

Oral presentation

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Inpatient and emergency child and adolescent psychiatry units in Sweden do not use restraint and seclusion: what we have learned

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from WPA Thematic Conference. Coercive Treatment in Psychiatry: A Comprehensive Review
Dresden, Germany. 6–8 June 2007

Published: 19 December 2007

BMC Psychiatry 2007, 7(Suppl 1):S132 doi:10.1186/1471-244X-7-S1-S132

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/S132>

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The Swedish Health and Medical Services Act states that health and medical care for all children, youth and adults shall: Be of a high standard and satisfy the patients need for security; Be easily accessible; Be based on respect for the patients right to self-determination and integrity; Promote good communication between the patient and health and medical care personnel. The use of restraint and seclusion in psychiatric care is regulated by the same law on compulsory psychiatric care (the current version was passed in 1991) for all ages. It states that coercive measures should be used only when there were no other alternatives. A court decision is needed and compulsory care includes: Compulsory medication; To be held with force; Isolation; Ban of visitors; Forbidden objects can be taken into custody. A caring attitude at wards based upon the UN Declaration of the Rights of the Child together with the paragraphs from above on "on respect for the patients right to self-determination and integrity" and to "promote good communication between the patient and health and medical care personnel" including the child and his/her parents/legal guardians has minimized the use of restraint and seclusion in child and adolescent psychiatric care. "Quiet rooms" do not exist and the needs to use compulsory medication and to hold children with force have been rare occasions. To create a caring attitude of this kind is essentially depending on how the staff is selected and on their awareness and education.