

Supplementary table EURIPIDES WP1: Review study characteristics

Authors*	Country	Purpose of study	Study design	Setting	Time of data collection	Participants	Authors' themes/results
Alexander 2006 <sup>24</sup>	UK	Study of rules, relationships and enforcement	Cross sectional questionnaires, semi-structured interviews and non-participant observation	Hospital ward	Not given	30 inpatients and 29 staff	Coercion; distress; confinement; acceptance; humiliation; anger
Anders 2007 <sup>60</sup>	Hawaii	Satisfaction with care among ethnic groups	Cross sectional questionnaires	Acute care facility with two closed psychiatric units	Perceptions of Care (POC) questionnaire was administered 24 hours post discharge	138 patients	Significant difference in perception of care between Caucasians and Pacific Islanders; and Caucasians and Asians but not between Asians and Pacific Islanders
Baker 2006 <sup>25</sup>	UK	Experiences of 'as needed' psychotropic medication	Cross sectional and semi structured interviews	3 mental health units in Greater Manchester	Not given	22 inpatients	1. Perceived value of 'as needed' medication 2. Disempowerment and control 3. Information and knowledge 4. Alternatives to 'as needed' medication 5. The need for 'as needed' medication
Bennewith 2010 <sup>26</sup>	UK	Ethnicity and coercion among ethnic groups	Coercion Ladder at baseline (admission) and 4 weeks later	22 hospitals in 8 NHS trusts in	At admission and 4 weeks post admission	778 patients	Patients reported maximum use of coercion; largest number of ethnic groups were in establishments with higher usage of coercive measures

Bonner 2002 <sup>27</sup>	UK	Subjective experience of physical restraint	Cross sectional – semi structured interviews	Not described	Minimum of 24 hours post restraint	6 inpatients	<p>1. Antecedents: The ward atmosphere: disturbed wards and disturbed patients.</p> <p>2. Failed communication: In the midst of conflict; Fear and embarrassment; The last resort; Planning, containment and support.</p> <p>3. The aftermath: Distress in the aftermath; Resolution: patients – the need for understanding and support; Resolution: debriefing.</p> <p>4. Other issues: patients: Fear of restraint; Restraint and re-traumatization; Agency staff. 5. Other issues: staff: Ethical issues; Re-traumatization.</p>
Borge 2008a <sup>71</sup>	Norway	Patient experiences of learning in a therapeutic environment	Interviews (face to face) 2 weeks before discharge and 8 weeks post discharge (telephone)	A psychiatric clinic in Norway	Not given	15 patients	Learning climate; Movement towards relearning; Co-learning; Learning in time and space; Self-learning; New perspectives
Borge 2008b <sup>72</sup>	Norway	Patient perceptions of experiences for recovery regarding treatment and care culture	Cross sectional as above	A psychiatric clinic in Norway	Not given	15 patients	<p>1. Wholeness and self-worth: Professionalism, kind hearts and beauty; Atmosphere; Meeting with fellow patients. 2. Time and space: Significance of time; Experiencing oneself as a patient in time and space;</p>
Bowers 2010 <sup>73</sup>	Netherlands	Experiences of locked doors in hospital on staff, patients and visitors	Part of a larger CITY128 study. An non-validated postal questionnaire	136 mental health wards in 67 hospitals in 26 NHS trusts	Not given	Male n=228 Female n=397	Detained patients felt significantly more adverse effects of locked doors and more cold milieu, saw fewer patient safety benefits and fewer patient comforts

Bramesfield 2007 <sup>63</sup>	Germany	An evaluation of in and outpatient care in Germany	An adaptation of the WHO responsiveness questionnaire to mental health settings	Service users who had used complex mental health services including inpatient services in previous 6 months	Data collected from patients with inpatient experience within previous 6 months	321 patients	Domains on survey: Autonomy; attention; communication; dignity; choice; amenities; continuity; confidentiality and for inpatients only: Social support
Brunero 2009 <sup>48</sup>	Australia	To determine the level of consumer satisfaction with an adult acute inpatients mental health service. To cross-sectionally identify key associates of overall satisfaction from within the survey content domain.	Non validated survey but face validity agreed	A 50-bed acute unit made up of two wards	On day of discharge	70 participants. Male n=27 Female n=43	Taken from questionnaire domains 1. of Satisfaction ratings: Quality of Care; Staff; Environment and Services; Discharge. 1. Overall Satisfaction
Bowl 2007 <sup>28</sup>	UK	To familiarise South Asian service users with the project and its intentions; to bring them together in focus groups; to facilitate and record their discussion; and then feedback and authenticate the conclusions drawn by the researchers	Cross sectional. Focus group in each setting and interviews (psychiatric hospital)	Four settings: the local Psychiatric Hospital, two community-based support groups for South Asian women and one for South Asian men	Not given but conducted in the community	23 participants in three settings and 3 from psychiatric hospital	Socio-economic Exclusion; Cultural Exclusion; Institutional Exclusion; Wider Views on Services

