison. Next, broad categories will be identified, allowing different factors to be grouped into a single category. The preliminary results will be presented to the stakeholders and discussed through a meeting. Their input will be considered and incorporated in the results. Finally, conclusions will be presented, and recommendations formulated, taking into account the state of knowledge on the subject and possible research gaps.

Patient and public involvement

No patient was involved in the development of this review protocol. However, a person with lived experience in psychiatry will be involved in reviewing the preliminary results of the scoping review.

CONCLUSION

The aim of this scoping review is to identify the factors that are associated with perceived coercion by people receiving psychiatric care. Since the concept of perceived coercion remains a relatively understudied form of coercion, using a scoping review approach is relevant to ensure that a global portrait of the literature on this issue is presented. Indeed, it is now clear that coercion in psychiatry is not just about control measures, but rather a complex and multifactorial phenomenon that requires a better understanding of its various components. As the human rights-based approach to mental health care is gaining traction^{35 36}, it is essential that perceived coercion, which includes the perception of being treated fairly⁹, be considered in the development of initiatives aspiring to be respectful of human rights. Therefore, this review will provide a better understanding of the underlying factors that might contribute to the perception of coercion in psychiatric and mental health care, while allowing the distinction between human and organizational factors. We anticipate that the findings of this study will inform the development of interventions to reduce perceived coercion in psychiatric and mental health care by identifying modifiable factors that are associated with its prevalence. In addition, we believe that the results of this review will benefit all psychiatric and mental health stakeholders wishing to increase the quality of care and services provided to this population.

ETHICS AND DISSEMINATION

No ethics approval is required for this review. The results of this scoping review will be submitted to a scientific journal for publication. In addition, the results will be presented in international mental health conferences and shared with clinicians working in psychiatric and mental health care.

DECLARATIONS

Authors' contributions

CLD designed and wrote the initial version of the scoping review protocol. MHG and PPL offered guidance during the design of the protocol and critically reviewed and helped refine the protocol.

Funding statement

This work was supported by the Ministère de l'Enseignement Supérieur du Québec and the Réseau de recherche en interventions en sciences infirmières du Québec (RRISIQ) (no grant numbers available). The funding did not influence in any way the writing of this review protocol.

Competing interests

The authors declare that they have no competing interests.

Word count

2034

Acknowledgement

The authors would like to acknowledge the contribution of Anne Bourbonnais, RN, PhD, associate professor at the Université de Montréal, for her guidance during the initial design of this protocol. The authors would also like to acknowledge the contribution of Marie Désilets, librarian at the Centre de documentation de l'Institut universitaire en santé mentale de Montréal, for her help in designing the search strategy.

Additional file

Additional file 1: The Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) checklist. (PRISMA-P+checklist_perceived coercion.docx).

Additional file 2: Exploratory search and search strategy. (Exploratory search_perceived coercion.docx).

