FOLKETINGETS
OMBUDSMAND

Thematic report 2016 on children and young persons in psychiatric care

Doc. No. 16/05509

What has the theme led to?

Children and young persons in psychiatric wards was the theme for the 2016 monitoring visits in the children's social care sector carried out by the Ombudsman in collaboration with the Danish Institute for Human Rights and DIGNITY – Danish Institute Against Torture.

The Ombudsman's overall impression was that the children and young persons were treated with care and respect and that the psychiatric wards and hospital schools made great, dedicated and valuable efforts to help the children and young persons. The Ombudsman bases this impression particularly on the many interviews which the visiting teams conducted with children and young persons, parents, patient advisors, staff and management.

The visits showed that the wards needed to improve the information given to the custodial parent that parents can refrain from deciding on the use of coercion or coercion with parental consent towards their children under the age of 15 which will have the effect that the legal safeguards under the Danish Mental Health Act apply[1]. On this basis, the Ombudsman made a general recommendation that psychiatric wards provide the parents with this information.

The Ombudsman also generally recommends that the wards maintain or increase their focus on the Mental Health Act provision that a patient can normally only be forcibly restrained for a short period of time and that forcible restraint should generally not be used towards minors under the age of 15.

In addition, the Ombudsman generally recommends that the schools ensure that teaching is organised in consultation with the parents.

The Ombudsman will discuss the follow-up on these general recommendations with central authorities. Furthermore, the Ombudsman will follow up on the recommendations during his monitoring visits.

The Ombudsman will discuss with the Ministry of Health whether there is a need for guidance on how the medical assessment is carried out in relation to patients who are asleep while under forcible restraint.

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[1] Please see page 8 of this report.

In addition, the Ombudsman will take up with the Ministry the question of registration of belt restraint employed as part of tube feeding.

The Ombudsman will also discuss with the Ministry of Health whether there is a need for increasing supervision of the record-keeping of coercion protocols.

Besides, the visits provide the Ombudsman with grounds for again discussing with the Ministry whether written material should be drawn up with information about the rights of children and young persons in psychiatric care.

During the interviews with the visiting teams, most of the children and young persons gave advice to the wards' staff. Some of this advice and other statements by children and young persons have been included in this report.

The Ombudsman has sent this report to the Ministry of Health and to the five Regions of Denmark. The purpose is to draw the authorities' attention to the report so that it may be included in their considerations regarding the psychiatric sector. The report has also been sent to those wards which the Ombudsman visited as part of the theme and to the municipalities in which hospital schools were visited. In addition, the Ombudsman has informed the Danish Parliament's Legal Affairs Committee, the Health and Senior Citizens Committee and the Danish Regions of the report.

Please read more about the Ombudsman's work on various themes in the appendix to this report.

Reasons for the choice of theme

The Ombudsman's monitoring visits are particularly aimed at society's most vulnerable citizens. These vulnerable citizens are, among other things, characterised by usually having very few resources, meaning that their rights can easily be put under pressure. This can also apply to children and young persons in a psychiatric ward.

With this theme, the Ombudsman wanted to examine and increase his insight into conditions for these children and young persons. It was in this context central for the Ombudsman to get a more detailed impression of how the amended 2015 Mental Health Act works in relation to children and young persons.

The theme took its starting point in some of the Ombudsman's general focus areas during his monitoring visits. For instance, the Ombudsman has a general focus on the use of coercive measures and on education. The Ombudsman also generally focuses on the relationship between the users, for instance the relationship between the psychiatric ward's children and young persons and the wards' staff, such as the possibility for children and young persons of involvement and self-determination.

In addition, the theme was based on the March 2014 report by the Danish National Council for Children, "Det er bare almindelige mennesker, der har en sårbarhed – børn og unge fortæller om at være indlagt i psykiatrien" ('It is just ordinary people with a vulnerability – children and young persons talk about being in a psychiatric ward.' The report is only available in Danish).

Of the children and young persons referred to psychiatric care, only 4-5 % are hospitalised. The rest are diagnostically evaluated and receive outpatient treatment. This appears from Danish Regions' data, "Benchmarking af psykiatrien 2015" (Benchmarking of the psychiatric sector 2015. Only available in Danish). The hospitalised children and young persons included in the theme were thereby the most exposed and vulnerable children and young persons in psychiatric care.

The children and young persons whom the Ombudsman met during his monitoring visits were on 24-hour hospitalisation for diagnostic evaluation and/or treatment for various psychiatric disorders, such as autism, anxieties or eating disorders. They were often hospitalised voluntarily but the Ombudsman also met children and young persons who had been involuntarily committed. They were typically between 13 and 17 years of age. The visiting teams also met younger patients, and some ward units, for instance for patients with eating disorders, accommodated children, young persons and adults alike.

What did the Ombudsman do?

The Ombudsman carried out 12 visits in order to elucidate and investigate the theme.

The Ombudsman investigated the theme as follows:

- The Ombudsman visited six psychiatric wards with a total of sixteen 24-hour ward units for children and young persons and located in all five Danish Regions. The ward units visited were especially general psychiatric 24-hour

ward units, including several ward units for patients with eating disorders and one emergency unit, but the Ombudsman also visited a ward unit with, among others, forensic psychiatric patients.

- The Ombudsman visited six schools within the visited wards. The schools provided teaching for the hospitalised children and young persons and belonged under six different municipalities.

- As a starting point, the Ombudsman asked the wards to send him in advance the following, among other things:

  - The three most recent cases of forcible restraint and the two most recent cases of intervention in the form of restraint involving minors under the age of 15 with consent from the custodial parent. *Alternatively*, the Ombudsman asked for the ward's five most recent cases concerning either forcible restraint or intervention in the form of restraint involving minors under the age of 15 with consent from the custodial parent (entries in coercion protocol and minutes from debriefing).

  - The treatment plan, any notes on school and education and excerpts from the patient record (admission interviews, patient's advance statements and any deviations from the patient's advance statements) for the patients who were subjected to the five instances of restraint.

