

IF I WAS YOUR CHILD

about coercion in mental health care



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Changefactory Knowledge Center

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The photos are of participants from the survey

IF I WAS YOUR CHILD
about coercion in mental health care

Imagine if one of us was your child

Imagine if one of us was your child
Have you ever seen a child in pain?
A child who has cried, been angry or who has
been really dispaired? I guess we all have. Maybe
the child tried to run away, push another child or
do something bad to themself? Maybe it was your
aunt's child, your uncle's child, your grandchild
or the child next door? Or maybe it was your own
child? What did you think then? And what did you
do?

We who have shared experiences and given advice
in this survey are different children and young
people, with different stories. But we've all been in
a lot of pain, so bad that adults have admitted us to
hospital so that we could get better. We have cried,
been angry or despaired. We have tried to run away.
We have done bad things to ourselves or others.

How has this been met? Sometimes we have met
adults who have understood that we didn't want to
be mean, neither to ourselves nor to others. They
have spoken to us with respect and said they knew
we were in pain. They have met us in ways that did
not make it worse for us. But in many situations we
have been held down, limb restrained, followed,
force-fed, body-searched, put in short term isolation
or forcibly medicated. We have been deprived of
power and control and have experienced it as the
use of coercion. Some of us have experienced a little
of this, some a lot. When we really needed comfort
and love, we were used coercion on. Would you do
this to us, if we were your child?

We don't think the adults wanted to be mean. We
believe that most people did it because they thought
it was the best thing to do in these situations. Maybe
the adults were scared and helpless and didn't know
what else to do but use coercion? And perhaps the
adults were taught that they have to or should use
coercion in these situations?

For most of us, it has felt like there was much more
that could have been done to avoid coercion.
Coercion was used too quickly and far too often.
This has meant that many of us have been affected
by the use of coercion. And we have felt very bad
feelings and at the same time felt that adults have
given up - both on the situations and on us.

We don't think Norway knows enough about what
coercion does to children and young people. With
this report we hope we can help more people to
fully understand what coercion does to us and how
things could have been done differently. Here you
will find answers from us on what you can do in
situations where adults might usually use coercion.
We share some of the most important and painful
experiences and advice, so that more of you will
meet us in helpful ways. These are answers we think
Norway needs and we hope that all of you adults
will take the advice we give now, with you into your
hearts, when you meet children and young people
who are in great pain.

Sincerely, young people in mental health care

CHANGEFACTORY KNOWLEDGE CENTRE

Why knowledge directly from children?

Children and young people have to feel that the school, kindergarten, support services, police and legal system are safe and useful for them. Children and young people all over Norway have experiences from meeting these systems and advice on how they can be the best possible. Authorities, professionals and students often lack this knowledge from children and young people, when frameworks and what constitutes good practice are to be determined, nationally and locally. Therefore, it must be brought in to a much greater extent and, together with other knowledge, be part of the knowledge base, in order to develop and ensure the quality of good systems for children and young people.

More than 10 years of collecting knowledge

For more than 10 years, Changefactory (CF) has systematically collected experiences and advice from children and young people about how they experience school, kindergarten, support services, the police and the legal system. In 2017, the Prime Minister opened Changefactory Knowledge Centre, to collect knowledge from children and young people about the public systems. As far as we know, there are few knowledge centres in Europe whose main purpose is to gather and disseminate knowledge directly from children and young people about the systems they are in. CF seeks collaboration with similar organisations.

Participatory and practice-oriented method

In order to collect, systematise and disseminate summarised experiences and advice from children and young people, a participatory and practice-oriented method is used. CF has called it the Changemethod. The Changemethod has been developed in close collaboration with children and young people. It greatly considers that children have the right to express their opinion, in ways that feel safe for them. The method consists of process descriptions and tools that help many diverse children and young people to participate. It's based closely on a participatory method used in action research, called Participatory Learning and Action (PLA).