REFERENCES

1. Sashidharan SP, Saraceno B. Is psychiatry becoming more coercive? *BMJ* 2017;357:j2904. doi: 10.1136/bmj.j2904
2. Newton-Howes G, Savage MK, Arnold R, et al. The use of mechanical restraint in Pacific Rim countries: an international epidemiological study. *Epidemiology and Psychiatric Sciences* 2020;29:e190. doi: 10.1017/S2045796020001031 [published Online First: 2020/12/02]
3. Gooding P, McSherry B, Roper C. Preventing and reducing 'coercion' in mental health services: an international scoping review of English-language studies. *Acta Psychiatr Scand* 2020;142(1):27-39. doi: 10.1111/acps.13152 [published Online First: 2020/01/19]
4. Gowda GS, Lepping P, Ray S, et al. Clinician attitude and perspective on the use of coercive measures in clinical practice from tertiary care mental health establishment - A cross-sectional study. *Indian J Psychiatry* 2019;61(2):151-55. doi: 10.4103/psychiatry.IndianJPsychiatry_336_18
5. Hotzy F, Jaeger M. Clinical Relevance of Informal Coercion in Psychiatric Treatment—A Systematic Review. *Frontiers in Psychiatry* 2016;7(197) doi: 10.3389/fpsy.2016.00197
6. Hotzy F, Moetteli S, Theodoridou A, et al. Clinical course and prevalence of coercive measures: an observational study among involuntarily hospitalised psychiatric patients. *Swiss Med Wkly* 2018;148:w14616. doi: 10.4414/smw.2018.14616 [published Online First: 2018/04/27]
7. Newton-Howes G, Stanley J. Prevalence of perceived coercion among psychiatric patients: literature review and meta-regression modelling. *The Psychiatrist* 2012;36(9):335-40. doi: 10.1192/pb.bp.111.037358 [published Online First: 2018/01/02]
8. Lebenbaum M, Chiu M, Vigod S, et al. Prevalence and predictors of involuntary psychiatric hospital admissions in Ontario, Canada: a population-based linked administrative database study. *BJPsych Open* 2018;4(2):31-38. doi: 10.1192/bjo.2017.4 [published Online First: 2018/02/23]
9. Szmukler G, Appelbaum P. Treatment pressures, leverage, coercion, and compulsion in mental health care. *Journal of Mental Health* 2008;17(3):233-44.
10. Hem MH, Gjerberg E, Husum TL, et al. Ethical challenges when using coercion in mental healthcare: A systematic literature review. *Nursing Ethics* 2016;25(1):92-110. doi: 10.1177/0969733016629770
11. García-Cabeza I, Valenti E, Calcedo AJSM. Perception and use of informal coercion in outpatient treatment: a focus group study with mental health professionals of Latin culture. 2017;40(2):63-69.
12. Jordan JT, McNeil DE. Perceived Coercion During Admission Into Psychiatric Hospitalization Increases Risk of Suicide Attempts After Discharge. *Suicide Life Threat Behav* 2020;50(1):180-88. doi: 10.1111/sltb.12560 [published Online First: 2019/06/05]
13. Szmukler G. Compulsion and "coercion" in mental health care. *World Psychiatry* 2015;14(3):259-61. doi: 10.1002/wps.20264

14. Sampogna G, Luciano M, Del Vecchio V, et al. Perceived Coercion Among Patients Admitted in Psychiatric Wards: Italian Results of the EUNOMIA Study. 2019;10(316) doi: 10.3389/fpsy.2019.00316
15. Theodoridou A, Schlatter F, Ajdacic V, et al. Therapeutic relationship in the context of perceived coercion in a psychiatric population. *Psychiatry Research* 2012;200(2):939-44. doi: <https://doi.org/10.1016/j.psychres.2012.04.012>
16. Sheehan KA, Burns T, Sheehan KA, et al. Perceived coercion and the therapeutic relationship: a neglected association? *Psychiatric Services* 2011;62(5):471-76. doi: 10.1176/ps.62.5.pss6205_0471
17. Galon P, Wineman NM. Quasi-Experimental Comparison of Coercive Interventions on Client Outcomes in Individuals With Severe and Persistent Mental Illness. *Archives of Psychiatric Nursing* 2011;25(6):404-18. doi: 10.1016/j.apnu.2010.10.004
18. Chieze M, Hurst S, Kaiser S, et al. Effects of Seclusion and Restraint in Adult Psychiatry: A Systematic Review. *Front Psychiatry* 2019;10:491. doi: 10.3389/fpsy.2019.00491 [published Online First: 2019/08/14]
19. Aguilera-Serrano C, Guzman-Parra J, Garcia-Sanchez JA, et al. Variables Associated With the Subjective Experience of Coercive Measures in Psychiatric Inpatients: A Systematic Review. *The Canadian Journal of Psychiatry* 2017;63(2):129-44. doi: 10.1177/0706743717738491
20. Wynn R. Involuntary admission in Norwegian adult psychiatric hospitals: a systematic review. *International journal of mental health systems* 2018;12:10. doi: 10.1186/s13033-018-0189-z [published Online First: 2018/03/29]
21. Newton-Howes G, Mullen R. Coercion in psychiatric care: systematic review of correlates and themes. *Psychiatric services (Washington, DC)* 2011;62(5):465-70. doi: 10.1176/ps.62.5.pss6205_0465 [published Online First: 2011/05/03]
22. Newton-Howes G, Stanley J. Prevalence of perceived coercion among psychiatric patients: Literature review and meta-regression modelling. *Psychiatrist* 2012;36(9):335-40. doi: <http://dx.doi.org/10.1192/pb.bp.111.037358>
23. Prebble K, Thom K, Hudson E. Service Users' Experiences of Voluntary Admission to Mental Hospital: A Review of Research Literature. *Psychiatry, Psychology and Law* 2015;22(3):327-36. doi: <http://dx.doi.org/10.1080/13218719.2014.959156>
24. Pridham KM, Berntson A, Simpson AI, et al. Perception of Coercion Among Patients With a Psychiatric Community Treatment Order: A Literature Review. *Psychiatric services (Washington, DC)* 2016;67(1):16-28. doi: 10.1176/appi.ps.201400538 [published Online First: 2015/10/02]
25. Larkin A, Hutton P. Systematic review and meta-analysis of factors that help or hinder treatment decision-making capacity in psychosis. *The British journal of psychiatry : the journal of mental science* 2017;211(4):205-15. doi: 10.1192/bjp.bp.116.193458 [published Online First: 2017/09/09]
26. Nakhost A, Sirotych F, Pridham KMF, et al. Coercion in Outpatients under Community Treatment Orders: A Matched Comparison Study. *Canadian journal of psychiatry Revue*

