



## Statistics on coercion and restraint

**In a separate report, the Norwegian Board of Health Supervision has presented and analysed data for 2000–2007 on use of coercion and restraint for people with mental disabilities, according to the regulations laid down in the Social Services Act Chapter 4A.**

The report presents data for

- decisions taken by the municipalities about measures to prevent injury in emergency situations
- decisions about planned measures to prevent injury in repeated emergency situations
- decisions about measures to meet clients' basic needs
- dispensation from the requirement regarding the qualifications of staff
- local supervision carried out by the Offices of the County Governors to check the use of coercion and restraint.

### **Registered decisions and approved decisions**

As expected, there was a decrease in the total number of decisions during the first few years – from registered decisions to approved decisions. From 2003, the number of registered decisions has increased each year. It was expected that more knowledge about people with challenging behaviour, more knowledge about alternative solutions to coercion and restraint, and more training in taking decisions, would lead to fewer decisions being taken. This expectation has not been met.

The number of approved decisions has increased during the whole period. This was expected during the first few years, but in the long run it was expected that professionals would use other measures than coercion and restraint, and that the number of approved decisions would be reduced. But the number of approved decisions increased more than ever before from 2006 to 2007.

The report shows that the Offices of the County Governors register more and more coercion and restraint for an increasing

## Case load – Social Services Act Chapter 4A 1999-2007

Year	1999	2000	2001	2002	2003	2004	2005	2006	2007
Registered decisions about measures to prevent injury in emergency situations	99 108	35 247	36 466	21 166	19 697	22 700	24 337	27 439	31 533
Approved decisions	123	247	346	377	429	655	841	898	1268
Dispensation from the requirement regarding the qualifications of staff	19	119	152	266	270	319	481	490	536
Local supervision	-	300	299	353	362	148	209	244	246

The table presents figures from 1999. 1999 was the first year with the new regulations.



number of clients. This increase may reflect improved registration of coercion and restraint. Perhaps less coercion and restraint are used in connection with the reported decisions and the approved decisions than is indicated by the figures. Approved decisions can function as a safety net, that can be used to control behaviour, lock cupboards, use physical restraint or switch on alarms. The figures do not tell us how often these measures are used. Thus, the figures may reflect an increase in the use of coercion and restraint.

### Dispensation

The number of dispensations from the requirement regarding the qualifications of staff has also increased. The legislation is based on the principle that coercion and restraint are such radical measures in people's lives that they should only be carried out by people with adequate qualifications. Dispensation is the exception "in special cases". The registered increase in the number of dispensations may indicate that fewer professionals are available, that more professionals are needed, that more decisions about dispensation are made, or other factors.

### Local supervision

Through local supervision, the Offices of the County Governors check that decisions are carried out correctly, and that coercion and restraint are used appropriately. The marked decrease in local supervision from 2003 to 2004 is related to changes in the regulations. The increase during the last few years gives a

positive impression, but the increase in the number of measures increases the need for supervision.

### Differences between the counties

The report shows large variation between the counties, both with regard to registered decisions, approved decisions, dispensation and local supervision. It is reasonable to suppose that this does not reflect differences in the behaviour of people with mental disabilities. It is more likely that the differences reflect differences in the professional cultures in the different municipalities, specialized health services and the Offices of the County Governors. Different practice with regard to registration may also explain this variation.

### Registration

The data that are presented show that there is a need for improved registration and reporting systems in order to identify the extent and nature of the use of coercion and restraint. This applies both to the use of coercion and restraint in emergency situation, and the use of coercion and restraint that is regulated by approved decisions. In addition, improved registration of available professional resources in the municipalities and improved control of specialized health services is needed. Improved control of the tasks of the Offices of the County Governors in this area is also needed. The Norwegian Board of Health Supervision will face these challenges during the next few years.