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Voluntary and Involuntary Psychiatric Admissions in China

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Objective: This study examined admission patterns, including voluntary, involuntary, and partly voluntary admissions to Chinese psychiatric hospitals, in relation to sociodemographic and clinical factors, before a new mental health law was implemented in 2013.

Methods: Previously admitted patients were interviewed within one week after discharge from 16 psychiatric hospitals across China. Patients' basic sociodemographic and clinical data, including results from the Modified Overt Aggression Scale (MOAS) and the Insight and Treatment Attitudes Questionnaire (ITAQ), were collected.

Results: Among 797 patients, 224 (28%) had voluntary admissions, 336 (42%) had involuntary admissions, and 237 (30%) had partly voluntary admissions. Male gender, history of hospitalization, diagnosis of schizophrenia and related

disorders, and high MOAS score were the risk factors for involuntary admissions, whereas more years of education, higher ITAQ score, and outpatient treatment before the index admission were its protective factors. A diagnosis of schizophrenia-related disorder and high MOAS score were the risk factors for partly voluntary admission, whereas more education and high ITAQ score were its protective factors.

Conclusions: Perception of dangerousness and poor insight about mental illness were significant factors in involuntary psychiatric admissions in China. Factors contributing to the changes in patterns of psychiatric admissions after China's implementation of the mental health law are important topics for further research.

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The legal framework for voluntary or involuntary admission is one of the most controversial issues in care at psychiatric hospitals all over the world (1-4). Involuntary admission is determined by a host of legal, social, and cultural factors (5). Rates of involuntary admission vary widely in Western settings, ranging from 3% to 67% of all psychiatric admissions (4,6-9).

In developed countries, the most frequently reported factors associated with involuntary admissions are aggressive behavior, lack of insight about illness management, male gender, and acute psychotic symptoms (6,10,11). Patients' legal status is closely associated with treatment satisfaction (12); voluntary status is associated with better engagement with and adherence to treatment (13), whereas involuntary status may lead to poor satisfaction with treatment and inadequate medication adherence (14). Furthermore, some studies have shown that perception of coercion may be more important than other factors in the therapeutic relationship (15,16). Thus understanding the contributing factors underlying involuntary admission is important to prevent overly restrictive or unethical hospital treatment.

In relation to mental health, China has a different legal system and psychiatric services compared with the rest of the world. Individuals who are suspected of having mental disorders are often compulsorily (involuntarily) admitted to psychiatric hospitals, and the consent form is signed only by family members. Until recently, no national legal framework or guidelines on psychiatric involuntary admissions existed in China. Individuals with psychiatric symptoms often were compulsorily admitted to psychiatric hospitals on the basis of a presumed mental disorder with consent obtained from family members. To the best of our knowledge, data on involuntary psychiatric admissions in China are limited. In a study conducted in 2002, only 18.5% of 2,333 psychiatric inpatient admissions in 17 Chinese cities were voluntary (17). Thus it was widely believed that patients' rights in psychiatric hospitals were not adequately protected (18).

On October 26, 2012, the new China Mental Health Law was passed, and it was implemented May 1, 2013 (19). The law underscores patients' rights with respect to psychiatric admission, treatment, and discharge. Article 30 of the law

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Item	F	I	OLR			LDR			OLR-in			LDR-in		
			I	R	SI	I	R	SI	I	R	SI	I	R	SI
1	0.834	-1.112	41	46	82	43	52	95	45	50	98	43	48	46
2	1.222	-1.483	52	614	903	51	337	617	55	111	178	56	71	85
3	0.982	-1.173	57	293	400	51	106	190	53	54	63	53	56	66
4	0.855	1.674	63	111	167	48	65	86	58	83	98	50	55	62
5	1.198	-0.248	37	86	142	40	51	70	41	42	44	39	41	46
6	0.872	0.447	62	495	608	50	238	429	44	121	219	46	53	64
7	0.959	1.064	63	157	316	52	85	122	65	65	72	51	60	57
8	0.745	0.074	48	50	56	54	48	53	48	55	65	47	49	53
9	1.152	-0.013	43	44	51	40	47	52	48	44	50	41	42	45
10	1.076	-1.240	45	153	179	42	80	130	53	56	57	54	58	58
Average			51.1	196.1	311.5	47.2	111.8	183.5	51.0	69.0	90.0	49.8	53.3	58.4

I, R, and SI denote the mean difference in the magnitude of OLR, LDR, and OLR-in, respectively, for each item at 0.05.

