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# Attitudes of patients with anorexia nervosa to compulsory treatment and coercion

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ABSTRACT

*Background:* The compulsory treatment of anorexia nervosa is a contentious issue. Research suggests that patients are often subject to compulsion and coercion even without formal compulsory treatment orders. Research also suggests that patients suffering from anorexia nervosa can change their minds in retrospect about compulsion.
*Methods:* Qualitative interviewing methods were used to explore the views of 29 young women concerning compulsion and coercion in the treatment of anorexia nervosa. The participants were aged between 15 to 26 years old, and were suffering or had recently suffered from anorexia nervosa at the time of interview.
*Results:* Compulsion and formal compulsory treatment of anorexia nervosa were considered appropriate where the condition was life-threatening. The perception of coercion was moderated by relationships. What mattered most to participants was not whether they had experienced restriction of freedom or choice, but the nature of their relationships with parents and mental health professionals.
*Conclusions:* People with anorexia nervosa appear to agree with the necessity of compulsory treatment in order to save life. The perception of coercion is complex and not necessarily related to the degree of restriction of freedom.



## 1. Background

Anorexia nervosa is a mental disorder which often leads to serious risk of physical harm or even death to the individual, through self-imposed dietary or other behavioural strategies aimed at losing weight and self harm (Harris & Barraclough, 1997, 1998). However, there is controversy over whether compulsory treatment for anorexia nervosa is appropriate (Draper, 2000; Giordano, 2003; Tiller, Schmidt, & Treasure, 1993).

Compulsion is not solely achieved through legal measures. Some mental health professionals use not only formal legal powers to compel patients to have treatment, but also the threat of legal orders or other powers as 'leverage' to obtain agreement to treatment (Appelbaum & Redlich, 2006; Carney, Tait, Richardson, & Touyz, 2008; Carney, Wakefield, Tait, & Touyz, 2006). In cases where patients are legal minors, it is common to use other means of compulsion such as parental consent (Ayton, Keen, & Lask, 2009). Psychiatric patients' perceptions of coercion are complex and not directly correlated with the use of compulsory legal orders (Bindman et al., 2005; Rajkumar, Saravanan, & Jacob, 2006; Salize & Dressing, 2005; Watson, Bowers, & Andersen, 2000). One study found that patients with anorexia nervosa experience high levels of 'perceived coercion'—that is, the perception that they are being coerced whether or not formal mechanisms are used. Some of these patients changed their views in hindsight about the coercion that they had received (Guarda et al., 2007). Most research in this area has focussed on using quantitative measures of perception of coercion. There have been few in-depth studies exploring the views of patients who suffer or have suffered from anorexia nervosa, about their experiences of coercion and compulsory treatment.

## 2. Method

A qualitative interview study was carried out to determine the views of people with anorexia nervosa as well as their parents with respect to compulsory treatment, treatment decision-making and competence. In this article we report the patient participants' views concerning compulsory treatment.

The qualitative interviews were semi-structured and the interview was conducted using a topic guide, which served as a springboard for wider, more flexible and unstructured narratives and discussions. Participants were asked to talk about their own experiences of treatment, and the interviewer encouraged elaboration of experiences relating to the three main foci of the study given above. Questions in the topic guide relating specifically to compulsory treatment are listed in Box 1. As will be seen the questions ask about whether it is acceptable to 'make people have treatment' or 'to be treated even if

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they don't agree'. The concept of coercion and compulsory treatment was thus left to participants to interpret as they saw fit and was not defined in terms of legal processes.

**Box 1**
Excerpt from topic guide for patient participants.

*Attitudes to use of compulsion*

1. *Attitudes to compulsory treatment of any kind* - Do you think it's ever acceptable to make people have treatment when they don't want it or agree to it?
2. *Attitudes to compulsory treatment of mental disorders in general* - Do you think people with mental illnesses like schizophrenia should, under some circumstances, be treated even if they don't agree with the treatment? Why?
3. *Attitudes to compulsory treatment of anorexia nervosa in particular* - Do you think there are some circumstances under which people with anorexia nervosa should be treated even if they don't agree with the treatment? If so, what are these circumstances?

- *when is it justified?*
- *when is it effective?*

The interviews were audio-taped and transcribed, with names and places removed. The coding framework categorising the broad issues discussed in the interviews was developed through repeated readings of the transcripts, followed by trials of application to transcripts and discussions between two coders who coded some transcripts independently. Each transcript was then coded using the final coding framework. Common emergent themes as well as divergent themes within each category of the frame were further analysed. The N6 qualitative software programme was used to assist the coding process and collation of themes and subthemes (QSR International, 2005).