  - If the ward did not have five restraint cases of the nature described from the last couple of years, the Ombudsman asked to have the treatment plan, any notes on school and education and excerpts from the patient record (admission interviews, patient's advance statements and any deviations from the patient's advance statements) of the five patients in the ward who had most recently been the subject of forcible measures or interventions towards minors under the age of 15 with consent from the custodial parent, together with the entries in the coercion protocol and minutes from the debriefing.

  - Any reports under the Mental Health Act to the Danish Health Authority on forcible restraint lasting more than 30 days.

  - Written material specifically aimed at children and young persons in the ward, informing the children and young persons of their rights and about the use of coercive measures.

- In the week leading up to the monitoring visits, the Ombudsman sent a personal letter to each child and each young person, informing them of the visit and of the offer of a personal interview with the visiting team. A folder sent with the letter described what the visiting team would like to talk with the children and young persons about. The purpose of this approach was to reach as many children and young persons as possible because they are a significant and important source of information to the Ombudsman. The folder is annexed to this report.

- During the monitoring visits, the visiting teams had interviews with 26 hospitalised children and young persons. In addition, the teams spoke with parents, patient advisors, staff and management. The interviews dealt with, in particular, restraint, education, involvement and self-determination.

The monitoring visits were carried out as part of the Ombudsman's general monitoring activities pursuant to the Ombudsman Act and as part of the Ombudsman's task of preventing exposure to for instance inhuman or degrading treatment of people who are or may be deprived of their liberty, cf. the Optional Protocol to the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The Ombudsman's work to prevent degrading treatment, etc. pursuant to the Protocol is carried out in collaboration with DIGNITY – Danish Institute Against Torture and the Danish Institute for Human Rights. DIGNITY and the Institute for Human Rights contribute to the collaboration with medical and human rights expertise. Among other things, this means that personnel with this expertise participate on behalf of the two institutes in the planning and execution of and follow-up on monitoring visits.

The Ombudsman has a special responsibility for protecting the rights of children pursuant to, among others, the UN Convention on the Rights of the Child. The Ombudsman's Special Advisor on Children's Issues participates in all monitoring visits in the children's social care sector.

What did the Ombudsman find?

On the basis of the monitoring visits, the Ombudsman noted among other things:

- that the wards needed to improve information to the custodial parent that the parents can refrain from deciding on the use of coercion or coercion with parental consent towards their children under the age of 15 which will have the effect that the legal safeguards under the Danish Mental Health Act apply
- that a number of children and young persons were restrained for more than eight hours
- that in many instances, no medical assessment was carried out on the continued use of restraint when the child or young person was asleep
- that restraint during tube feeding was not recorded and thereby did not enter into the ward's statistics on its use of coercive measures
- that the completion of coercion protocols can be improved
- that debriefings were not carried out/offered in a number of cases
- that the involvement and self-determination of the children and young persons can be improved
- that teaching is typically not planned after consultation with parents
- that the relationship between the patients and the staff was generally good, and that the children and young persons had suggestions for improvement.

Information to the parents

Just as adults, children and young persons may be subjected to coercive measures when they are patients at a psychiatric ward. The coercive measure may for instance consist of manual restraint, belt restraint and treatment through tube feeding.

For the coercive measure to be defined as coercion (“tvang”) within the meaning of the Mental Health Act, it is a condition that there is no informed consent to the coercive measure.

Young persons over 15 can themselves give informed consent.

In the case of children and young persons under the age of 15, the parents can give informed consent. This was laid down in the 2015 amendment of the Mental Health Act. It means that it is not coercion within the meaning of the Act if the parents consent to the psychiatric ward using coercive measures towards the child or young person under the age of 15. It is coercion with parental consent (“magtanvendelse”) if the patient is under 15 and the parents give consent to a treatment which is against the underage person’s will.

The parents of a young person under the age of 15 giving their consent means that some of the legal safeguards under the Danish Mental Health Act do not apply, for instance appointment of a patient advisor and the right to lodge a complaint.

If there is no informed consent, the child or young person will fall within the scope of the Mental Health Act if the other conditions for using the individual coercive measure are met. This means that the Act’s conditions must be met if coercion is to be used to for instance take blood samples or give medicine, and this also implies a demand for appointment of a patient advisor and access to lodging a complaint, among other things.

The parents must be informed that they can refrain from deciding on the use of coercion or coercion with parental consent towards their children under the age of 15 which will have the effect that the legal safeguards under the Danish Mental Health Act apply. This is because it is equated with a lack of consent when the parents have refrained from deciding.

The monitoring visits showed a need for an improvement in the wards’ information to the parents in this regard.

Consequently, the Ombudsman recommended at all monitoring visits that the wards provide information to the parents to the effect that they could refrain from deciding on the use of coercion or coercion with parental consent towards their children under the age of 15. Several places were recommended to have written information about it.

Several wards stated that they would in general like to have the parents' consent to the use of coercive measures because the parents would in this way also take responsibility for some part of the treatment.

Coercion with or without parental consent can be necessary in the interest of the patient's treatment. However, it can at the same time be experienced as a breach of trust between the patient and the treatment providers.

One member of staff at a ward said that the staff had to actively do something in order to rebuild a relationship of trust after coercive measures, with or without parental consent. Another staff member said that she did not like it when a child addressed her by name during the coercive measure, just as it was difficult to conduct body searches or carry out other kinds of coercive measures towards patients who had been subjected to abuse. In one ward, the patient's closest caregiver did not usually participate in the coercive measure but could be present in the capacity of caregiver.

"There is only one [of the staff] I trust because he has not been there in the tube feeding room."
Girl, 14 years

Because coercive measures can be perceived as a breach of trust, parental consent to a use of coercion which the child is against can become a breach of trust in the relationship between the child or young person and the parents. Also for this reason, it is important that the parents are informed that they can refrain for deciding on the use of coercion or coercion with parental consent towards their children.

Cases involving restraint

The best interests of the child shall be a primary consideration in all actions concerning the child, cf. article 3, paragraph 1, of the UN Convention on the Rights of the Child.

According to article 37 (a) of the same Convention, no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment.

A patient in a psychiatric ward can be forcibly restrained according to the Mental Health Act. This also applies to children and young persons. The psychiatric ward may only use belt, hand and foot restraints and gloves to forcibly restrain the patient.