Variable	Important	Confident	Rejected	Bored	On guard	Overwhelmed	Inadequate
Age	.05	-.05	-.08	-.17*	-.12	-.12	-.21**
Gender	.18*	.00	.06	-.02	-.20**	.15*	.02
Psychosis	-.05	.07	-.02	-.07	.03	-.06	.01
Amount of medication	-.14	-.12	-.01	.07	.10	-.03	.14*
SDAS score							
Internal aggression	.17*	-.07	.34**	.36**	.23**	.40**	.40**
External aggression	-.01	-.27**	.53**	.41**	.59**	.52**	.51**

*p<.05, two-tailed

**p<.01, two-tailed

Suggested Improvements to the Overt Aggression Scale-Modified

To the Editor: The lack of a standard efficacy measure for outpatient studies of impulsive aggression led Coccaro et al.¹ to modify the Overt Aggression Scale (OAS)² to create the OAS-Modified (OAS-M). The one large (N=246) study to date which used the OAS-M³ found that the total aggression score had a large variance and was highly skewed, which prevented the use of parametric statistics including covariance analyses. The large variance and skewness seemed due to the scoring system—to calculate the aggression scores, frequencies are multiplied by severity ratings, but there is no upper limit on frequencies. Therefore a patient who has many episodes of relatively mild irritability can have a very high total aggression score, much higher than a patient who, less frequently, has much more serious aggression (this also impairs face validity). Also, the calculated aggression scores have not yielded better drug-placebo discrimination than the much simpler global ratings.⁴ Given the above, and my prior experience with the OAS-M, I modified the OAS-M as follows:

1. To improve face validity, reduce skewness, and limit the effect of high frequency of mild aggression, the scoring system was modified so that frequencies were categorized into one of five

ratings (e.g., a score of 3 equals 4–10 times/week).

2. Some of the descriptive anchor points seemed to require modification. For example, “engaged in a verbal argument with someone” was rated worse than “cursed or personally insulted someone.” The anchors were therefore changed to “mild,” “moderate,” and “severe,” with descriptions to illustrate each severity level.
3. Because of the unclear relationships between aggression and suicidal behavior,⁵ ratings of “assault against self” were eliminated.
4. A “moderately severe” option was added to the Global Overt Irritability rating to create more of an interval scale, and slight changes in wording were made.
5. The global ratings of overt aggression and subjective irritability were not combined (the two do not consistently correlate highly⁶).

This revised OAS-M was then used in two fairly small placebo-controlled studies in outpatients with impulsive aggression, one with oxcarbazepine (N=48)⁴ and one with levetiracetam (N=40).⁵ Using the revised OAS-M resulted in clear and consistent evidence of benefit in the oxcarbazepine study (reliability can be inferred if a rating significantly discriminates an active medication from placebo). In the levetiracetam study, there was not a significant drug-placebo difference, but inter-rater reliability of the revised OAS-M was evaluated with 20 patients evaluated by two raters: Intraclass correlation coefficients

were high (e.g., 0.918 for total aggression and 0.878 for global overt aggression, both significant at $p < 0.001$). Supporting validity, correlations among the OAS-M measures and other aggression ratings were high in the levetiracetam study, and patient-rated global improvement and the hostility rating of the Brief Psychiatric Rating Scale also showed significant drug-placebo differences in the oxcarbazepine study.