Safety is most important

The experiences and advice are collected directly from children and young people in sessions or interviews. The sessions are organised with an emphasis on ensuring that they are experienced as safely as possible for the children and young people who participate. The adults who facilitate are, among other things, trained by children to meet children and young people with openness and human warmth. This is based on the main findings from children about what adults have to be like, in order for children to be able to tell honestly.

Experiences and advice are summarised

Experiences and advice from the sessions are documented in transcripts and other written and visual documentation. The data is summarised and systematised. No links are made to theory. Experiences and advice that are repeated by many children and young people in many places in the country, become the main answers. We call this knowledge directly from children.

Children and young people present

The knowledge from children is presented in reports, films, podcasts, books and online. Participants in the qualitative surveys can also be invited, as pros, in communication and professional development. The pros present knowledge directly from children to politicians, national authorities, professionals and students.

About the survey “If I was your child”

Since 2013, Changefactory has collected experiences and advice from young people with experience from mental health care in Norway. The survey “Mental Health Pros” gave answers to Norway about what young people experienced as useful help in mental health care and the municipal health services for children and young people - and what needs to be changed. The survey “If I was your child” builds on some of the answers from the “Mental Health Pros” report. It was made to highlight children and young people’s experiences with and advice on the use of coercion in mental health care. The aim is that young people’s experiences of coercion, their descriptions of what coercion does to them and their advice on how as little as possible coercion can be used, contribute to better collaboration between young people and professionals and to the most helpful possible help for as many children and young people as possible.

63 young people have shared in sessions

63 young people aged 13-21 took part in the survey. They come from the northern, centre, western and eastern parts of the country. They have all been subjected to coercion, been threatened with coercion or witnessed someone else being used coercion on. Most were admitted to an Inpatient Psychiatric Unit or had been admitted a short time ago. Although the survey does not represent all young people’s experiences and advice, the answers from 63 young people who have recently experienced Inpatient Psychiatric Units in mental health care provide a broad and important contribution to what many see as helpful for them.

Sessions were conducted around the country, each with 5-8 young participants. 12 sessions were conducted, five of the sessions were at Inpatient Psychiatric Units for young people in mental health care. Responses from individuals were also collected, when the young people preferred it. This was done through in-depth interviews and conversations on Facebook and by phone. Most people have been spoken to twice, and many have been spoken to several times. This was done to ensure the participants felt safe to participate and provide in-depth answers. The young people got time to think about what they wanted to say, and the opportunity to answer again or in more detail in the next conversation or session. This has resulted in the survey highlighting some fundamental challenges to mental health care. The individual’s story was not the focus. The theme has been the young people’s encounter with the mental health care services.

The questions asked

The participants in the survey were asked the questions below. In addition, in-depth questions were asked on topics that were very important to one/ some of the participants.

About safe Inpatient Psychiatric Units

- ♥ What is good help at Inpatient Psychiatric Units?
- ♥ How should adults meet young people when they show strong expressions? For example, when they don’t want to eat, hear voices in their head, act out or hurt themselves.

About coercion

- ♥ What do you think should be talked about as use of coercion?
- ♥ How have you been met in very difficult or painful situations?
- ♥ How have you experienced it, when the adults have used coercion?
- ♥ How have you experienced short term isolation? forced feeding? physical restraint? use of limb restraints? forced medication? body searches? restricted freedom of movement?
- ♥ What has been helpful, when coercion has been used?
- ♥ In which situations do you think coercion can be used?

About avoiding coercion

- ♥ What can be done in situations to avoid the use of coercion or as little as possible use of coercion?
- ♥ What is your advice on how coercion should not be used, or how to reduce the occurrence of such situations?
- ♥ What can be done instead of the use of coercion? And how can this be done?

The answers are summarised

The experiences and advice have been systematised by Changefactory workers. The findings are not connected to theory. The experiences and advice that were repeated most often are summarised as the main findings. This is a qualitative survey - without statistics and percentage estimates.

