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The effort to reduce the use of force in psychiatric care

1. Introduction and conclusion

1.1. Purpose and conclusion

1. This report concerns the use of force in psychiatric care. The use of force affects some of the most fundamental human rights to freedom and personal integrity. Every year, approx. 6,000 out of 27,000 psychiatric inpatients are subjected to one or several types of restraint. The use of restraining belts, which is one among several types of restraint used in psychiatric care, has been criticized by the European Council's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and the UN Committee against Torture.

Restraint by belt
In the Danish fiscal Act 2014 reference is made to the concept of forced restraint. This concept has since been replaced by the more correct concept of restraint by belt.

2. In connection with the adoption of the Danish fiscal act 2014, it was agreed to reduce the use of force in the psychiatry by 50% by 2020. The background for this agreement was the fact that the use of force in psychiatric care had not been reduced in spite of the implementation of several national projects aiming to achieve just that. Additionally, it was agreed that the goal set in the fiscal act should be further specified by relevant bodies. Subsequently, the Ministry of Health and the Danish Regions set the following two objectives:

Agreement on the psychiatric sector
According to the agreement, funding will be used to expand the psychiatric capacity and create better facilities for the patients. Steps will also be taken to follow up on the use of force in the psychiatric sector.

- The number of patients subjected to restraint by belt must be reduced by 50% by 2020
- Overall, the use of force in psychiatric care must be reduced.

Thus, focus was directed on reducing restraint by belt and at the same time avoiding that this measure was substituted with other types of restraint.

3. The fiscal act in combination with special funding pools allocated in total approx. DKK 800 million to initiatives specifically aiming to prevent and reduce the use of force in the period from 2014 to 2020.

Task Force for the Psychiatric Area
The Danish Health Authority chairs the task force. The members of the task force are the department of the Ministry of Health, the Health Data Authority, the Danish Patient Safety Authority, the 5 regions, Danish Regions (interest organization for the 5 regions), the Association of Danish Municipalities (KL) and the Ministry of the Interior and Social Affairs.

4. In 2014, the Ministry of Health entered into partnership agreements with the regions that committed each region to draw up a plan for reducing the use of force. At the same time, the ministry set up the Task Force for the Psychiatric Area (the task force) with the Danish Health Authority as chair. The objective of the task force was to follow the development in the use of force based on the authority's ongoing monitoring of the area and follow-up on the partnership agreements. Additionally, the task force should support dissemination of best practice and collection of knowledge and evidence in the area.

5. Rigsrevisionen initiated the study in February 2020 based on indications that the effort to reduce the use of force, as prescribed in the fiscal act 2014, would be unsuccessful. In 2020, the Ministry of Health started working on a ten-year mental health plan for psychiatric care. The negotiations on new political objectives will be organized in a manner that ensures that the new objectives contribute to enhancing the overall quality of psychiatric care in the future ten-year plan.

The purpose of the study is to assess whether the Ministry of Health and the regions have managed the effort to reduce the use of force in psychiatric care successfully and have thus achieved the objectives set.

Main conclusion

The Ministry of Health and the regions have managed the effort to reduce the use of force in psychiatric care in an unsatisfactory manner and have failed to achieve the objectives set. The ministry and regions have monitored data on the use of restraint by belt and other types of restraint, but have not followed up on whether the initiatives launched by the regions to reduce the use of force have been successful. The use of restraint by belt has not been reduced by 50%, and the overall use of force has increased. The consequence is that too many patients are still subjected to restraint by belt and other types of restraint.

Together with the regions, the Ministry of Health has operationalized the goal set in the fiscal act and has formulated two objectives and 15 indicators with individual end targets set for the individual region. However, the operationalization of the two objectives is not supporting focused management. The 15 indicators include a total of 18 very different types of restraint that have not been weighted. The operationalization also includes 38 supplementary indicators, but the relationship between these and achievement of the objectives is not clear. This has made it difficult for the regions to focus their management of the effort to reduce the use of force.

The Ministry of Health has not ensured adequate follow-up on the goal set in the fiscal act. The ministry has failed to establish a firm framework for follow-up on progress made to achieve the two objectives set for reducing the use of force. Neither the ministry nor the task force have followed up on whether the regions manage to implement the initiatives agreed upon in the partnership agreements. Nor have they monitored whether the initiatives have been effective in reducing the use of force. The ministry and task force have only followed up on data concerning the frequency of belt restraint use and the use of other types of restraint, and the Danish Health Authority has, over the years, to an increasing extent asked the regions to account for the development in selected indicators.

The task force has failed to acquire knowledge of good practice for dissemination. Generally, the task force has not had focus on acquiring knowledge of the effectiveness of the initiatives. Neither the partnership agreements nor the regions' statements or monitoring reports address follow-up on the regions' initiatives to reduce the use of force and its impact. Nor do they include specific knowledge of good practice. The Danish Health Authority has now - seven years after the goal to reduce the use of force was set - worked out at set of recommendations based on current research, knowledge and good experience of reducing the use of force.

The Capital Region of Denmark and the Region of Northern Jutland are among the regions that are, respectively, closest to and furthest away from achieving the two objectives. The Capital Region of Denmark has to some extent been systematic in its management of the effort to reduce the use of force, whereas the Region of Northern Jutland's management of the effort has only been documented since 2017. From the start in 2014, the Capital Region of Denmark defined a clear framework for the effort to reduce the use of force. The Region of Norther Jutland's management was less firm, particularly in the period from 2014 to 2017. The two regions have not analysed the background for the significant differences in the frequency of use of force between the psychiatric wards in their respective regions.

According to the most recent data, covering the first six months of 2020, the current status of the regions' effort indicates that it is unrealistic for the regions to achieve the goal set in the fiscal act to reduce the use of force in psychiatry by 50% by 2020. The number of patients that are subjected to restraint by belt has generally been reduced, but not sufficiently, and the overall frequency of use of force has increased. This seems to indicate that restraint by belt has been substituted with other types of restraint, particularly manual restraint and acute sedation of patients by force, which have increased by 37% and 32%, respectively. The use of various types of restraint varies considerably between the regions.