Forcible restraint is serious and invasive. This is emphasised by, among other things, a Danish Supreme Court judgment from 31 January 2017 (U2017.1314H) in which the Court found that unauthorised forcible restraint of a patient for two periods lasting a total of 18 days constituted – having regard to the related burden – a violation of article 3 of the European Convention on Human Rights. According to article 3, no one shall be subjected to torture or to inhuman or degrading treatment or punishment.

The more invasive a coercive measure is, and the younger the underage patient is, the more an assessment of the possibility of achieving the treatment aim by alternative methods seems to be indicated. A serious measure such as forcible restraint, for example, should generally not be used towards patients under the age of 15.

Minors under the age of 15 can be restrained against their will on the basis of parental consent.

Both forcible restraint and restraint implemented against the underage patient's will but with parental consent must be registered in the ward's coercion protocol.

The Ombudsman received detailed information about a total of 22 (forcible) restraints of children and young persons, including an 18-year-old and two 19-year-olds. The Ombudsman reviewed the cases on the basis of the restraint documentation form which is annexed to this report. All the restraints took place after the restraint provisions under the Mental Health Act were amended in 2015.

The cases showed that in all the wards visited by the Ombudsman, children and/or young persons had in 2015 and/or 2016 been forcibly restrained or restrained with parental consent.

In 21 cases, the restraint took place because it was necessary in order to prevent the patient exposing him- or herself or others to imminent danger of suffering injuries to body or health. In one case, where a 17-year-old patient was belt restrained for just under four hours, the reason for the coercive measure was not registered in the coercion protocol. The Mental Health Act also allows the restraint of patients because of abusive behaviour towards fellow-patients or vandalism on a not inconsiderable scale. However, the Ombudsman did not see any restraints which had been implemented on those grounds.

All restraints involved the use of a belt. Three patients of, respectively, 12, 13 and 17 years of age were also restrained with hand and foot straps. In four cases, the restraint had parental consent.

It is essential that the wards are aware that pursuant to the Mental Health Act, forcible restraint must generally only be used for a short period of time. This applies not least when we are talking about underage children under the age of 15 because forcible restraint should basically not be used towards these minors.

Fourteen restraints lasted under five hours. Five of these restraints concerned patients under the age of 15 (three 13-year-olds and two 14-year-olds) of which four restraints were carried out with parental consent.

Eight restraints lasted more than eight hours. The longest restraint of a 17-year-old patient lasted 34 hours and 50 minutes, and the second longest restraint of a 17-year-old patient lasted 15 hours and 24 minutes. Two of these eight restraints concerned underage patients under the age of 15 and were carried out without parental consent: one 12-year-old patient was restrained for 11 hours and 2 minutes and a 14-year-old patient was restrained for 12 hours and 26 minutes. The other patients were 17, 18 or 19 years old.

The Ombudsman recommends in general that the wards maintain or increase their focus on the fact that according to the Mental Health Act a patient can in general only be forcibly restrained for a short period of time and that forcible restraint should generally not be used towards minors under the age of 15.

A medical assessment of the necessity of continuing the forcible restraint must be carried out 2-4 hours after commencement of the restraint. The reason is that according to the Mental Health Act, a patient can only be forcibly restrained for a few hours unless regard for the patient’s and other persons’ life, health or safety dictates otherwise.

It is the consultant psychiatrist’s responsibility that forcible restraint is not used to a greater extent than necessary. In addition, the Mental Health Act demands that a forcible restraint measure be reviewed at regular intervals. Accordingly, a new medical assessment of the continued need for the patient to be forcibly restrained is required as often as conditions warrant it, though at least three times over every 24-hour period. The three assessments must be made at evenly-spaced intervals after the

decision to use forcible restraint is made. The time of the renewed medical assessment shall appear from the coercion protocol.

Seven restraint measures lasting over eight hours took place at night. One of these seven patients was assessed by a doctor at 02:21, another patient was attended by a doctor at 04:45 due to pain in connection with the restraint, and a third patient was attempted medically assessed at 0:10 but the patient was asleep. The other four patients were not medically assessed during the night.

One ward stated that when the patient fell asleep in the belt, the medical assessment was postponed until the patient woke up. This was based on the view that a good sleep was very important for the patient after a period when the patient had been upset. The medical assessment was therefore carried out when the patient woke up.

A 17-year-old patient at another ward was belt restrained at 22:20 and had fallen asleep by 22:46 when the coercive measure ceased. The doctor loosened the belt because, based on previous experience, the patient was calm and to be reasoned with when the patient woke up.

At a third ward, a 12-year-old patient was restrained at 20:58, and at 0:10 a belt inspection was attempted. The patient was asleep when the doctor arrived and it was therefore not possible to carry out a belt inspection. It was agreed that the staff would contact the doctor as soon as the patient woke up. The staff had continuously tried to motivate the patient to come out of the belt but the patient refused to cooperate, and the staff said that the patient would become disruptive if the belt was loosened.

Based among other things on the fact that, according to the Mental Health Act, a patient must generally only be forcibly restrained for a short period of time, the Ombudsman will discuss with the Ministry of Health whether there is a need for guidance on how the medical assessment is carried out in relation to patients who sleep during the forcible restraint measure.

Forcible restraints lasting more than 30 days shall be reported to the Danish Health Authority. The Ombudsman did not encounter any such restraints.

Restraint during tube feeding

It may be necessary to restrain a child or a young person while the child or young person is being fed by means of a tube which is typically inserted through the nose. This took place at units for patients with eating disorders.

One ward stated that it could be dangerous to insert a tube if the patient was very restless, and that belt restraint could therefore be necessary. The alternative was six adults manually restraining for instance a small, thin girl. It was the ward's opinion that the procedure in that situation was less violent when a belt was used.

A separate registration is made if it is necessary to restrain with belt, straps and gloves in connection with the treatment of a somatic disorder.

The force used, if necessary, to carry out a psychiatric treatment is not registered independently. One example of this is manual restraint.

One procedure where a young person was belt restrained during tube feeding showed that the belt restraint was not registered in such a way that the individual belt restraints entered into the ward's statistics on coercive measures.