Thank you

Dear wise, good and important young people who have taken part in sessions and sent answers on Facebook and by phone. Millions of thanks to you. Thanks for the valuable experiences and advice from each of you. Thank you for wanting to share about both the bad, the painful and the good. Thank you for being so unbelievably brave and sharing from deep within your hearts.

Without you, this report would not have been possible. You are helping to make it safer for the children and young people who come after you and who need help at the Inpatient Psychiatric Units. In this way, you are helping to change Norway and we are super grateful, proud and humble.

Thank you to the professionals who have helped us in conducting the survey.

A big thank you to the Inpatient Psychiatric Units who welcomed us and let us meet the wise young people.

An extra big thank you to the Extrastiftelsen and the Council for Mental Health, which made it possible for us to conduct this survey.

Sincerely, Changefactory

PART 1

ABOUT THE USE OF COERCION

In this section, experiences from the use of coercion and quotes from young people who have experienced coercion are presented.

Many of the 63 young people who took part in the qualitative survey have experienced several forms of coercion: 50 have experienced restricted freedom of movement, 48 physical restraint, 31 short term isolation, 24 forced medication, 20 body searches, 14 limb restraints and 13 have experienced forced feeding.

3 out of 4 of the young people who participated answered that they had experienced the use of coercion, violence or abuse, from family or others, before they were admitted. Most had not told anyone in mental health care about this. Many said that the use of coercion has triggered trauma and created new trauma for the young people.

When do adults use coercion?

Summarised knowledge

A main answer in the qualitative survey is that coercion is often used when young people are in pain and show it through frustration, acting out, self-harm, psychosis - and suicidal thoughts and actions. Coercion is also used when young people want to leave or run away from the Inpatient Psychiatric Unit.

Some of the young people talk about coercion being used as a consequence or punishment for their actions. It is often in situations where they feel unsafe, scared or very upset. For many, it feels like the adults are punishing or giving consequences to the young people's feelings. They don't think the adults understand well enough that the bad or scary actions almost always start with something that triggers and hurts.

Most of the young people speak of some adults who use coercion more quickly than others. Many think this could be about them being scared more easily and struggling to meet young people in good ways. Some adults use coercion to get things quiet at the Inpatient Psychiatric Unit.

Quotes from young people

They used physical coercion if I tried to hurt myself or tried to run away. Other times it was because I didn't speak or communicate in any way, I guess they weren't sure how to handle it.

What has happened before they used coercion has been that I have had a very difficult time, have been very desperate and have wanted to hurt myself. Then they physically restrained me so that I wouldn't be able to hurt myself.

I feel that since I have had a hard time before and experienced a lot of coercion, they use coercion more quickly on me than on others.

Sometimes it felt like they only used coercion because they wanted me to be quiet at night, other times because there were too few people at work. It just makes me more uneasy, so the only people they're fooling are themselves.

Those who know me do not use coercion. Some of those who don't know me very well are quick to use coercion. Then it feels as if coercion is used when adults are unsure. I wish they had other ways to deal with being insecure. Right now it depends on who is at work. But I'm the same person anyway.

Sometimes it looked as if they were ready to use coercion. Before they had asked me how we could solve something together, they had called several adults. They stood prepared further down the hall. Just because they had used coercion on me so many times before, they assumed it would be necessary again. It made it very difficult to trust and collaborate with them.

They have used coercion on me in situations where I have become angry, scared or sad, or if I did not want to listen to what they had to say.

They used physical coercion against me when I was having a hard time. There was physical restraint and forced medication. Regarding food, there was a diet list, nutritional drink, threats of forced feeding. There was also restricted freedom of movement there, so I wouldn't be able to exercise, throw up or hurt myself.

How is coercion experienced?