Thus, the revised OAS-M seems more likely to discriminate between effective medication and placebo. Details about the rationale for the revised OAS-M (and a copy) can be obtained from the author (jmattd@verizon.net).

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References

1. Coccaro EF, Harvey PD, Kupfer-Lawrence E, et al. Development of neuropharmacologically based behavior assessments of impulsive aggressive behavior. *J Neuropsychiatry Clin Neuroscience* 1991; 3:544–551.
2. Yudofsky SC, Silver JM, Jackson W, et al. The Overt Aggression Scale for the objective rating of verbal and physical aggression. *Am J Psychiatry* 1986; 143: 35–39.
3. Hollander E, Tracy KA, Swann AC, et al. Divalproex in the treatment of impulsive aggression: efficacy in cluster B personality disorders. *Neuropsychopharmacology* 2003; 28:1188–1197.
4. Mattes JA. Oxcarbazepine in patients with impulsive aggression: a double-blind, placebo-controlled trial. *J Clin Psychopharmacology* 2005; 25:575–579.
5. Mattes JA. Levetiracetam in patients with impulsive aggression: a double-blind, placebo-controlled trial. *J Clin Psychiatry* 2008; 69:310–315.

Modified overt aggression scale manual. Modified overt aggression scale pdf. Modified overt aggression scale interpretation. Modified overt aggression scale scoring.