Thus, it appeared from a coercion protocol on treatment in the form of tube feeding of a 13-year-old patient that "belt + straps" could be used. The more than 30 times that the patient was belt restrained during the feeding did not appear in the ward's coercion statistics. The coercion statistics showed that in the year in question so far only four belt restraints had been used. The belt restraint, which by the way was carried out with parental consent, was consequently considered to be part of the treatment in the same way that manual restraint will be considered to be part of the treatment.

In light of the serious and invasive nature for the individual patient, the Ombudsman will take up this issue with the Ministry of Health.

Completion of coercion protocols

All psychiatric wards must have a coercion protocol. In the protocol, the ward staff shall register the use of forcible restraint and restraint against the minor's will but with parental consent. There are rules on which information the staff shall register in the protocol.

The Ombudsman recommended several wards to be more careful when completing coercion protocols. Some of the shortcomings were for instance that it did not appear from the protocol that hand and foot straps had also been used or that a medical assessment had been carried out regarding the continued need for the patient to be forcibly restrained.

In most places, the Ombudsman also recommended that the wards ensure that the names of the staff participating in the forcible restraint are entered into the coercion protocol.

The names of the staff involved must be registered in the protocol so that the patient can have the names if the patient wishes to for instance complain about a member of staff. Instead of writing the names of the staff, the ward wrote for instance just the number of the section.

The Ombudsman will discuss with the Ministry of Health whether there is a need to intensify the supervision of the protocol completion.

Debriefings

It appears from article 12, paragraph 1, of the UN Convention on the Rights of the Child that a child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

When for instance a forcible restraint measure comes to an end, the patient must be offered one or more debriefings. The intention of the debriefings is to cast light on the patient’s and the staff’s view of the situation that led to the restraint. The idea is to use the debriefing to prevent further coercion and perhaps to carry out coercive measures in another way in the future. The minutes from the conversation must be entered into the record.

Minors under the age of 15 whose parents have given their consent to the treatment must also be offered a debriefing after the intervention has ended. The same applies to the minor’s parents. This was established in the 2015 amendment of the Mental Health Act.

The Ombudsman received minutes from debriefings and other information on whether or not debriefings had been carried out/offered in the restraint cases, among others. The Ombudsman reviewed this material based on the restraint documentation form which is annexed to this report.

The review showed that debriefings was not carried out/offered in a number of cases.

The Ombudsman has therefore recommended to several wards to ensure that debriefings are offered to parents who have given consent to the treatment of their children under the age of 15. Some wards were also recommended to ensure that debriefings were offered to minors under 15 whose parents had consented to the treatment. One ward was recommended to ensure that debriefings were offered to patients when the coercive measure came to an end.

Involvement and self-determination

According to article 12 of the UN Convention on the Rights of the Child, the child has a right to be heard.

According to article 7, paragraph 3, of the UN Convention on the Rights of Persons with Disabilities, children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right.

All patients admitted to a psychiatric ward must have a treatment plan. The treatment plan is the consultant psychiatrist’s responsibility.

The patient shall be involved and heard about the content of the plan, a procedure which was established in connection with the amendment of the Mental Health Act in 2015. The purpose was an additional safeguard that the patient would be involved in and heard about own treatment as much as possible instead of just being instructed on the content of the treatment plan. In this way, the patient will be participating actively in the discussion and arrangement of the long-term treatment plan.

When the children or young persons are involved in their own treatment plan, it will to a greater extent be a cooperation in which the knowledge and experience of the staff go hand in hand with the experience of the child or young person.

“Listen to me more, trust me more.”
Girl, 12 years

The patient shall also be asked about any advance statements regarding treatment, also if the use of coercive measures is considered. Such advance statements are retrieved on admission or as soon as possible thereafter.

The Ombudsman received treatment plans and other information on whether the patient had been involved and heard, including any advance statements from the patient, in for instance restraint cases. The Ombudsman reviewed this material with his basis in the form on involvement and self-determination in psychiatry which is annexed to this report.

The review showed that not all wards had implemented the retrieval of advance statements. The Ombudsman recommended to several wards that they make sure that the patients were heard regarding advance statements.

“The staff should have a more supportive approach rather than a ‘nagging’ approach. They should say for instance, ‘you really got far with your meal’, and focus on the successes.”
Girl, 14 years

The extent to which the patients were involved and heard regarding the content of the treatment plan also varied between the wards. Some wards were recommended to ensure that the patient was involved regarding the content of the treatment plan. One ward was recommended to adjust its practice so that the rule on hearing the patient regarding the content of the treatment plan was observed fully.

“They shouldn’t just focus on weight and how to help with that but also on the mental part of it.”
Girl, 13 years

Otherwise, it was the Ombudsman’s general impression that the children and young persons were involved in the formulation of individual/personal strategies to prevent self-harm.

Information on rights

Pursuant to article 42 of the UN Convention on the Rights of the Child, Denmark has agreed to make the principles and rules of the Convention commonly known to children through appropriate and active measures.

Children and young persons in psychiatric care have a number of rights. For instance, minors under the age of 15 restrained against their will with parental consent shall be offered a debriefing after the intervention has ended. Young persons over the age of 15 can themselves give informed consent to treatment and are entitled to have a patient advisor assigned to them if they are subjected to, for instance, forcible restraint, and children and young persons are entitled to education pursuant to the Danish Primary and Lower Secondary School Act (Folkeskoleloven) while they are in hospital.

It is crucial for children and young persons to know their rights. This is why the Ombudsman retrieved advance information on, among other things, written material which was aimed at the children and young persons and which informed them of their rights and about the use of coercive measures.

The material the wards had for the children and young persons varied.

The Ombudsman gave a number of recommendations that the wards consider producing written material with information about the rights of children and young persons in psychiatric care and written in an age-appropriate language directly aimed at children and young persons.

One ward was planning to set up a youth panel which would help advising the management on for instance information material for the patients.

The Ombudsman has previously discussed the preparation of such material with the Ministry of Health.

The recommendations to the wards to consider producing material for the children and young persons give the Ombudsman grounds for discussing the issue with the Ministry of Health again.