		from across the groups.					
Chien 2005 <sup>90</sup>	China	To explore the perspectives of Chinese psychiatric inpatients with violent behaviours concerning the effects of the use of restraint on them.	Cross sectional - In-depth semi-structured interviews and examination of their clinical records. Follow up with 8 patients for clarification	Two acute admission wards in a 1400-bed mental hospital	2 days post restraint	30 participants	Positive and therapeutic aspects of restraint: Safety and trust; Caring and concerns; Explanation and frequent interactions; Being respected; Negative and non-therapeutic impacts of restraint: Lack of concern and empathy; Failure to provide information; Powerlessness and uncertainty
Chorlton 2015 <sup>29</sup>	UK	To gain an in-depth understanding of how a sample of people with coexisting difficulties experienced relationships with psychiatric inpatient staff by exploring the meaning people made of these experiences within the contexts of their lives.	Cross sectional - Interpretative Phenomenological Analysis (IPA) Semi structured interviews	8 psychiatric inpatient wards in the UK	Not specified but patients were hospitalised between one week and 6 months (6/10 between one week and one month stay)	Ten participants Male n=5 Female n=5	'Weighing up the risks', 'Relationships intertwined with power and control', and 'Seeking Compassionate Care'.
Cleary2003 <sup>49</sup>	Australia	To clarify consumer discharge needs, ascertain consumer perceptions of helpful practice, identify areas that require	Prior to discharge, clients completed two survey instruments, a 'satisfaction with services' questionnaire	Three acute inpatient units in two Metropolitan hospitals in Sydney, Australia.	Prior to discharge	46 participants	Satisfaction with services survey: Service dimensions (consumer satisfaction with specific aspects of the mental health service); Client expectations of treatment; Client intention to use service again; Client comments.

		improvement, identify resources consumers deem important, ascertain satisfaction with specific aspects of services, and obtain baseline data to improve future discharge planning.	(validated) and a discharge questionnaire				Discharge questionnaire: Consultation in relation to decision-making; Information provided in hospital; Discharge arrangements; Confidence about self-care following discharge; Substance use; Resources that would help prepare better for discharge; Other information considered important.
Cleary2012 <sup>74</sup>	Australia	The aim of this project was to uncover contemporary insights into the views of patients in the acute mental health environment about their PRN medication	Interviews	Acute inpatient mental health units in a large mental health facility in Sydney, Australia.	PRN administered in the previous 5 days	Forty patients	Reason for patient requests for PRN; Information; Interactions with staff; Advantages and disadvantages of PRN medication; Suggestions for improvements.
Cleary2010 <sup>75</sup>	Australia	How patients receive difficult news.	A questionnaire was constructed by the research team.	Adult units of a large mental health hospital in Sydney, Australia	Not given	100 patients Male n=61	No descriptive themes or headings
Cutting 2002 <sup>30</sup>	UK	The primary aim of this study was to examine women's experiences of inpatient psychiatric services. A secondary aim was to use the emerging themes in service planning	Focus group with option of interview if required	Four mental health resource centres in Croydon, the social services day centre, the local Mind day centre, the	Not specific – data collected on ward and in the community	No further	A different world Being a patient; Violence; The institution A woman in a man's world Peer support; Physical/psychological safety; Being with men A pill for every ill What does the mental health worker do?; Treatment Will you hear us? What would have helped; Being a patient

		and to develop an evaluation tool.		three acute inpatient wards			
Donald 2015 <sup>76</sup>	Australia	To examine the everyday experience of consumers within a hospital setting in order to elaborate the environmental aspects of recovery therein.	Focus groups followed by semi structured interviews	Two wards of 28 beds each with a Low Dependency Unit (LDU) and secure High Dependency Unit (HDU).	Not given but as inpatients	Nine inpatients Male n=4 Female n=5  Eleven participants Male n=5 Female n=6 took part in semi-structured interviews following the focus groups.	The importance of staff; The “confused”, “confusing”, or “weird” spaces of psychiatric care; Lack of amenity
Duggins 2006 <sup>31</sup>	UK	To examine the concept of patient satisfaction in people with a diagnosis of schizophrenia in the context of a recent in-patient admission.	The interviews followed a depth interview format	Community Patients had been discharged from an acute adult in-patient ward within the past year.	Up to one year post discharge	Ten participants Male n=six	External factors: Fear of violence; Communication with staff; Lack of autonomy; Ward routines. Internal factors.
Eytan 2004 <sup>50</sup>	Switzerland	Patients' satisfaction with hospitalisation in a mixed psychiatric and somatic care unit	An ad hoc self-administered satisfaction questionnaire	18-bed unit run by psychiatrists, is located in an academic medical centre	During the last 2 days of stay, prior to discharge	Sixty patients Male 37% Female 63%	none given
Ezeobele 2014 <sup>91</sup>	USA (Texas)	The objective of the study was to explore and	Data were collected through three semi-	A 250-bed free-standing psychiatric	3 days post seclusion	20 participants Male n = 12	Alone in the world: Rejection and deprivation; Like being in a jail cell, Being destroyed