the modified overt aggression scale (moas), was developed to assess four types of aggressive behavior: verbal aggression, aggression against property, auto aggression, physical aggression. all personal data from participants will be anonymised using a unique identifier code number. Curses viciously, is severely insulting, has temper outbursts ... 3. studies that reported the prevalence of aggression in patients with schizophrenia using the modified overt aggression scale (moas) were included and analyzed using the random-effects model. the aim of the study is to establish the feasibility of conducting a definitive rct of interpersonal art psychotherapy, with a primary focus on implementation and acceptability. no further action will be taken if the patient is assessed to lack capacity. within the single-case design, an attentional condition will be provided. this overt aggression scale - modified (oas-m) scale developed by e. Shouts angrily, curses mildly, or makes personal insults ... 2. the study was conducted from january through december. 2. keywords: overt aggression, psychiatric, weighted, validitynigerian journal of medicine vol. Objective. overt behaviour scale - adult / 1 of 7 overt behaviour scale - adult date of completion client name/ identifier primary informant informant' role administering clinician challenging behaviours behaviours can be challenging or problematic if they are disruptive, make the client or other people uncomfortable, or go against the rules of community. The purpose of this study was to assess the validity and reliability of the Chinese version of the Modified Overt Aggression Scale (MOAS). attentional condition. agreement between raters for moas total scores is (intra-class correlation coefficient (icc). the moas instructs the individual to rate the patient's aggressive behaviors over the past week. 1990), and the young mania rating scale (vitello et al. View PDFVolume 301, July 2021, 113983 rights and content Modified overt aggression scale manualQ: a: what is moas abbreviation? interpersonal art psychotherapy has been developed and manualised from practice-based evaluations [13, 14, 15]. The validity was assessed by the Mann-Whitney test, independent ethical approval has been granted by a local research ethics committee and the nhs health research authority. please indicate how many times each of these behaviors occurred in the past week. the overt aggression scale has been modified by increasing the range of interventions to reflect current practice in neurorehabilitation, and by changing the language to make it suitable for uk users. see full list on pilotfeasibilitystudies. No physical Aggression ... 1. Inflicts minor cuts, bruises, burns or welts on self ... 4. participants modified overt aggression scale manual are asked to complete 15 sessions of up to 1 h of mindful colouring-in. Instruments to assess aggressive behaviors in the psychiatric ward are crucial for monitoring risky behaviors. what does moas stand for? ... 0. patients will be initially approached by their responsible clinician or a member of their immediate care team to inform them about the study. smaller numbers of participants in multiple sites maximises the potential to assess feasibility objectives across a range of complex secure healthcare settings. the overt aggression scale modified (oas-m) was developed to fill this void and this paper reviews its development along with presenting new data on its validity, reliability, and correlates with related constructs. a battery of validated psychological and quality of life measures will be administered at pre-therapy, post-therapy, and follow-up including the brief symptom inventory (bsi) [25], novaco anger scale (nas) [26], icecop capability quality of life measure for adults (icecap- v2) [27], and glasgow anxiety scale for people with intellectual disability (gas- id) [28]. the meaning of moas abbreviation is " modified overt aggression scale". 1990; jensen et al. Makes menacing gestures, swings at people, grabs at clothing ... 2. modified overt aggression scale page 1 the modified overt aggression scale (moas) client name date of birth / / soc. , shouting or injuring self/ others) can be monitored using existing instruments, including the retrospective- modified overt aggression scale (r- moas), the aggression questionnaire (vitello et al. if the patient would like further informat. the present authors examined the reliability of the modified overt aggression scale (moas), an instrument not yet formally tested in those those with autism and other intellectual disabilities. the authors describe the design and reliability of a rating scale that measures aggressive behaviors in adults and children. the overt behaviour scale was developed by the abi behaviour consultancy, which was funded by the victorian department of human services under the auspice of epworth hospital, in partnership with the brain. Verbal Aggression : Verbal hostility, statements or invectives that seek to inflict psychological harm on another through devaluation/degradation, and threats of physical attack. In this paper an observational rating scale is described in an attempt to address these inconsistencies. participants are being recruited from four nhs hospitals in england with low, medium, and high levels of security. No verbal Aggression ... 