- 1
2
3 *canadienne de psychiatrie* 2018;63(11):757-65. doi: 10.1177/0706743718766053
4 [published Online First: 2018/04/05]
5
- 6 27. O'Donoghue B, Roche E, Shannon S, et al. Longer term outcomes of voluntarily admitted
7 service users with high levels of perceived coercion. *Psychiatry Res* 2015;229(1-2):602-5.
8 doi: 10.1016/j.psychres.2015.07.013 [published Online First: 2015/07/21]
9
- 10 28. Peters M, Godfrey C, McInerney P, et al. Chapter 11: Scoping Reviews (2020 version). In:
11 Aromataris E, Munn Z, eds. *JBIM Manual for Evidence Synthesis* 2020.
12
- 13 29. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International*
14 *Journal of Social Research Methodology* 2005;8(1):19-32. doi:
15 10.1080/1364557032000119616
16
- 17 30. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology.
18 *Implementation Science* 2010;5(1):69. doi: 10.1186/1748-5908-5-69
19
- 20 31. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR):
21 Checklist and Explanation. *Annals of Internal Medicine* 2018;169(7):467-73. doi:
22 10.7326/M18-0850
23
- 24 32. Hong QN, Fàbregues S, Bartlett G, et al. The Mixed Methods Appraisal Tool (MMAT) version
25 2018 for information professionals and researchers. *Education for Information*
26 2018;34:285-91. doi: 10.3233/EFI-180221
27
- 28 33. Aromataris E, Fernandez R, Godfrey CM, et al. Summarizing systematic reviews:
29 methodological development, conduct and reporting of an umbrella review approach. *Int J*
30 *Evid Based Healthc* 2015;13(3):132-40. doi: 10.1097/xeb.0000000000000055
31
- 32 34. Tyndall J. AACODS checklist for appraising grey literature. Flinders University, 2010.
33
- 34 35. Funk M, Bold ND. WHO's QualityRights Initiative: Transforming Services and Promoting
35 Rights in Mental Health. *Health Hum Rights* 2020;22(1):69-75. [published Online First:
36 2020/07/17]
37
- 38 36. Porsdam Mann S, Bradley VJ, Sahakian BJ. Human Rights-Based Approaches to Mental
39 Health: A Review of Programs. *Health Hum Rights* 2016;18(1):263-76. [published Online
40 First: 2016/10/27]
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

PRISMA-P 2015 Checklist

This checklist has been adapted for use with systematic review protocol submissions to BioMed Central journals from Table 3 in Moher D et al: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews* 2015 4:1