		describe the psychiatric patients' lived seclusion experience.	structured, open-ended questions.	acute care hospital located in the South-western US		Female patients n = 8	Staff exert power and control Lack of compassion from staff Resentment towards staff  Unresolved anger; Staff lacked humility; Lack of explanation from staff; Need for staff education  Time for meditation Positive effect; No memory of seclusion event
Fenton 2014 <sup>32</sup>	UK	Exploring what it was like for young adults to be hospitalised for early psychosis.	IPA - interviews	One NHS trust, in the Midlands, UK, which has three EIS teams and two inpatient hospitals.	Not given but at least 12 months post discharge	Six participants	Confusion and uncertainty; Feeling safe; Feeling chaotic and unsafe; and Maintaining identity.
Georgieva 2012 <sup>51</sup>	Netherlands	Patient's preference and experiences of forced medication and seclusion	Non-validated questionnaire developed in collaboration with representatives of the local patients' advocacy and family-support organization. There were 2 versions – A and B with B being the updated one	Western Noord-Brabant Mental Health Centre	Prior to discharge	161 patients 82 who completed A and 79 who completed B	Experiences and Preferences for Forced Medication or Seclusion; Association of Demographic and Clinical Variables With Patients' Preferences; Association of Demographic, Clinical and Intervention Setting Variables With Patients' Preferences.
Giacco 2012 <sup>87</sup>	Sweden	The general aims of the EUNOMIA project were to explore both	Client Assessment of Treatment Scale (CAT)	At study sites in eight countries	One month post admission	Eligible patients (and caregivers):	Caregivers' and patients' appraisals of treatment; Association of caregivers' and patients' characteristics with caregivers' appraisal of treatment;

		practice and outcomes of involuntary hospital treatment across a range of European countries. We studied how satisfied caregivers were with the treatment that their ill relatives received in the hospital.	Patients' and caregivers' appraisals of treatment were also obtained at the interview after 4 weeks.			Bulgaria n 475 (47), Czech Republic 581 (36) Germany 466 (37) Greece 349 (34) Italy 280 (48) Poland 334 (57) Slovakia 439 (68) Sweden 306 (9)  Total= 3230 (336)	
Gilbert 2008 <sup>33</sup>	UK	To explore the experiences of admission to acute psychiatric hospital from the perspective of services users.	A user-led study Focus group: n=10.  Face-to-face interviews N=9	A mental health resource centre	Not given but data collected in the community	19 service users Male n=10 Female n=9	Five out of the eight themes related to relationships, these included communication, coercion, safety, trust, and culture and race. One theme, treatment, highlighted the role of admission to hospital. Two further themes are structural, providing an understanding of the environment of hospital and include the themes, environment and freedom.
Greenwood 2000 <sup>52</sup>	UK	To gain an understanding of Asian individuals' experiences of	A qualitative approach using grounded theory with in-depth interviews	Acute wards in a large inner city psychiatric hospital	Just prior to discharge	14 patients Carers included three partners,	Being 'Asian'; Religion; Communication: language;



		mental illness and treatment.				three parents, three children and one friend.	Understanding and explaining mental illness: Stigma, Diagnosis, Explanations for mental illness;  In-patient experiences: The staff, Reactions to other patients, Treatment received; Alternatives and help preferred; Boredom; Privacy; Food
Gunasekara 2014 <sup>77</sup>	Australia	To inform consideration and development of practice by representing the views of service users and carers with respect to nursing care, supplemented by advice from senior mental health nurses about how best practice can be achieved.	Unstructured interviews.	Metro North Mental Health–Royal Brisbane and Women’s Hospital	Not given	Twenty interviews were completed with two consumer recovery workers, eight consumer companions and ten service users, hospitalized at the time of consultation .	None
Holmes 2004 <sup>92</sup>	Canada	Aimed at describing and gaining a better understanding of patients with a severe and persistent psychiatric disorder	Non-directive interviews	A specialised psychiatric care unit in a psychiatric hospital in Eastern Canada.	Post seclusion (<7 days)	6 patients of both genders	Emotional impacts of the seclusion room experience; patient's perceptions of the seclusion; coping strategies while in the seclusion room.

		who were placed in a seclusion room while hospitalised on a closed psychiatric unit					
Hughes 2009 <sup>35</sup>	UK	This study aimed to provide a detailed consumer perspective of involuntary inpatient care, and how this is perceived to have impacted the self, relationships and recovery.	Semi structured interviews	Not described	As current inpatient (n=1) up to 7 years since an inpatient (n=11)	Twelve participants Male n=5 Female n=7	Views of self, experience of relationships and interactions, and medication.
Iversen 2010 <sup>93</sup>	Norway	The primary aims of the present study were to describe and explore patients' perceptions of their stay at a Norwegian seclusion area.	Eight-item visual analogue scale (satisfaction) The Positive and Negative Syndrome Scale (PANSS) (Kay et al., 1987). GAF-S is based on DSM-IV's Global Assessment of Functioning (GAF). The patient rated treatment satisfaction VAS-scale	The study ward consists of an ordinary closed ward area (310 m2) and a seclusion area (190 m2). There are 2-4 patients and 2-3 nurses in one seclusion area. Patients stay here from 1 to more than 4 days	Immediately post (voluntary) seclusion (VAS)	56 and 62 patients respectively were included (in two data collection periods).	Help received; Support from staff; Respectful treatment; Providing information; Safety.
Jones A 2008 <sup>36</sup>	UK-Wales	The research study aims were to explore situations that provoke or perceived to provoke shame in	Focus groups	National Health Service (NHS) Trust in Wales	Not given appears to be conducted in the community	Group One: One man and two women. Group Two: One man	Hospital routines; Environmental factors; Feelings of personal failure; Impression Management