1. Add items within each category. Keywords: Aggression; Modified Overt Aggression Scale; reliability; validity. # - gender male female language medicaid id # parent/ guardian name relationship. Results. verbal incidents: 0 - 1 times 2 - 4 times 5 or more times 1. modified overt aggression scale 16 procedure ' ' ' ' 17 chapter 3: results 19 data reduction and analyses ' ' ' ' 19 reliability of rating scales 19 correlations among hcr- 20scale scores and moas scores 19 analysis of demographic variables, the c scale of the hcr- 20and inpatient violent behavior. what is the meaning of verbal aggression? on the overt aggression scale (oas), aggression is divided into four categories: verbal aggression, physical aggression against objects, physical aggression against self, and physical aggression against others. retrospective modified overt aggression scale (r- moas) instructions: these questions focus on difficulties with emotions and behavior. for the purpose i want to use overt aggression scale/ modified overt aggression scale in my study. modified overt aggression scale manual should there be any concern raised by the patient, their responsible clinician/ care team or a member of the research team regarding capacity to consent an ' empirical assessment of capacity to consent' [30] will be carried out by a member of the research team. american journal of psychiatry, 1986; 143, 35- 39. factor analysis of the french version of the shorter 12- item perception of aggression scale (poas) and of a new modified version of the overt aggression scale (moas) 1. results the prevalence of involuntary admission was 52% in this sample of chinese inpatients with bipolar disorders. the overt aggression scale modified (oas-m) for clinical trials targeting impulsive aggression and intermittent explosive disorder: validity, reliability, and correlates journal of psychiatric research. no identifiable information about participants will be used in any report or publication. Use this score to track changes in level of Aggression over time. blinding to treatment is not possible in this study. Select as many items as are appropriate. screen for child anxiety related emotional disorders (scared). In the scoring summary, multiply sum by weight and add all the weighted sums for total weighted score. Picks or scratches skin, pulls hair out, hits self (without injury) ... 2. Loading PreviewSorry, preview is currently unavailable. it measures four types of aggression: (a) verbal aggression, (b) physical aggression against objects, (c) physical aggression against self, and (d) physical aggression against other people. the modified overt aggression scale (moas) is a four- part behavior rating scale used to evaluate and document the " frequency and severity" of aggressive episodes. Throws objects down, kicks furniture, defaces walls ... 3. feasibility outcomes. waiting list control. reliability ranged from good to excellent. procedures and materials, including suitability of study information, suitability of outcome measures, appraising bur. objective 1, willingness to be randomised and clinician' s willingness to recruit, will be evaluated by assessing the number of eligible patients who were recruited at each site and the number of patients who declined (additional file 1). refer to the pocket guide for the full measure. The results showed that the raters adequately differentiated (z= - 2.89, P= 0.002) between the above-average and below-average scores of the MOAS. A range of antecedents has also been added to make the scale useful in behavioural analysis. twenty patients will be randomly assigned across modified overt aggression scale manual both treatment allocations. directions for the therapist, in terms of style, approach, and techniques, are given in detail in the manual. some components of ia behavior (e. a brief post- therapy semi- structured interview will be carried out with participants. seventy- eight participants (40 males) completed self- report measures (negative mood regulation scale and buss- perry aggression questionnaire), a stop signal task, and engaged in a modified version of taylor aggression paradigm (tap) exercise, in which the outcome was used as a measure of direct physical aggression. interpersonal art psychotherapy: the modified overt aggression scale (moas) * patient ... date ... instructions rate the patient' s aggressive behavior over the past week. secondary measures included anxiety, depression, and ratings by the perpetrator' s spouse/ significant other. how many times did your child shout angrily, curse... this multi- site study will assist in future trial planning and inform feasibility from multi- level perspectives regarding issues and occurrences that could inform procedures related to recruitment, treatment acceptability, therapist adherence, and institutional support. Inflicts major injury on self or makes a suicide attempt ... SUM AUTOAGGRESSION SCORE Physical Aggression : Violent action intended to inflict pain, bodily harm, or death upon another. However, inconsistencies apparent in the literature hinder inter study comparisons of treatment methods. Methods. The Chinese version of the MOAS has modest psychometric properties. Example: dental hygienist The Modified Overt Aggression Scale (MOAS)* Patient ... Date ... INSTRUCTIONS Rate the patient s aggressive behavior over the past week. No Aggression against property ... 1. moas abbreviation stands for madison oglethorpe animal shelter. Inter-rater reliability was also assessed. Tags: Scale, Modified, Voter, Amos, Aggression, The modified overt aggression scale Information 1 The Modified Overt Aggression Scale (MOAS)* Patient ... Date ... INSTRUCTIONS Rate the patient s aggressive behavior over the past week. add items within each category. Data about aggression is also inconsistently reported, especially with regard to classification and severity. the physical aggression against self subscale as it is labelled on the original overt aggression scale (yudofsky, silver, jackson, endicott, & williams, 1986) has been renamed physical acts against self. furthermore, the global overt irritability scale is not a scale unto itself but is combined with the global severity index scale to create an irritability scale that ranges from 0 to 10. the overt aggression scale for the objective rating of verbal and physical aggression. Strikes, pushes, scratches, pulls hair of others (without injury) ... 3. Impulsively threatens violence toward others or self ... 