An Editorial from the Editors-in-Chief of *Systematic Reviews* details why this checklist was adapted - Moher D, Stewart L & Shekelle P: Implementing PRISMA-P: recommendations for prospective authors. *Systematic Reviews* 2016 5:15

Section/topic	#	Checklist item	Information reported		Line number(s)
			Yes	No	
ADMINISTRATIVE INFORMATION					
Title					
Identification	1a	Identify the report as a protocol of a systematic review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30-31
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number in the Abstract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	53-54
Authors					
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7 to 22
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	298-299
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Support					
Sources	5a	Indicate sources of financial or other support for the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	301 to 303
Sponsor	5b	Provide name for the review funder and/or sponsor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	301-302
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	302-303
INTRODUCTION					
Rationale	6	Describe the rationale for the review in the context of what is already known	<input checked="" type="checkbox"/>	<input type="checkbox"/>	84-95

Section/topic	#	Checklist item	Information reported		Line number(s)
			Yes	No	
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	98
METHODS					
Eligibility criteria	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and report characteristics (e.g., years considered, language, publication status) to be used as criteria for eligibility for the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	110 to 135
Information sources	9	Describe all intended information sources (e.g., electronic databases, contact with study authors, trial registers, or other grey literature sources) with planned dates of coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	137 to 150
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	153
STUDY RECORDS					
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	156; 170-171
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) through each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	157 to 162
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	170 to 174
Data items	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources), any pre-planned data assumptions and simplifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	166 to 170
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	166 to 170
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	174 to 177
DATA					
Synthesis	15a	Describe criteria under which study data will be quantitatively synthesized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned exploration of consistency (e.g., I^2 , Kendall's tau)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46

Section/topic	#	Checklist item	Information reported		Line number(s)
			Yes	No	
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-regression)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	179 to 186
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a

Stratégies de recherche

Perception de la coercition en psychiatrie

PUBMED (recherche faite le 18 août 2021)

((("Coercion"[Mesh] OR "Involuntary Treatment, Psychiatric"[Mesh] OR "Commitment of Mentally Ill"[Mesh] OR "Restraint, Physical"[Mesh:NoExp] OR Coercion[TIAB] OR Coercing[TIAB] OR Coercive[TIAB] OR Coerced[TIAB] OR Involuntary[TIAB] OR Involuntarily[TIAB] OR Commitment[TIAB] OR commitments[TIAB] OR Restraint[TIAB] OR restrained[TIAB] OR Restraining[TIAB] OR Seclusion[TIAB] OR secluded[TIAB] OR Secluding[TIAB] OR Constraint[TIAB] OR constrained[TIAB] OR Constraining[TIAB] OR forced[TIAB] OR force[TIAB] OR compulsory[TIAB] OR intimidation[TIAB] OR intimidate[TIAB] OR intimidated[TIAB]) AND ("Perception"[Mesh:NoExp] OR "Social Perception"[Mesh:NoExp] OR Perception[TIAB] OR perceptions[TIAB] OR Perceived[TIAB] OR Perceive[TIAB] OR Perceiving[TIAB] OR Experience[TIAB] OR experiences[TIAB] OR Experienced[TIAB] OR Experiencing[TIAB] OR Subjective[TIAB])) AND ("Mental Disorders"[Mesh:NoExp] OR "Bipolar and Related Disorders"[Mesh] OR "Schizophrenia Spectrum and Other Psychotic Disorders"[Mesh] OR "Mentally Ill Persons"[Mesh] OR "Hospitals, Psychiatric"[Mesh] OR "Psychiatric Department, Hospital"[Mesh] OR Psychiatric[TIAB] OR Psychiatry[TIAB] OR "Mental health"[TIAB] OR "Mental illness"[TIAB] OR "mental illnesses"[TIAB] OR "Mentally ill"[TIAB] OR "Mental disorder"[TIAB] OR "mental disorders"[TIAB] OR "Mentally disordered"[TIAB] OR Schizophrenia[TIAB] OR Schizophrenic[TIAB] OR Psychosis[TIAB] OR Psychotic[TIAB] OR bipolar[TIAB]))

