

Coercion in Psychiatric Services in Switzerland

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The use of different aspects of coercion in mental healthcare currently underlies extensive ethical, legal and professional discussions and aspects of clinical practice have been changing within the last decade. Based on available evidence and knowledge of legislation and political discussions, an overview is given on the following aspects in Switzerland: 1. changes in legislation within the last decade 2. involuntary admission procedures 3. involuntary outpatient treatment 4. use of involuntary medication 5. use of seclusion, restraint, and other containment measures 6. changes in clinical practice 7. expected developments. In 2013 a new legislation concerning several aspects of involuntary admission, mandatory treatment and legal guardianship has been introduced in Switzerland (Kindes- und Erwachsenenschutzrecht, KESR). The revision of relevant chapters of the civil code led to various discussions among mental health professionals and on a societal level about the implications on clinical practice and quality management. Before the introduction, formal and factual criteria as well as procedures of involuntary admission varied considerably between cantons, regions and authorities. Attitudes of mental health professionals and the general population towards psychiatric patients and involuntary treatment practices are intertwined with the legislation. The effects of the new legislation concerning admission procedures, treatment practices and staff attitudes are discussed. Measures of involuntary treatment have been introduced in basic documentation (PSYREC) on a national level in 2012. Evaluations of changes in clinical practice associated with alterations in legislation are needed.