		people experiencing mental health problems. The study is also designed in such ways as to shed light on how shame impacts on health professionals.				and two women. Group Three: Two women and two men.	
Johansson 2003 <sup>64</sup>	Sweden	The aim was to deeply and thoroughly investigate the patients' opinion on what constitutes good psychiatric care and what they considered to be important issues when in psychiatric care.	Interviews conducted as a conversation	Two sub-samples of patients were selected – one group from an outpatient unit and one from an inpatient ward – in order to reflect different types of care and patients with different kinds of psychiatric problems. They were picked from two different towns; the main towns of the medical-care district in focus.	Not given but conducted with inpatients and former patients	Nine patients. Male n=8 Female n=1	1. The outpatients' experiences and perception of good care; 2.The inpatients' experiences and perception of good care - 1. The existence and quality of the helping relationship; Ambivalence; Meaningfulness. 2. Stability and structure; 3. Relief of pressure
Katsakou 2011a <sup>37</sup>	UK	Why do some voluntary patients	McArthur Perceived Coercion Scale (MPCS); Client's	Nine acute wards in two	MPCS within one week of admission and	270 inpatients	Quantitative - Perceived coercion at admission; Perceived coercion during treatment.

		feel coerced into hospitalisation?	Assessment of Treatment Scale (CAT); Global Assessment of Functioning (GAF); Coercion Ladder (CL); in-depth semi-structured interviews with patients	hospitals in East London	followed up at one month post admission; interviews within one month of admission	In-depth semi-structured interviews with 36 patients	Qualitative: Experiences leading to perceived coercion; Hospital treatment not effective/need for alternative treatment; Not participating sufficiently in the admission and treatment process; Not feeling respected/cared for; Experiences not leading to perceived coercion; Need for hospital treatment and safety; Participating in the admission and treatment process; Feeling respected/ cared for; Shared experiences among coerced and non-coerced patients
Katsakou 2011b <sup>38</sup>	UK	To explore involuntary patients' retrospective views on why they perceived their hospitalisation as right or wrong.	Service-user researchers were involved in all stages of the study.  in-depth semi-structured interviews between 3 months and 1 year after the index admission and always after discharge	Acute wards in 22 hospitals across England	Between 3 months and one year post admission and always after discharge	59 patients	Common experiences between groups: Mentally unwell/at risk before admission; Feeling out of control during hospitalisation.  Why do patients retrospectively believe that their involuntary hospitalisation was right?: Need for coercive intervention: not recognising problems when unwell; Averting risk and feeling safe in hospital;  Why do patients believe that their involuntary hospitalisation was wrong?: Need for non-coercive treatment; Unjust infringement of autonomy; Unjust infringement of autonomy

							Why are patients ambivalent as to whether their involuntary hospitalisation was right or wrong?
Kauppi 2014 <sup>65</sup>	Finland	To explore supportive and restrictive indicators of treatment adherence for patients with mental health problems.	Focus group interviews	Patients were recruited from four patient associations in four Finnish cities.	Not given but data collected in the community	19 participants Male n=13 Female n=6	Supportive indicators of the patient's adherence to treatment; Treatment and its planning. Access to treatment; Variety of treatment methods and care support; Continuity of care; Personal and social life. Structured daily life; Social relationships; Restrictive indicators of the patient's adherence to treatment; Reluctance to take medication; Problems related to the treatment process; Problems in functioning. Problems in social functioning; Problems in daily life; Symptoms caused by illness.
Kennedy 2014 <sup>47</sup>	UK	To explore women's experiences of what it is like to be an inpatient in an acute psychiatric unit and to focus on their occupational engagement, and supportive or constraining factors influencing this.	Semi-structured interviews	Two mixed gender wards of an adult acute psychiatric inpatient unit at a metropolitan hospital in Melbourne.	Not specific but at different stages of recovery	6 women recruited but one not well so did not continue.	Living in hospital is difficult: Feeling closer to like-minded people; feeling unsafe [fear of physical harm]; out of my comfort zone; wanting greater division of living space; feeling restricted. What we need from staff: to be acknowledged as important; tailored practical assistance. More meaningful things to do, please
Kontio 2014 <sup>66</sup>	Finland	Toward a safer working environment on	Semi structured interviews	Two patient associations	Not given but data collected	10 participants participated	1. Service Users' Perceptions of Situations Involving Aggression and Violence on Psychiatric Wards:

		psychiatric wards: service users' delayed perspectives of aggression and violence-related situations and development ideas			in the community	in two interviews. Participants included nine service users, two females and seven males.	Loneliness; Boredom; Control and rules; Fear and insecurity; Lack of information. 2. Service Users' Suggestions for the Development of Safe and Humane Management of Situations Involving Aggression And Violence on Psychiatric Wards: Adequate treatment; Meaningful activities; Humane nursing style
Kontio 2012 <sup>94</sup>	Finland	Explored in parallel (a) psychiatric inpatients' experiences of seclusion/restraint, (b) their suggestions for improvements in seclusion/restraint practices, and (c) alternatives to seclusion/restraint in psychiatry.	Semi structured interviews	Six acute closed wards in two psychiatric hospitals in Southern Finland.	2-7 days post seclusion	30 participants Male n=19 Female n=11	1. Patients' Experiences of Seclusion/Restraint: Patients' experiences before seclusion/restraint; Patients' experiences during seclusion/restraint; 2. Patients' experiences after seclusion/restraint. 3. Patients' Suggestions Regarding the Improvement of Seclusion/Restraint Practices. 4. Patients' Suggestions on Alternatives to Seclusion/Restraint
Kulkarni 2014 <sup>84</sup>	Australia	To assess the impact of creating a female-only area within a mixed-gender inpatient psychiatry service, on female patient safety and experience of care.	The patient questionnaire was in part adapted from the Search for Acute Solutions in acute psychiatric wards survey. Documented incidents occurring on both wards during the 6-month study period	No information given	During a 6 month refurbishment of a ward	65 female inpatients	None given

Labib 2009 <sup>39</sup>	UK	To identify factors that affect patient satisfaction with the ward round. By identifying these factors, changes to standard practice could be implemented to improve the in-patient experience.	Questionnaire	Patients were purposively sampled from five wards (four general adult wards and one mother and baby unit) of a psychiatric hospital in Birmingham over 1 month.	Not given	42 patients Male n=29 Female n=13	Satisfaction with the ward round
Lilja 2008 <sup>67</sup>	Norway	To extend our understanding of inpatients' experience of psychiatric care by interviewing former psychiatric inpatients who had psychiatric inpatient experience in the previous 5 years.	Semi structured interviews	In a place chosen by the Patient.	Not given but data collected in the community	10 participants Male n=3 Female n=7	Being seen as a disease, striving for a sense of control in an alienating and frightening context, succumbing to repressive care, meeting an omniscient master, and care as a light in the darkness.
Lindgren 2015 <sup>85</sup>	Sweden	To contribute to the field by describing features of everyday life in psychiatric inpatient care for women who self-harm.	Observations and informal interviews	Two locked acute psychiatric wards for adult patients, women and men, suffering from various kinds of mental ill-health.	Not specific but following a researcher-observed situation of everyday life on the ward (one example was of reactions to vomit on the floor)	Six women	Being Surrounded by Disorder - Confusing Environment; Routines and Rules Lacking Consistency; Routines and Rules Offering Safety; Waiting in Loneliness; Waiting in Togetherness

Looi 2015 <sup>68</sup>	Sweden	To describe how people who self-harm perceive alternatives to coercive measures in relation to actual experiences of psychiatric care.	Self-reports written by persons with experiences of self-harm and being admitted to psychiatric inpatient care where coercive measures were used.	The participants were recruited during 2013 through messages posted in social media (Twitter, Facebook, blogs and personal websites) asking potential participants in Sweden to visit a homepage where they were given information about the study and asked to participate.	Not given but data collected were online voluntary self reports	19 self reports	A Wish for Understanding Instead of Neglect; A Wish for Mutual Relation Instead of Distrust; A Wish for Professionalism Instead of a Counterproductive Care
Lucas 2006 <sup>78</sup>	South Africa	To investigate the current state of violence and abuse towards patients in a South African psychiatric context in the light of significant constitutional changes to human rights but enormous difficulties in implementing these changes at a	Cross sectional Non - validated questionnaire	Four wards of a specialised psychiatric hospital that predominantly cared for involuntary patients	Not given	A total of 129 patients Female n= 22	Incidence of abuse; Relationship between length of stay and incidence of abuse; Patient interpretation of abuse; Reporting abuse; Consequences of reporting the abuse; Patient perception of their hospital stay



		grass roots level in mental health.					
Mayers 2010 <sup>69</sup>	South Africa	<p>The aims of the study were:</p> <ul style="list-style-type: none"> <li>• to describe the perceptions and experiences of service users of the use of sedation, seclusion and restraint during a psychiatric emergency;</li> <li>• to identify the preferred choices of service users should they be placed in a situation that requires the use of sedation, seclusion or restraint.</li> </ul>	Focus groups and semi-structured interviews	17 established service user support groups in three locales (city, small town and rural village) in the Western Cape Province,	Not given but data collected in the community	43 people participants Female n=22 Male n=21	<p>Incidents of sedation, seclusion and restraint: Use of sedation; Use of seclusion; Use of restraint. Abuse experienced by service users. Theme 1: Inadequate communication. Subtheme 1.1: Service provider–service user communication; Subtheme 1.2: Isolation</p> <p>Theme 2: A violation of rights. Subtheme 2.1: The use of seclusion as punishment; Subtheme 2.2: Excessive/inappropriate use of force; Subtheme 2.3: Lack of respect for basic human dignity; Subtheme 2.4: Sedation keeps us quiet.</p> <p>Theme 3: Experience of distress</p>
McGuinness 2013 <sup>53</sup>	Rep Ire	To explore the impact of involuntary hospital admission upon a sample of people admitted to an approved Irish mental health centre and illuminate their lived experience of involuntary admission.	Interpretative Phenomenological Interviews	The study was conducted in an approved mental health centre, which is part of a broader mental health service in a regional health authority of the Irish national health system.	Prior to a planned discharge	6 participants Male n=4 Female n=2	<p>Theme 1: ‘The early days’;</p> <p>Theme 2: ‘Experience of treatment’;</p> <p>Theme 3: ‘Moving on?’</p>