Filters : English, French

Nombre de résultats : 4223

MEDLINE (recherche faite le 18 août 2021)

1. Coercion/,
2. Involuntary Treatment, Psychiatric/,
3. "Commitment of Mentally Ill"/,
4. Restraint, Physical/,
5. (Coerc* or Involunt* or Commitment* or Restrain* or Seclusion or Seclud* or Constraint or Constrain* or forced or force or compulsory or intimidat*).ti. or (Coerc* or Involunt* or Commitment* or Restrain* or Seclusion or Seclud* or Constraint or Constrain* or forced or force or compulsory or intimidat*).ab.
6. 1 or 2 or 3 or 4 or 5,
7. Perception/ or Social perception/,

- 1
- 2
- 3 8. (Perception* or Perceiv* or Experienc* or Subjective).ti. OR (Perception* or Perceiv* or
- 4 Experienc* or Subjective).ab.
- 5
- 6 9. 7 or 8,
- 7
- 8 10. Mental Disorders/,
- 9
- 10 11. exp "Bipolar and Related Disorders"/,
- 11
- 12 12. exp "schizophrenia spectrum and other psychotic disorders"/,
- 13
- 14 13. Mentally Ill Persons/,
- 15
- 16 14. Hospitals, Psychiatric/,
- 17
- 18 15. Psychiatric Department, Hospital/,
- 19
- 20 16. (Psychiatric or Psychiatry or "Mental health" or "Mental* ill*" or "Mental* disorder*" or
- 21 Schizophren* or Psychosis or Psychotic or bipolar).ti OR (Psychiatric or Psychiatry or "Mental health"
- 22 or "Mental* ill*" or "Mental* disorder*" or Schizophren* or Psychosis or Psychotic or bipolar).ab
- 23
- 24 17. 10 or 11 or 12 or 13 or 14 or 15 or 16,
- 25
- 26 18. 6 and 9 and 17,
- 27
- 28 19. limit 18 to (english or french),
- 29
- 30

31 **Nombre de résultats : 4583**

32

33

34

35

36

37

38

39 **EMBASE (Recherche faite le 18 août 2021)**

- 40 1. involuntary commitment/,
- 41
- 42 2. physical restraint/,
- 43
- 44 3. (Coerc* or Involunt* or Commitment* or Restrain* or Seclusion or Seclud* or Constraint or
- 45 Constrain* or forced or force or compulsory or intimidat*).ti. or (Coerc* or Involunt* or
- 46 Commitment* or Restrain* or Seclusion or Seclud* or Constraint or Constrain* or forced or force or
- 47 compulsory or intimidat*).ab.,
- 48
- 49 4. 1 or 2 or 3,
- 50
- 51 5. perception/,
- 52
- 53 6. (Perception* or Perceiv* or Experienc* or Subjective).ti. or (Perception* or Perceiv* or Experienc*
- 54 or Subjective).ab.,
- 55
- 56 7. 5 or 6,
- 57
- 58 8. mental disease/,
- 59
- 60

- 1
- 2
- 3 9. exp bipolar disorder/,
- 4
- 5 10. exp schizophrenia spectrum disorder/,
- 6
- 7 11. exp psychosis/,
- 8
- 9 12. mental patient/,
- 10
- 11 13. exp mental hospital/,
- 12
- 13 14. psychiatric department/,
- 14 15. (Psychiatric or Psychiatry or "Mental health" or "Mental* ill*" or "Mental* disorder*" or
- 15 Schizophren* or Psychosis or Psychotic or bipolar).ti. or (Psychiatric or Psychiatry or "Mental health"
- 16 or "Mental* ill*" or "Mental* disorder*" or Schizophren* or Psychosis or Psychotic or bipolar).ab.,
- 17
- 18 16. 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15,
- 19
- 20 17. 4 and 7 and 16,
- 21
- 22 18. limit 17 to (english or french),
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30

Nombre de résultats : 6108

PsycINFO (recherche faite le 18 août 2021)