Education

Pursuant to article 28 of the UN Convention on the Rights of the Child, Denmark has recognised the child's right to education.

The municipality in which a psychiatric ward is situated organises the education at the ward unless education is arranged along other channels.

The Ombudsman's main impression from the visits to the hospital schools was that the teaching of the hospitalised children and young persons was prioritised as an important part of the treatment of the children and young persons. The teaching provided structure and normalisation of the child's or the young person's day, and the classes prepared the child or young person for the time after discharge from the ward.

The children and the young persons were predominantly happy with the school.

> *"It is good to go to school. There are few pupils, you get more help, and there is more space for each pupil. They make allowances when you are feeling poorly."*
> Girl, 13 years

Many children and young persons had had an interrupted education in the time leading up to the hospitalisation. Some had not been to school at all for a long period of time, for instance a year or two. For the staff at the schools, it sometimes took an extensive motivational effort before a child or young person could be induced to accept school. Some children and young persons felt that they experienced success in school for the first time.

> *"It is really good.*
> *You learn a lot in one hour."*
> Girl, 14 years

The Ombudsman has reviewed a number of specific school curricula based on the education, involvement and self-determination form which is annexed to this report.

Based on the review and information which the visiting teams otherwise received, the Ombudsman ascertained that the education was generally planned after consultation with the pupils.

Moreover, it was the Ombudsman's impression that the hospital schools usually ensured that the person in charge of the teaching during hospitalisation retrieved information about the pupil's previous education. The Ombudsman recommended one ward to ensure that such information was retrieved.

It was also the Ombudsman's impression that the schools ensured that the teachers taking over the pupil's education after discharge from the ward got the necessary information about the course of the teaching during the hospitalisation.

The Ombudsman recommended to most schools that they adjust their practice so that the teaching was planned after consultation with the parents.

Relationship between the children and young persons and the staff

It was the Ombudsman's impression that there was generally a good relationship between the staff and the children and young persons. This impression was, among others, confirmed by a patient advisor who had a good feeling about a ward where the children and young persons were spoken to with respect and where the pedagogical aspect was clearly present in the way in which the staff handled the patients.

When the children and the young persons at the end of the interviews with the Ombudsman were asked whether they had any good advice for the staff, several of them had advice concerning the staff's form of address:

"They should talk to us nicely. We are still people, we are just struggling. They shouldn't say 'this patient'. I have a name too."
Girl, 17 years

"They shouldn't talk to us like we were two years old when they try to calm us down. It has the opposite effect."
Girl, 13 years

"They should see the patients as young people and not just as sick people."
Girl, 17 years

Several of the children and young people advised the staff on more time for talks with the staff:

"That the staff sit down in your room, look at you and ask, 'How are you feeling?' And allow time."

Girl, 17 years

"They should listen to the young people, and you should be allowed time to reply. They should take the time and not leave so quickly."

Boy, 17 years

Several of the children and young persons also praised the staff:

"It is quiet here, and we do nice things with the staff."

Girl, 16 years

"The staff are good at listening and giving hope that things will get better."

Girl, 14 years

The advice of the children and young persons was passed on verbally to the management.

Copenhagen, 15 May 2017

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Themes for monitoring activities

Every year, the Ombudsman selects one or more themes for the year's monitoring visits, in cooperation with the Danish Institute for Human Rights and DIGNITY – Danish Institute Against Torture.

The choice of themes is particularly dependent on which areas are in need of an extra monitoring initiative. The Ombudsman will often select a narrow theme, such as for instance the Prison and Probation Service's use of security cells. Other times, the Ombudsman will select broad themes, such as for instance children and young persons who, due to an substantial and permanent impairment of their physical and/or mental function, attend or reside at an institution

The themes give the Ombudsman the opportunity to include current topics in his monitoring activities and also to make in-depth and transverse investigations of particular problematic issues and to gather experience about practice, including best practice.

A principle aim of the relevant year's monitoring visits is to shed light on and investigate the year's themes. The majority of the year's monitoring visits will therefore go to institutions where the themes are relevant.

Thematic reports

At the end of the year, the Ombudsman reports on the outcome of the year's monitoring activities, together with the Danish Institute for Human Rights and DIGNITY – Danish Institute Against Torture.

The themes are especially reported in separate reports on the individual themes. In these reports, the Ombudsman sums up and imparts the most important results of the themes.