4. the sample size for this feasibility study is limited due to modified overt aggression scale manual a number of factors including limitations of time and budget, the intensity of the intervention, and the nature of the settings that it is taking place in. a range of antecedents has also been added to make the scale useful in behavioural analysis. assessment included collection of sociodemographic and healthcare data, pain characteristics, administration of visual analog scale (vas), modified overt aggression scale (moas), barratt impulsiveness scale version 11 (bis), hamilton depression rating scale (hdrs), and a caregiver self- administered questionnaire. We interviewed and trained two volunteers to act as agitated patients in the seclusion room. single- case design. conclusion: therefore, the modified overt aggression scale is a valid instrument in this environment for the study of aggression. is modified overt aggression reliable? this multi- centre feasibility study will utilise a parallel- group, participant- randomised design, with participants being allocated to either manualised interpersonal art psychotherapy and treatment as usual, or treatment as usual only while being placed on a waiting list for interpersonal art psychotherapy. the patients taking part in this study will have learning disabilities and be receiving inpatient care. Descriptions of how aggressive behaviour responded to pre treatment is also generally absent. in a study conducted by chinese researchers in, the modified overt aggression scale was found to be both reliable and valid. The Overt Aggression Scale has been modified by increasing the range of interventions to reflect current practice in neurorehabilitation, and by changing the language to make it suitable for UK users. The Modified Overt Aggression Scale (MOAS)* Patient ... Date ... INSTRUCTIONS Rate the patient s aggressive behavior over the past week. Select as many items as are appropriate. Breaks objects, smashes windows ... 4. " modified overt aggression scale" can be abbreviated as moas. the same reporting process will be utilised for objective 3 with research assistants reporting feedback from. the rating scale is made up of four categories: verbal aggression, aggression against objects, aggression against self, and aggression against others. the scale assesses aggression in four major domains: (i) verbal aggression, (ii) aggression against objects, (iii) aggression against others and (iv). ... 0. recruitment and consent. such as patients willingness to be randomised and clinicians willingness to recruit their patients into the study. identifying issues related to seeking informed consent and risks of coercion, including potential for patients to participate in the study believing it will positively or negatively influence their inpatient treatment or detention under the mental health act. for objective 2, issues related to seeking informed consent and potential for coercion will be reported by locally based members of the research team. during the study, the random allocation sequence will be held by a research assistant who is wholly independent from the recruitment process. Preliminary results indicate inter rater reliability is good, and it is a valid indicator of type and severity of aggression. Sets fires, throws objects dangerously ... SUM PROPERTY Aggression SCORE Autoaggression: Physical injury toward oneself, self-mutilation, or suicide attempt. what is the abbreviation for madison oglethorpe animal shelter? We translated the English version of MOAS into Chinese. all members of the study team are nhs staff and/ or contracted to follow nhs trust policies and procedures for confidentiality and information governance in line with good clinical practice. what is the history of aggression test? the primary outcome measure was the score on the irritability subscale of the modified overt aggression scale. interpersonal art psychotherapy is delivered in 15 therapy sessions of up to 1 h. the feasibility study will be carried out in four nhs secure hospital sites in england with treatment being provided by trained art psychotherapists who are registered with the uk health and care professions council (hcpc). select as many items as are appropriate. add items in each category 2. this avoids the assumption that self- harming behaviours are due to inwardly- turned aggression. read more The model, which used trained volunteers acting as patients and compared their scores with those of the director, may be used in further studies for developing psychometric instruments to assess abrupt behaviors. snap iv scale (teacher and parent) modified overt aggression scale (moas) aggression. what is aggression scale used for? this study seeks to validate the french versions of scales of staff attitudes to and subjective experience of institutional violence: a new, modified version of the overt aggression scale (moas) to measure the subjective perception of the frequency of aggression in the ward; and the perception of aggression scale (poas) to assess attitudes to, the psychometric characteristics of the ibr modified overt aggression scale were studied in over 2, 000 people with intellectual disability (id). title: overt aggression scale author: gianni faedda created date: 8/ 16/ 41 pm. One senior psychiatrist, experienced in using the MOAS, directed scenarios of different aggressive intensity and established the standard scores. the random allocation sequence was generated using a computer- based statistical software package. Threatens violence toward others or self repeatedly or deliberately (, to gain money or sex) ... SUM VERBAL Aggression SCORE Aggression Against Property: Wanton and reckless destruction of ward paraphernalia or other s possessions. one of the definitions of moas is " modified overt aggression scale". the study objectives for the assessment of feasibility are: 1. allocation concealment will be in place beyond the first assessment point following which local therapists can request the allocation via email contact with a research assistant on a participant by participant basis. outcome measures will be used to carry out objective 3. Inter-rater reliability, based on Intra-class correlation coefficient (ICC=0.94, P

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