- 35 1. coercion/,
- 36
- 37 2. involuntary treatment/,
- 38
- 39 3. "commitment (psychiatric)"/,
- 40
- 41 4. physical restraint/,
- 42
- 43 5. patient seclusion/,
- 44
- 45 6. (Coerc* or Involunt* or Commitment* or Restrain* or Seclusion or Seclud* or Constraint or
- 46 Constrai* or forced or force or compulsory or intimidat*).ti. or (Coerc* or Involunt* or
- 47 Commitment* or Restrain* or Seclusion or Seclud* or Constraint or Constrai* or forced or force or
- 48 compulsory or intimidat*).ab.,
- 49
- 50 7. 1 or 2 or 3 or 4 or 5 or 6,
- 51
- 52 8. Perception/ or Social perception/,
- 53
- 54 9. (Perception* or Perceiv* or Experienc* or Subjective).ti. or (Perception* or Perceiv* or Experienc*
- 55 or Subjective).ab.,
- 56
- 57 10. 8 or 9,
- 58
- 59 11. mental disorders/,
- 60

- 1
2
3 12. exp bipolar disorder/,
4
5 13. exp psychosis/,
6
7 14. psychiatric patients/,
8
9 15. psychiatric hospitals/,
10
11 16. psychiatric units/,
12
13 17. (Psychiatric or Psychiatry or "Mental health" or "Mental* ill*" or "Mental* disorder*" or
14 Schizophren* or Psychosis or Psychotic or bipolar).ti. or (Psychiatric or Psychiatry or "Mental health"
15 or "Mental* ill*" or "Mental* disorder*" or Schizophren* or Psychosis or Psychotic or bipolar).ab.,
16
17 18. 11 or 12 or 13 or 14 or 15 or 16 or 17,
18
19 19. 7 and 10 and 18,
20
21 20. limit 19 to (english or french),
22
23

24 **Nombre de résultats : 5376**

25
26
27
28
29
30
31

32 **CINAHL (recherche faite le 18 août 2021)**

33 S10, S5 AND S6 AND S9, Limiters - Language: English, French

34 S9, S7 OR S8,

35 S8, TI(Psychiatric OR Psychiatry OR "Mental health" OR "Mental* ill*" OR "Mental* disorder*" OR
36 Schizophren* OR Psychosis OR Psychotic OR bipolar) OR AB(Psychiatric OR Psychiatry OR "Mental
37 health" OR "Mental* ill*" OR "Mental* disorder*" OR Schizophren* OR Psychosis OR Psychotic OR
38 bipolar),

39 S7, (MH "Mental Disorders") OR (MH "Mental Disorders, Chronic") OR (MH "Psychotic Disorders+")
40 OR (MH "Bipolar Disorder+") OR (MH "Hospitals, Psychiatric") OR (MH "Psychiatric Units") OR (MH
41 "Psychiatric Patients+"),

42 S6, S3 OR S4,

43 S5, S1 OR S2,

44 S4, TI(Perception* OR Perceiv* OR Experienc* OR Subjective) OR AB(Perception* OR Perceiv* OR
45 Experienc* OR Subjective),

46 S3, (MH "Perception") OR (MH "Perceptual Distortion"),

47 S2, TI(Coerc* or Involunt* or Commitment* or Restrain* or Seclusion or Seclud* or Constraint or
48 Constrai* or forced or force or compulsory or intimidat*) OR AB(Coerc* or Involunt* or
49 Commitment* or Restrain* or Seclusion or Seclud* or Constraint or Constrai* or forced or force or
50 compulsory or intimidat*),
51
52
53
54
55
56
57
58
59
60

1
2
3 S1, (MH "Coercion") OR (MH "Involuntary Commitment") OR (MH "Involuntary Treatment") OR (MH
4 "Restraint, Physical") OR (MH "Patient Seclusion"),
5
6
7

8 **Nombre de résultats : 2997**
9
10
11
12 _____
13
14

15 **Nombre total de résultats : 23 287**

16 **Nombre de doublons (voir grille pour les détails) : 12 575**
17
18
19

20
21 **GRAND TOTAL : 10 712**
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60