Meehan 2000 <sup>95</sup>	Australia	To explore how patients receiving acute inpatient treatment in a mental health facility describe and construct meanings about their seclusion experience.	Cross sectional semi structured interviews	Two 'open', acute care units situated on the campus of a large tertiary mental health facility in Queensland, Australia.	Experience of seclusion in previous 7 days	12 patients Male n=7	Use of seclusion, emotional impact, sensory deprivation, maintaining control and staff and patient interaction.
Milner 2008 <sup>40</sup>	UK	To compare knowledge and understanding of the general adult psychiatric ward round process and its purpose	A semi-structured questionnaire	Two acute adult wards in Solihull Hospital	Not given but data collected from inpatients	39 patients Male n=22 Female n=17	No themes
Muir-Cochrane 2013 <sup>70</sup>	Australia	To explore the experiences of people who had been held involuntarily under the local mental health act in an Australian inpatient psychiatric unit, and who had absconded or attempted to abscond.	Semi structured interviews	Mental health services in a metropolitan city in Australia	Not given but data collected in the community	12 participants Male n=4 Female n=8	The overarching theme is the inpatient unit being perceived as a safe or unsafe place, and the impact of individual, social, physical, and symbolic factors on this perception.
Nolan 2011 <sup>41</sup>	UK	To ascertain how individuals experienced	Semi Structured interviews at baseline and 4 weeks following discharge.	Four acute care wards in a large NHS Mental Health Foundation	Prior to discharge and 2-4 weeks post discharge	44 participants in phase 1 Male n=18 men	No themes

		disengaging from inpatient services with a view to determining what improvements could be made to render inpatient care more effective.	Questionnaire (no details)	Trust in the West Midlands.		Female n=26  Eighteen were interviewed post discharge	
Ntsaba 2007 <sup>79</sup>	South Africa	What is the psychiatric inpatient's experience of being secluded in a specific hospital in Lesotho?	Semi structured phenomological interviews	A specific hospital in Lesotho	Not given	11 in-patients Male n=4 Female n=7	1: Psychiatric in-patients' experience of being in a prison: 1.1 The experience of being in a locked up area as in a prison related to previous experience of imprisonment; 1.2 The experience of imprisonment related to the physical structure of the seclusion room. 2: Seclusion experienced as a punishment, which created an environment where human rights violations were experienced: 2.1 The experience of being humiliated and ill treated; 2.2 Lack of information related to being secluded. 3: Personnel factors leading to an experience of not being supported and cared for: 3.1 Non-response when assistance within the seclusion room is requested; 3.2 Physical needs not being met. 4: Emotional responses to the seclusion experience:

							4.1 Negative emotional responses to the seclusion room experience; 4.2 The positive emotional response to the seclusion room experience described as a sense of calmness.
O'Brien 2004 <sup>96</sup>	Australia	To develop an understanding of the context and experiences of nurses, patients, and relatives in the close-observation area and to develop recommendations for clinical practice guidelines.	Interviews and focus group interviews. Quantitative data, measuring use of seclusion, use of prn medications, patient and staff-critical incident forms, and use of security, were collected from patient records, incident reports and security manager's records.	An eight-bed close observation area within an acute inpatient general hospital psychiatric facility, part of a comprehensive mental health service	Patients had been under close observation in the previous 2 months	42 participants representing patients, relatives, carers, and nurses	Design and environment, activity and structure of time, and nursing care.
Olusina 2002 <sup>54</sup>	Nigeria	To compare the perceptions of psychiatric in-patients and staff caring for them on the quality of care in the two psychiatric wards of a large Nigerian general hospital. The specific objectives were to assess how satisfied the patients and staff	Patient Care Assessment Questionnaire	University College Hospital, Ibadan, which consists of 805 beds, including two psychiatric wards (each with 32 beds).	PACQ administered on day of discharge	118 participants Male n=44 Female n=74	No themes