General recommendations

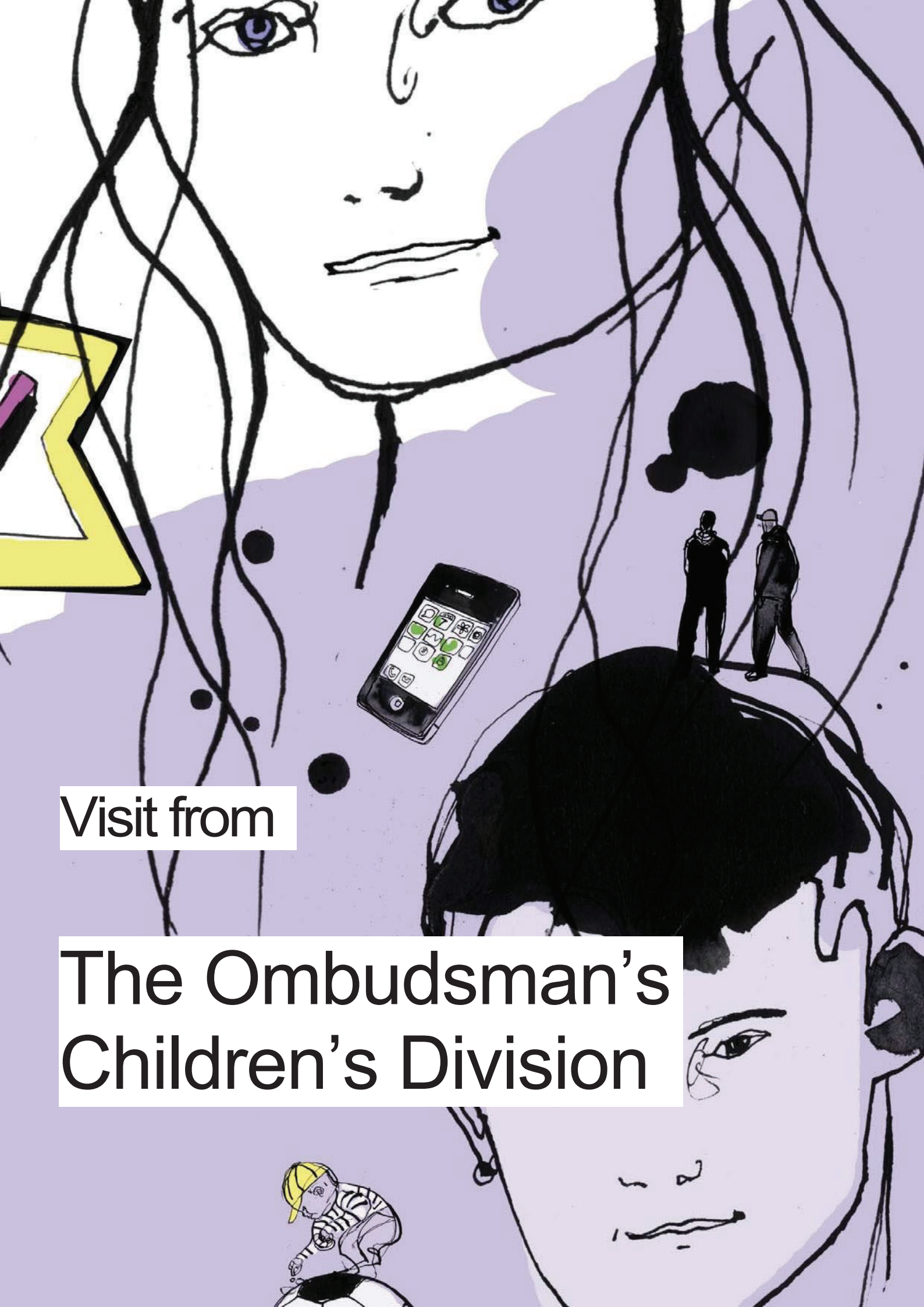
Results of the themes may be general recommendations to the authorities, such as for instance a recommendation to draw up a policy for the prevention of violence and intimidation between the users/residents.

General recommendations are based on the Ombudsman's experience of the field in question. Usually, they will also have been given as concrete recommendations to particular institutions during previous monitoring visits.

Typically, the Ombudsman will discuss the follow-up to his general recommendations with the central authorities. In addition, the Ombudsman will follow up on the recommendations during monitoring visits.

The general recommendations have a preventive aim. The basis for the preventive work in the monitoring field is that the Ombudsman has been appointed national preventive mechanism (NPM) according to the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The thematic reports will be published on the Ombudsman's website, www.ombudsmanden.dk. In addition, the Ombudsman will send the reports to the relevant authorities so that the authorities can include the reports in their deliberations regarding the various sectors. The Ombudsman also informs the Danish Parliament, Folketinget, of the reports.



Visit from

The Ombudsman's Children's Division

What is the Ombudsman's Children's Division?

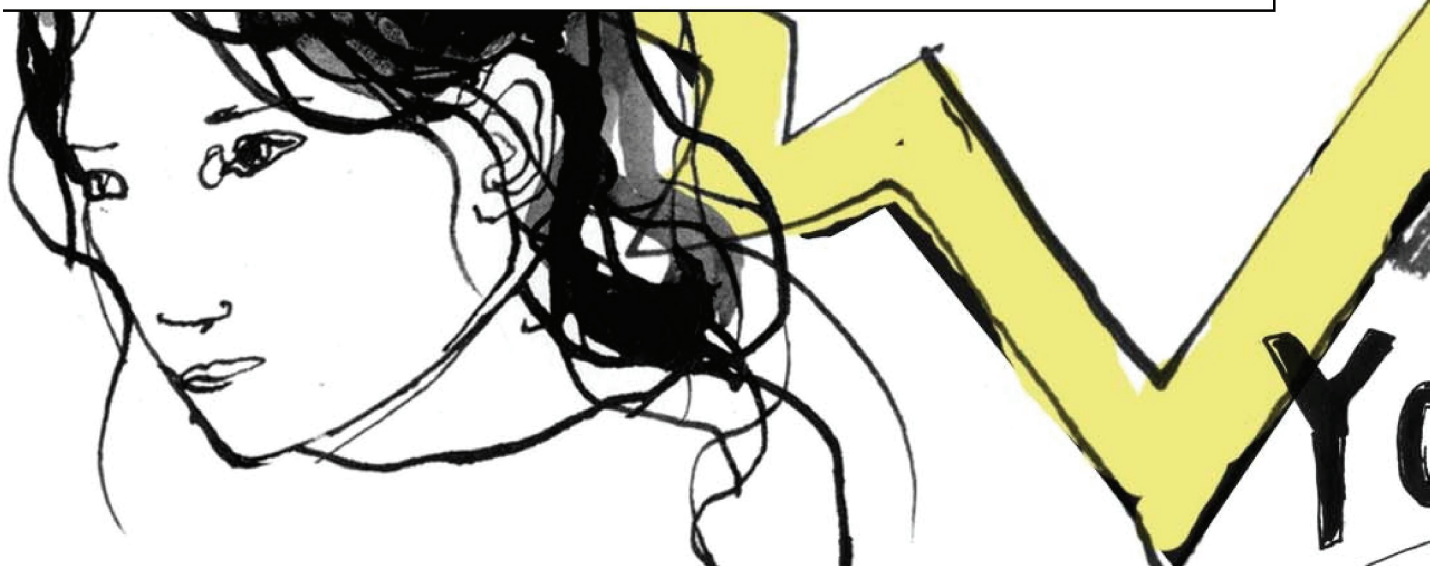
We work with the legal rights of children and young persons.