## 3. Participants

Twenty-nine patients with current or recent anorexia nervosa were recruited from four different treatment centres in southern England, which covered a range of characteristics: private and National Health Service, adolescent and adult treatment services, specialist eating disorder centres and general mental health units. The patients' ages ranged from 15 years 10 months to 26 years 2 months (median 17 years 0 months, mean 18 years 1 month). Note that in England the age of legal majority is 18 years, which is also usually the age at which patients move from adolescent to adult mental health services. Although one of the treatment centres did allow goals of 'maintenance' for certain adult patients not yet ready to accept treatment, for all the participants in this study the treatment from the mental health services consisted of a combination of a weight restoration as well as psychological therapies. Agreement to treatment therefore meant accepting both weight restoration and psychological treatment.

Patient records were not accessed, so all information was obtained from the participants themselves. Participants' self-reported Body Mass Indices (BMI) ranged from 12.4 (dangerously underweight) to 28.4 (overweight, technically 'pre-obese'), with a mean body mass index of 17.7 (below normal range) and a median BMI of 17.65. By their own accounts, the participants were at various stages of illness, treatment and recovery at the time of interview.

Of the 29 participants, eight were inpatients in mental health units although at the time of interview none was detained under the Mental Health Act 1983.[1] Eighteen participants were either day patients or outpatients utilising mental health services at the time of interview. One participant was waiting to have treatment. One participant had been discharged by the eating disorder service after declining an offer of inpatient treatment for low weight. One participant had chosen not to accept treatment as she had a previous aversive experience of inpatient treatment.

Of the eight inpatient participants, five described themselves as having been admitted without free choice, either owing to parental pressure or under the implied or overt threat from the mental health professionals of a Mental Health Act 1983 'section' (compulsory detention order for the purposes of assessment or treatment) if they did not comply. Two of these had subsequently been placed on a Mental Health Act 1983 Section 3 (a compulsory detention order for treatment of a mental disorder) during the course of their admission and both had been recently discharged from the Section 3 order at the time of interview. One of these two patients had also experienced being detained using the Mental Health Act 1983 during a previous admission. Only three of the eight inpatients, therefore, described themselves as having made a free choice to be admitted to hospital for the current admission, and one of these three participants described a previous inpatient admission to a different unit to which she had not given consent.

Only three of the 18 day patient and outpatient participants said they had made a choice to enter and remain in treatment on their own. Six participants described being coerced into having treatment against their will. A further nine described either shared decisions concerning treatment made together with doctors and parents (with varying degrees of pressure from professionals and parents ranging from encouragement to ultimatums), or decisions about treatment made by doctors and relatives on their behalves with their tacit agreement. It is important to note that the Mental Health Act 1983 did not enable compulsory outpatient or day patient treatment, so no formal compulsory treatment under mental health legislation would have been possible.

Only two out of the 29 participants (6.9%) had ever experienced formal compulsory treatment, both under the Mental Health Act 1983; but 15 of the 29 participants (51.7%) gave accounts of having experienced loss of freedom of choice regarding treatment either during their current treatment or in the past. Types of loss of freedom of choice included 'leverage' in the form of threats (overt or implied) of compulsory admission, other types of compulsion such as parental consent for treatment, or restriction of choices such as only being allowed to choose between types of treatment (for example, inpatient or outpatient) but not whether to have treatment. These figures are consistent with the published literature. This literature shows that a relatively low proportion of inpatients with anorexia nervosa are placed on formal compulsory treatment orders, with reports ranging from 9% to 28% (Carney et al., 2008; Ramsay, Ward, Treasure, & Russell, 1999; Royal College of Psychiatrists, 1992; Watson et al., 2000). A user survey, however, suggests that a much higher proportion of patients perceive a lack of choice regarding treatment (Newton, Robinson, & Hartley, 1993), and some studies suggest that 'leverage' is commonly used by psychiatrists with a significant minority of psychiatric patients in order to increase compliance with treatment without resorting to legal compulsion (Appelbaum & Redlich, 2006; Bindman et al., 2005).

## 4. Results

### 4.1. Experiences of compulsion in 'voluntary' treatment

In this article, we will use the term 'compulsion' to indicate a restriction or removal of free choice with regard to having treatment; 'formal compulsion' to indicate compulsion using legal treatment orders; and 'coercion' to indicate a negative perception of a loss of choice or freedom. Participants described many pressures to accept

[1] Note that the research interviews were conducted from 2002 to 2006, before the Mental Health Act 2007 amendment to the Mental Health Act 1983 became law.