Mr. A, a 28-year-old man with no previous history of psychiatric conditions, was brought to your hospital. Mr. A gradually isolated himself when he started living alone in his early twenties, and then refused to be contacted by his family members and friends. He sealed up all the windows and stayed home alone most of the time. One day, Mr. A entered his parents' house and suddenly started to scream, "You are one of the aliens!". His talk was disorganized and he held a kitchen knife pointing at his mother. He showed distinct delusions and agitation, and had no sense of being mentally ill.

As a psychiatrist, you see Mr. A in an examination room and diagnose his state as acute psychosis with delusions and agitation. He yells at you and is about to hit you. He has no insight and persistently refuses your interventions. Your hospital has a psychiatric inpatient unit, and there are seclusion rooms that are currently unoccupied.

I.

How would you typically deal with this case as a psychiatrist? Please include your answer to the following questions in your abstract.

- 1. Does your country have laws or regulations related to psychiatry practice or mental health?
- 2. Are there any laws or regulations regarding involuntary admission to psychiatric wards in your country?
- 3. Do judicial officials such as lawyers get involved in a process to validate the necessity of hospitalization? If so, how?
- 4. What is the estimated length of hospitalization in psychiatry ward for Mr. A? [day(s) / week(s) / month(s)]
- 5. How do you monitor patients under seclusion and/or restraint in your country? Please describe relevant laws or regulations regarding how the monitoring should be conducted, if any.
- 6. Please comment on use of coercive measures in psychiatry, including your own opinions and suggestions.

Also, please answer to the inquiries in section II and III. Please note that the answers to these inquires will be aggregated and analyzed for the Fellowship Award symposium at the 115th JSPN congress. These data may be used for more formal research as well. In this case, you will be contacted separately to confirm your consent.

II.

Please rate the extent to which you agree or disagree with the following statement on a 9-point Likert scale, where 1 representing "strongly disagree," 9 representing "strongly agree," and 5 representing "neither agree nor disagree".

1	2	3	4	5	6	7	8	9	
•	•	•	•	•	•	•	•	•	
disagree							а	gree	

- 1. He refuses to be admitted due to the lack of insight. *He needs to be admitted to a psychiatric ward against his will.*
- 2. Patients with agitation like Mr. A should be secluded.

Note: In this context, seclusion means the involuntary placement of an individual alone in a locked room equipped with a bed and a toilet only.

3. Patients with agitation should be restrained.

Note: In this context, restraint is the fixation of at least one of the patient's limbs or trunk.

III.

Please answer to the following inquiries.

- 4. How do patients typically get admitted in your country? Please select the most frequent type of admission.
 - (1) Voluntary Hospitalization
 - (2) Involuntary Hospitalization
 - (3) Other (Specifically:)
- 5. What types of restraint do you perform for the patients with agitation? (Select all that apply.)
 - (1) By hands of medical staffs only (manual restraint)
 - (2) By a mechanical equipment (mechanical restraint)
 - (3) Other (Specifically:)
- 6. Who has the authority to order seclusion as an intervention in your country? Please describe qualifications or certifications needed for the authority.
- 7. Who has the authority to prescribe physical restraint as part of treatment and management in your country? Please describe qualifications or certifications needed for the authority.