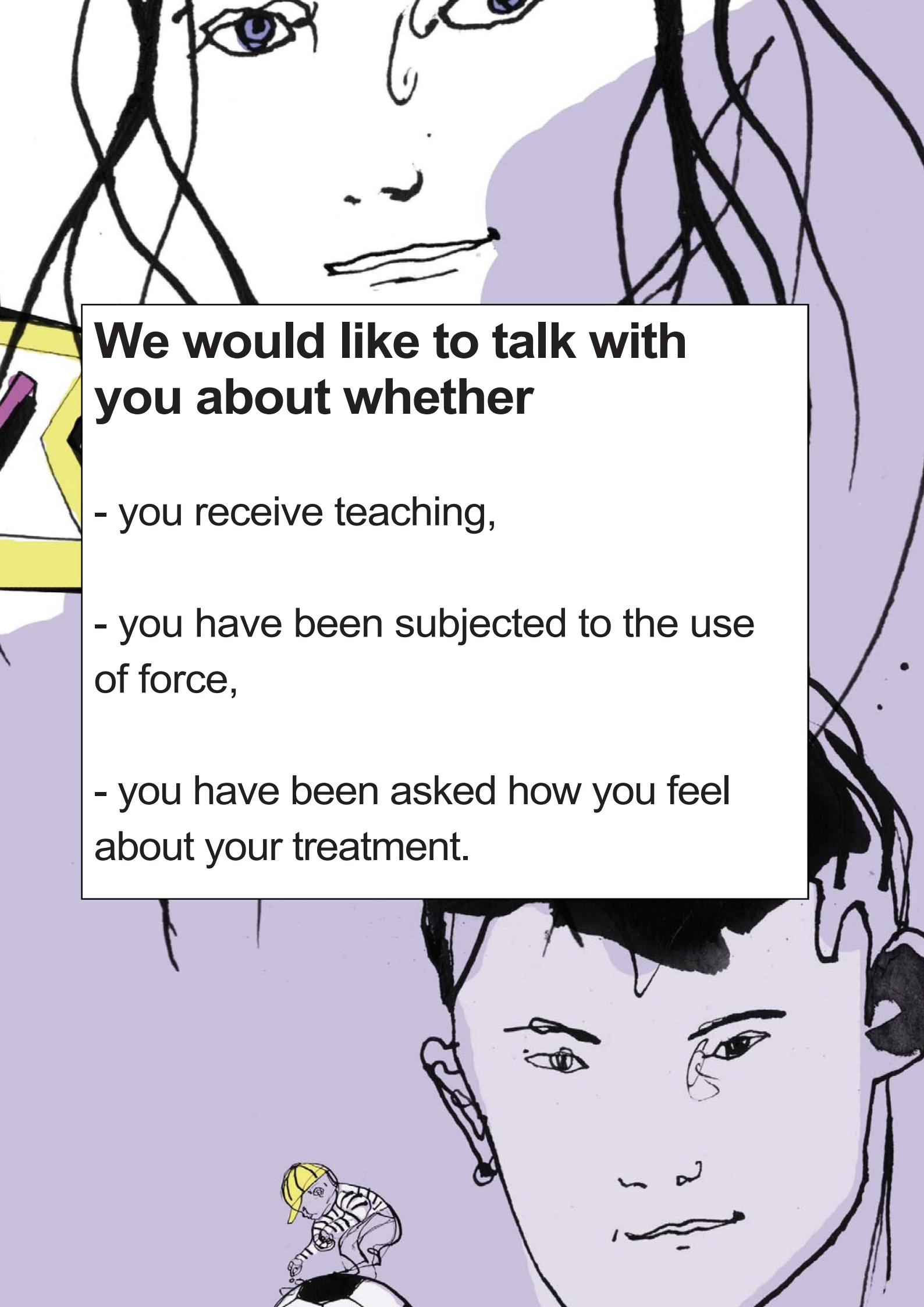
Among other things, we check if children and young persons are treated properly and get the help they are entitled to according to the law.

Children and young persons can complain to us, and we visit places where children and young persons are staying.

Why are we visiting you?

Because we would like to know what it is like for you when you are staying in a psychiatric ward.



