

# Effects of stricter legislation on coercive measure use with child & adolescent psychiatric inpatients: National mixed-methods study

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## Introduction

Is stricter legislation effective in reducing the use of coercive measures with child and adolescent psychiatry inpatients? And do unwanted effects occur?

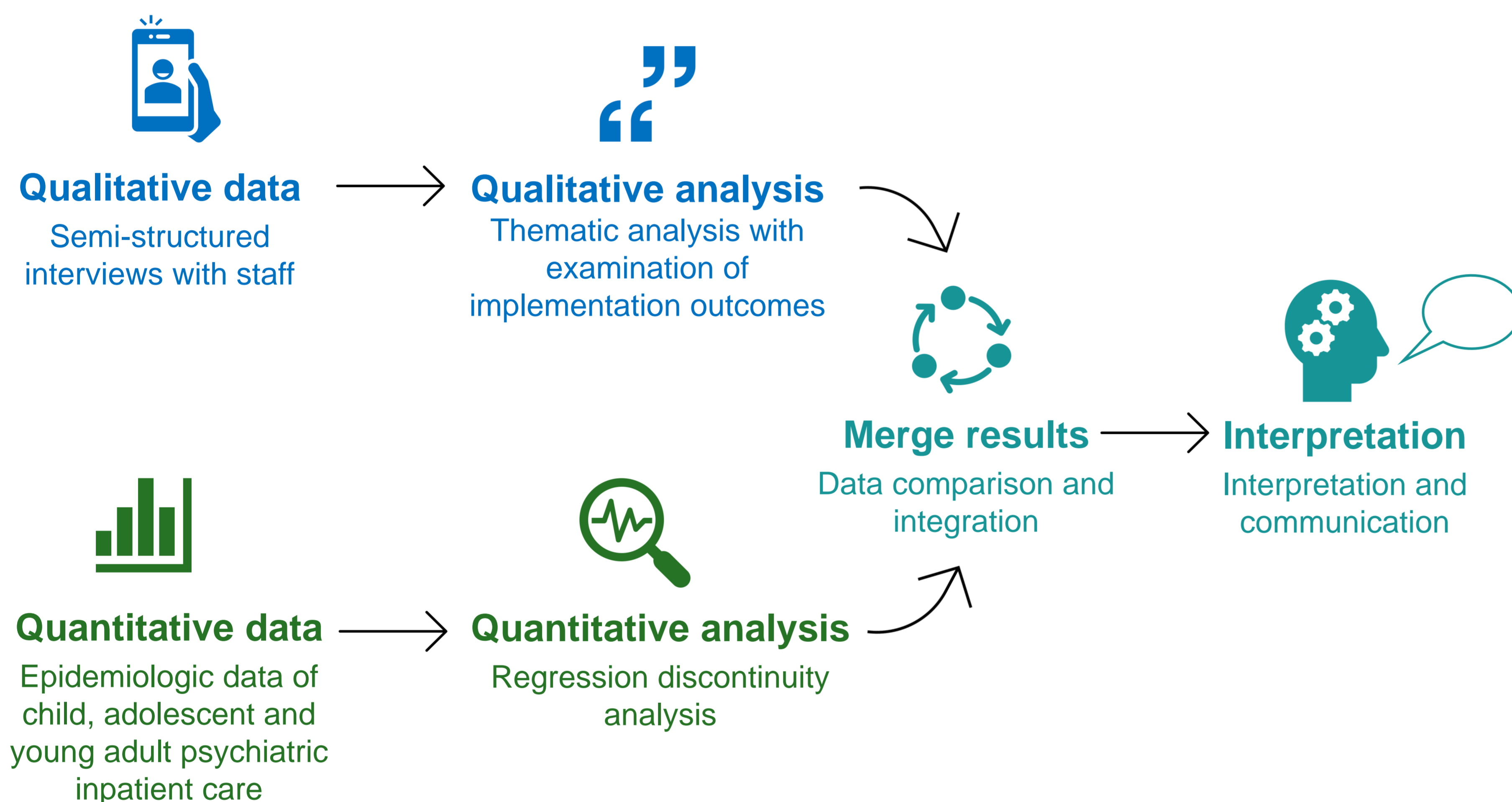
Previous studies found marginal reductions after judicial changes regarding coercive measure use in adult psychiatry (1, 2) or even increased coercive measure use and adverse events (3).

In Sweden, a stricter version of the Compulsory Psychiatric Care Act for child and adolescent inpatients (<18 years) came into effect on July 1, 2020.

We aim to conduct the first study in a child and adolescent setting regarding potential legislative effects on coercive measure use and care.



## Convergent parallel mixed methods design



## Interviews with inpatient staff

- Semi-structured video-interviews with 3-4 each of senior consultants, nurses and heads of units.
- Aim to capture practices of compulsory care and coercive measure use, understanding of legislation, gender aspects, and use of informal coercion.

## Epidemiologic data

- Coercive measure use, care characteristics, organizational factors and patient characteristics.
- Jan 2019–Dec 2021 nationwide data plus fine-grained analysis of Region Stockholm electronic records.
- Comparing child and adolescent psychiatry with adult psychiatry for 18 to 24-year-olds.

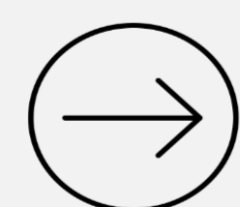
## Judicial reform of Sweden's Compulsory Psychiatric Care Act for patients <18 years old

Before July 1, 2020

From July 1, 2020

### Duration per decision

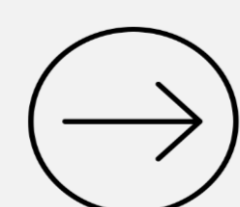
8 h seclusion  
4 h mechanical restraint



2 h seclusion  
1 h mechanical restraint

### Requisite for seclusion

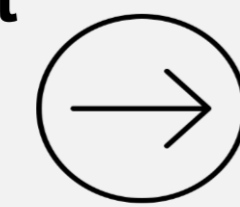
Disturbing or aggressive behaviour severely disrupting treatment of other patients



Aggressive behaviour severely disrupting treatment of other patients

### Requisite for mechanical restraint

Immediate risk of harm to self or others



Immediate risk of harm to self

## Hypothesized outcomes

- Shorter duration of seclusion and mechanical restraint
- Decrease in mechanical restraint use
- Staff insecurity regarding legal requirements

## References

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2. Wallsten, T., & Kjellin, L. (2004). Involuntarily and voluntarily admitted patients' experiences of psychiatric admission and treatment - A comparison before and after changed legislation in Sweden. *Eur Psychiatry*, 19, 464–468.
3. Flammer, E., & Steinert, T. (2016). Association between restriction of involuntary medication and frequency of coercive measures and violent incidents. *Psychiatr Serv*, 67, 1315–1320.

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