		were with experiences in the wards, including the physical environment, freedom, comfort, attitudes of staff towards patients, access to staff, and duration of admission in hospital.					
Ridley 2013 <sup>42</sup>	UK	Its broad aim was to evaluate implementation of the MHCT Act by exploring the experiences and perceptions of those directly affected by, and those professionals and advocates working with the Act. Of particular relevance to this article, the study explored the experiences and views of a sample of individuals who had been treated under the MHCT Act.	Two semi-structured interviews conducted 12 months apart	The sites were chosen to reflect urban, rural and mixed urban/ rural National Health Service (NHS) boards, and The State Hospital, Scotland's High Security Hospital. [Dumfries & Galloway (D&G) Fife (F) Glasgow (G) State Hospital (SH)]	Not given but data collected in various community settings	49 participants	Feelings about compulsory treatment; participation under the MHCT Act; treatment under compulsion; experiences of detention; experiences of community compulsion; and lastly, improvements suggested by service users.
Robins 2005 <sup>80</sup>	USA (South Carolina)	Focus on consumers	Cross sectional semi structured interviews	A day hospital program in an	Not given	27 participants	Hospital setting: threat of physical violence; the rules. Interactions

		accounts of perceived harmful events and their perspectives on how challenging situations in psychiatric settings might be handled in a safer, more dignified manner.		SCDMH-affiliated community mental health center in Charleston, South Carolina.		All were female.	with clinical staff; disrespect and humiliation.
Roe 2003 <sup>61</sup>	USA	To investigate the subjective experience of hospitalized psychiatric patients regarding the troublesome aspects of psychiatric hospitalization.	Initial interview then bi-monthly follow up interviews	Four hospital facilities in the Yale University Department of Psychiatry	In hospital and then bi-monthly post discharge up to one year	Male n=25 Female n=18	A. Troublesome aspects 1. Passivity 2. Confrontation with the personal meaning of hospitalization 3. Loss a. how previously perceived by others b. "the ease" to meet basic environmental demands c. self-esteem B. Helpful aspects 1. Provides a sense of safety 2. Interactions with people dealing with similar problems
Russo 2013 <sup>43</sup>	UK	To develop and test a comprehensive "method for the systematic monitoring of human rights and general health care in psychiatric and social care institutions". This paper focuses on the service	Focus groups	Six focus groups occurred outside psychiatric facilities (at NGO premises or public venues), five at psychiatric hospitals and four in their vicinity (such as	Not given but data collected in the community across 15 countries	Country, number, men and women Germany n=13; 4; 9 Czech Republic n=10; 3; 7 Finland n=10; 5; 5	Psychiatric treatment methods; interaction with institutional staff; and access to information about patients' rights and about treatment.

		user/survivor contribution to the development of the monitoring method or "toolkit".		at a research institute close to premises where the participants usually went for treatment).		Romania n=10; 5; 5 Turkey n=10; 4; 6 Bulgaria n=9; 3; 6 Slovakia n=8; 3; 5 Italy n=8; 4; 4 UK n=7; 4; 3 Greece n=7; 2; 5 The Netherlands n=7; 4; 3 Lithuania n=6; 2; 4 Austria n=5; 2; 3 Hungary n=3; 3; 0 Belgium n=3; 2; 1  Total n=116; 50; 66	
Shattel 2008 <sup>86</sup>	USA (South Eastern)	To understand elements of the inpatient unit that nurses could focus their energies on to better satisfy both the	Existential phenomenological approach to interviews	A large (> 30 bed) inpatient adult psychiatric unit in the south eastern USA.	At a time when the nurses' station was enclosed (Plexiglass enclosure) to when it was opened (study patients	10 participants Male n=4 Female n=6	'Imprisoned and confined', 'Like a Band-Aid on an open wound', and 'Here, we care about each other'.

		needs of those who work in and those who seek help from the psychiatric hospital.			experienced both)		
Sibitz 2011 <sup>81</sup>	Vienna, Austria	Aimed at establishing a typology of coercion perspectives and styles of integration into life stories.	In-depth semi structured interviews	The interviews were conducted in the department of psychiatry and psychotherapy at the Medical University of Vienna	Not given	15 participants Male n=8 Female n=7	Perspectives on involuntary admission and coercion: A necessary emergency brake; An unnecessary overreaction; A practice in need of improvement. Integration of experiences into life stories: Over, not to be recalled; A life-changing experience (Impact on self-esteem and sense of self; Impact on relationships and community life; Impact on health; Positive changes); Motivation for political engagement.
Smith 2014 <sup>55</sup>	Rep Ire	To measure the level of satisfaction with services in a representative inpatient sample following admission to a psychiatric hospital and to identify demographic, clinical and service factors associated with satisfaction.	Validated questionnaire	Inpatient settings of three adult community mental health services in Ireland	In the week prior to discharge	129 participants	Satisfaction with services and admission status (involuntary or voluntary); Insight and global functioning; Diagnosis, level of psychopathology, and co-morbid substance use disorders; Recovery style; Therapeutic relationship; Perceived coercion, procedural justice and perceived pressures; Physical coercion.
Sorgaard 2007 <sup>56</sup>	Norway	To analyse the differences in experienced	Cross sectional patient satisfaction questionnaire	Three closed acute wards at the psychiatric department of Nordland	Not specific but alludes to prior to discharge	189 patients Male 54%	No themes