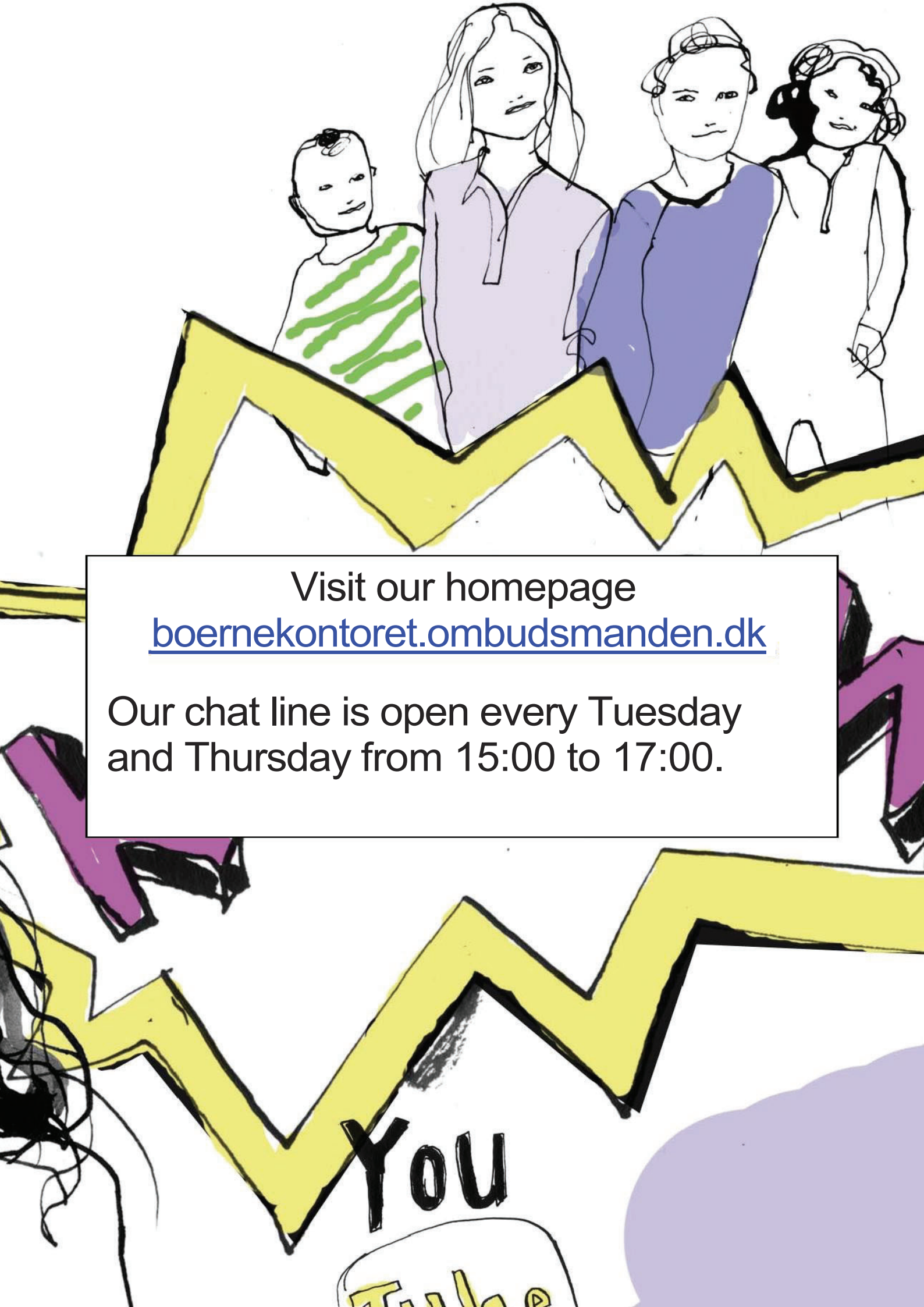


We would like to talk with you about whether

- you receive teaching,

- you have been subjected to the use of force,

- you have been asked how you feel about your treatment.



Visit our homepage
boernekontoret.ombudsmanden.dk

Our chat line is open every Tuesday and Thursday from 15:00 to 17:00.

Restraint documentation form

Ward and unit **:** _____

General information

Patient's age at initiation of restraint : _____

Consent from custodial parent (section 1(4)) ☐ Yes ☐ No ☐ Not required

Measure and duration

Belt: …… ☐ – Duration*:* _____ *days* _____ *hours*

Hand straps: ……..... ☐ – Duration*:* _____ *days* _____ *hours*

Foot straps: …… ☐ – Duration*:* _____ *days* _____ *hours*

Restraint "may be used for a short period"/"a few hours" (section 14(2) and (3)) ☐ Yes ☐ No ☐ No information

The decision

Who decided to use restraint with belt**:**

Consultant (section 15(1)) …….. ☐

Other doctor in consultant's absence (§ 4a) ☐

Submitted to consultant…… ☐

How long before consultant made decision _____ *days* _____ *hours*

Nursing staff (section 15(3)) ……. ☐

Submitted to doctor …… ☐

How long before doctor made decision _____ *days* _____ *hours*

Who decided to use hand straps and/or foot straps:

Consultant (section 15(2)): …… ☐

Other doctor in consultant's absence (section 4a): … ☐

- Submitted to consultant ……... ☐

- How long before consultant made decision _____ *days* _____ *hours*

Reason for restraint:

"exposing self or others to imminent danger of suffering injuries …" (section 14(2)(i)) …….. ☐

"persecuting or otherwise harassing fellow patients" (section 14(2)(ii)) ……..…….…. ☐

"committing acts of not inconsiderable vandalism" (section 14(2)(iii)) ……. ☐

Consent (Executive Order on coercive measures, section 23): ..……. ☐

"Life, health or safety dictates it" (section 14(3) on restraint of longer duration) …… ☐

Continuous medical assessments

Time of renewed assessment by doctor (section 21(4) – *"at least 3 times over 24 hours … evenly distributed")*

- *Were the times evenly distributed?* ☐ Yes ☐ No

Times of assessment by external doctor (section 21(5-7) – a*fter 24 hours, 48 hours, on the fourth day and repeated once a week)*

Information on any disagreement between the external doctor and the treating doctor:

Debriefing

Has debriefing with the **patient** been carried out: ……

☐ Yes ☐ No ☐ Offered ☐ No information

Does the debriefing clarify the **patient's** view of what led to the forcible restraint (section 1(2) of the Executive Order on debriefings): ……..

☐ Yes ☐ No

Does the debriefing clarify the **staff's** view of what led to the forcible restraint (section 1(2) of the Executive Order on debriefings) ……

☐ Yes ☐ No

Has debriefing with the **custodial** parent been carried out.. .

☐ Yes ☐ No ☐ Offered ☐ Not required ☐ No information

Does the debriefing clarify the **custodial** parent's view of what led to the forcible restraint (section 1(2) of the Executive Order on debriefings): ……..

☐ Yes ☐ No

Does the debriefing clarify the **staff's** view of what led to the forcible restraint (section 1(2) of the Executive Order on debriefings) ……

☐ Yes ☐ No

Comments

User involvement and self-determination in psychiatry

Treatment plan

Has the patient been involved regarding content (section 3(3))

☐ Yes ☐ No ☐ No information

Has the patient been consulted about content (section 3(3))

☐ Yes ☐ No ☐ No information

Patient's advance statements

Has the patient been heard about any advance statement (section 3(4))

☐ Yes ☐ No ☐ No information

Does any advance statement appear from patient file (section 3(5))

☐ Yes ☐ No

Has any advance statement been included in treatment plan

(section 3(5))

☐ Yes ☐ No ☐ No information

Have advance statements been departed from

☐ Yes ☐ No ☐ No information

Does reason for departure from advanced statements

appear from patient file

☐ Yes ☐ No

Comments

Education, involvement and self-determination

Has information been gathered regarding the pupil's education to date (section 5 of the Executive Order)	☐ Yes	☐ No	☐ No information
Have the teachers who will be teaching the pupil after discharge received the necessary information about the course of the teaching during the hospitalisation (section 5)	☐ Yes	☐ No	☐ No information
Have classes been planned in consultation with parents (section 4(2) of the Executive Order)	☐ Yes	☐ No	☐ No information
Have classes been planned in consultation with pupil (section 4(2) of the Executive Order)	☐ Yes	☐ No	☐ No information

Comments