

UPR Denmark

Briefing Note: The Use of Coercion at Psychiatric Institutions

25 February 2021

Background

Since 2014, there has been a focus on reducing the use of coercion at psychiatric institutions in Denmark. An action plan was adopted aiming at a 50% reduction of the level of coercion by 2020, including a 50% reduction in the use of mechanical restraints with belts.ⁱ The 2010 and 2015 amendments of the Danish Psychiatric Act similarly aimed at reductions.

Despite these positive steps taken by Denmark, the use of coercion on patients in psychiatric institutions is still rather prevalent, and the number of patients subjected to one or several coercion methods has increased. Almost 6000 adult patients were subjected to coercion in a recent 12-month period.ⁱⁱ However, the use of belt fixation has decreasedⁱⁱⁱ, but not with as much as 50 % as planned. In some regions of Denmark the use of belts has been replaced with other methods, such as chemical restraint.

Recent court judgements

The European Court of Human Rights concluded in September 2020 in *Aggerholm v. Denmark*^{iv} that Denmark had violated the prohibition of inhuman treatment when belt fixation was used on a patient for nearly 23 hours. The Danish Supreme Court held on 3 February 2021 that fixation with belts for 281 consecutive

days was a violation of the prohibition of inhuman treatment. The case related to a patient who was made to wait 18 months for a place at the most secure and highly specialized psychiatric hospital in Denmark (Sikringen in Slagelse) and who in the meantime was detained at a normal psychiatric institution in Middelfart.

Denmark's practice has also been criticized by the European Committee for the Prevention of Torture (CPT) and nationally by the Danish Audit Office (Rigsrevisionen)^v and the Danish Ombudsman who has chosen the use of coercion in psychiatric hospitals for his thematic monitoring visits this year.^{vi}

Recommendations^{vii}

1. Amend the Psychiatric Act to ensure the use of coercion as a last resort, and if used, to reduce its duration for as short a time as possible.
2. Prevent the use of coercive measures, especially forms likely to amount to inhuman and degrading treatment.
3. Ensure adequate resources and provide training to staff and professionals as to how to prevent the use of coercion.
4. Ensure that patients are never mechanically restrained due to the lack of capacity at the secure psychiatric institution in Slagelse or other specialized hospitals.

ⁱ The Financial Act of 2014, page 12: https://fm.dk/media/15111/Aftaleromfinanslovenfor2014_web.pdf

ⁱⁱ A total of 5.962 adult patients in the period 1 July 2019 to 30 June 2020, see the Danish Health Authority, Monitoring Report on Coercion in Denmark 2019-2020, page 33: <https://www.sst.dk/-/media/Udgivelser/2020/Tvang-i-psykiatrien-juni-2019-juni-2020/Sundhedsstyrelsens-monitorering-af-tvang-opgoerelse-1-juli-2019-30-juni-2020.ashx?la=da&hash=8472D119F14879FF78F765D52374833192EC386A>

ⁱⁱⁱ In 2014/2015 695 adults were submitted to belt fixation whereas in 2019/2020 some 425 were submitted to belt fixation, cf. The Danish Health Authority, Monitoring Report on Coercion in Denmark 2019-2020, page 15.

^{iv} Application no. 45439/18 of 15 September 2020.

^v <https://www.rigsrevisionen.dk/revisionsager-arkiv/2021/feb/beretning-om-indsatsen-for-at-nedbringe-brug-af-tvang-i-psykiatrien->

^{vi} https://www.ombudsmanden.dk/find/nyheder/alle/tvang_og_ulovbestemte_indgreb_i_psykiatrien/

^{vii} See UPR Joint Stakeholder Report of 15 October 2021, recommendation 24.