		coercion, patient involvement and user satisfaction in three groups of patients: voluntary admitted, committed and a group where the admission was a result of joint decisions between themselves and others.		Hospital located in the city of Bodø in rural Northern Norway.			
Steinert 2013 <sup>62</sup>	Germany	The first purpose of this study was to reassess the views of the patients in the original study through a follow-up interview about one year after use of the coercive measure. The second purpose was to explore whether symptoms of PTSD related to having experienced the coercive measure had emerged and to compare PTSD symptoms among patients who experienced	Cross sectional telephone or face to face questionnaires 12 months after coercive measure	Community	A follow up study at one year post discharge	Participants n=52 by telephone and 8 face to face Male n=33	No themes

		seclusion or restraint.					
Stenhouse 2013 <sup>44</sup>	UK (Scotland)	This study reports on the theme of safety arising from a larger narrative study of the experience of being a patient on an acute ward.	In-depth interviews 2 and 6 weeks post discharge	Participants were recruited from an acute ward in a large psychiatric hospital serving an urban–rural area in Scotland.	Not given but at least one week spent on the ward	Thirteen participants Male n=6 Female n=7	Help, safety and power. This article is about safety. ‘You’re safe enough in here’: expecting to be safe on the ward; Safe from the outside world; ‘That’s your job’: expecting the nurses to keep patients safe; ‘I was always glad there was a male on’: perceptions of nurse gender and safety;
Stewart 2015 <sup>45</sup>	UK	The aim of the present study was to examine patient perceptions of nursing staff by considering both personal and professional qualities of nurses and their contribution to the ward environment, and to apply this to a much larger sample than has been achieved by most previous research.	Interviews	Three hospital sites were involved, with 13 acute wards (5, 4, and 4 on each site) and three psychiatric intensive care units (PICU) (1 on each site)	Not given	119 participants Male 66%	Staff duties; Staff disposition; Control; Therapeutic ward environment; Communication and engagement; Consistency;
Strauss 2013 <sup>57</sup>	USA	Examines associations in a psychiatric inpatient sample between objective	Medical record reviews and structured assessment interviews conducted	Consecutive patients were recruited from the inpatient psychiatric unit at the Durham	Close to a planned discharge	N=240 Male 87.92 %	No themes

		and subjective indices of coercive treatments, and satisfaction with care.	during the index admission.	VA Medical Center (VAMC) from March 2004 to December 2005. Interviews were conducted in private clinic rooms			
Svindseth 2007 <sup>88</sup>	Norway	To examine patients' experiences of humiliation in the admission process to two acute wards of a psychiatric clinic at a county hospital in Norway.	Cross sectional interviews and questionnaires		Within 48 hours of admission	N=102 with 6 interviewed Female = 46 Male = 56	Events in the process of admission in involuntary and voluntary patients; Events in the process of admission in humiliated and non-humiliated patient; Association between humiliation and other variables;
Thapinta 2004 <sup>89</sup>	Thailand	The purpose of the present study, one of the first conducted in Thailand, was to determine patient satisfaction for individuals hospitalized with a mental illness.	Validated questionnaires	The inpatient psychiatric units at a 700-bed psychiatric acute care facility located in Chiang Mai, Thailand	Within 7 days of admission	Unclear	No themes
Thibeault 2010 <sup>82</sup>	Canada	To understand how patients and staff living and working on an acute care psychiatric unit experience the unit milieu.	Interviews	Each interview took place in a private interview room on the inpatient unit	Not given	Six patients Male n=4 Female n=2	PATIENTS' EXPERIENCES OF MILIEU; Connection - The "Blank Page"; The "Life Challenge"; "A Special Level"; Restraint - "The Less Conversation the Better"; "The Decision was Made for Me". Healing - "A Very Good Place". Abandonment

Thomas 2002 <sup>83</sup>	USA	To further explore the psychiatric patient's experience of the contemporary inpatient milieu.	Phenomenological interviews	The acute psychiatric unit of a metropolitan general hospital in the southeast.	Not given but length of stay was 3-5 days and patients were in hospital	4 participants plus 4 participants from same but larger study which were conducted much earlier	Refuge from self-destructiveness; like me/not like me; possibilities/no possibilities; connection/disconnection
Whittington 2009 <sup>46</sup>	UK	To move beyond previous research by eliciting service user and staff preferences and approval ratings for various coercive measures used in inpatient care.	Cross sectional questionnaires	136 acute wards	Not given	1,361 participants Female n= 782	Variations (to staff data not recorded here) by gender; Variations by age; Variations according to personal experience
Wyder 2015 <sup>58</sup>	Australia	The experiences of people who have been admitted to an acute mental health inpatient unit under an endorsed ITO, and concentrates on the interactions of service users with health-care professionals on the ward.	Cross sectional semi-structured interviews	Acute mental health inpatient unit	Close to discharge	25 participants Males 14; Females 11	Overall experience of the ITO; Staff potential to impact on ITO and hospital experiences; What are good relationships?: Feeling connected; Finding time despite the busyness of the ward; Provision of information about the ward rules; Provision of information about ITO conditions; Being able to look beyond the illness; Relationships based on partnerships
Wyder 2015 <sup>59</sup>	Australia	As above	As above	As above	As above	As above	Experiences of the ITO; The ITO protects from harm; ITO was experienced as an intrusion into their liberty and physical integrity;

*\* Please note that the numbers next to the author name relate to the original database and not to the reference numbers in the publication*