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REDUCING SECLUSION AND RESTRAINT IN MENTAL HEALTH CARE: A EUROPEAN CHALLENGE

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The discussion on the use of coercive interventions such as seclusion and restraint accompanies the history of psychiatry from its beginning. It is the oldest and still topical issue of psychiatric institutions. Nowadays, the political growing together of Europe puts questions of common ethical standards on the agenda. The quality of psychiatric care and particularly the use of freedom-restricting coercive measures for mentally ill people are a challenge for modern civilized societies. There is a wide variety in the use of coercive interventions in different European countries in the past and the present. An important supra-national institution dealing with the issue of coercive interventions in mental health care is the CPT (Committee for the Prevention of Inhumane or Degrading Treatment or Punishment). Available data on the use of coercive interventions in different countries were found by literature review. The percentage of admissions exposed to seclusion or restraint varies from zero (Iceland) to 35% (Austria). The median duration of a coercive measure varies from 15 minutes (physical restraint, UK) to 16 days (seclusion, Netherlands). Recently, in several European countries (Finland, Germany, Netherlands, Norway, Switzerland, UK) initiatives have emerged to reduce seclusion and restraint. Obstacles for decreasing coercion in clinical psychiatry are discussed, suggestions for action are given.