Summarised knowledge

Many of the young people in the qualitative survey talk about how coercion creates very bad feelings inside them. Many feel that the adults do not believe that they have experienced anything difficult or painful in their lives. Some respond that coercion instead makes them feel dangerous or difficult. Many lose trust and faith in adults who use coercion and then it becomes difficult to collaborate with them afterwards. It is difficult to be honest with them about what hurts and what the young people need. When the young people are not allowed to talk about what hurts, the help becomes less useful. Coercion can cause young people to have a different view of themselves and their bodies. For many, it has contributed to them feeling worthless.

Quotes from young people

The worst was when I felt the sweat from him above me run down my forehead.

I was 13 years old. After all, they were the ones who were supposed to help and were the experts, and if they used coercion, how could I dare say anything about it? What if that was how it was supposed to be?

Once I was on a trip with those from the Inpatient Psychiatric Unit, I acted out. They ended up putting me on the ground. Several people who walked by told them that they had to let me go and that it was not the way to treat children. It was good to hear that they cared.

If you run at the door several times, you will eventually give up, because you will get tired. But I didn't give up because I got better, I just didn't have any more tears and strength left.

Sometimes all I could think about was disappearing. Life hurt so terribly. When those who were supposed to help made life even worse by using coercion, I had nothing left to do. I gave up the last hope. The road back has been very long.

The more frameworks they make, the more they push you into a corner, the more you act out. I hurt myself to be transferred to the hospital, so I didn't have to be in the Inpatient Psychiatric Unit.

When they force me to do things, I start to resist. I kind of become a monster. I am not myself. Then these situations arise easily and it is quite a crisis.

The psychological part of coercive use is horrible. It feels like someone is abusing me again. But now it's even worse.

I couldn't lift my arm afterwards. When I spoke up, they said "okay". At least they could have said "sorry it happened that way". If not, I don't see how I'm going to be able to talk to them when I need help.

I felt that the adults believed that they really had to use coercion to deal with me. For a while it felt as if coercion was my future. It sort of became completely normal for them. I began to think that it was the only right thing to do. That I was mean, and that all the bad things I had experienced were my fault, so I deserved the coercion.

Seeing the use of coercion

Summarised knowledge

Many of the young people were very interested to tell how it feels when you see adults using coercion on other young people, because it had left a mark on them. Many have become worried and afraid. They have become worried about the other young people. It was painful for them not to be allowed to comfort or hug the young people. Many explained that they thought it was what the young people really needed. They also became afraid of the adults and several say that they lost trust in the adults who then used coercion against other young people. For many, it was brutal, and they were left with a fear of what could happen to them. For some, witnessing such events has reminded them of their own experiences of trauma growing up.

Many of the young people want this to be talked about openly more often. Adults and young people have to talk together. They explain that this is important, so that bad feelings, worries and fear do not remain in the body and to be able to share from both sides how it felt and why it is like that. It is also important to create safety between the young people and safety with the adults.

Quotes from young people

The walls are very thin here, you can hear it if someone is having a hard time. You hear if someone is under short term isolation, if someone is screaming and having a hard time. It hurts.

What a young person says and does affects others. If one acts out a lot, we feel bad for them and can get scared. Often no one talks to us afterwards. We cannot continue to put people in short term isolation without addressing it afterwards. After all, we live together and notice almost everything. We need to feel safe with each other.

I witnessed another girl in the ward being held down by several adults and pushed into the car I was in. It was heartbreaking to watch. The girl screamed and cried and the adults seemed angry. When they held her, it reminded me of some painful experiences of my own. I felt sad, it felt like they treated her like an animal.

A young person had a hard time. I wanted to go to him so badly, to talk, instead of them using coercion. I know it would have worked better. It is so difficult to see others in pain, when you can neither comfort, help nor give a hug.

Being threatened with coercion

Summarised knowledge

Many of the young people in the qualitative survey say that they get scared when adults threaten to use coercion. They walk around thinking IF it's going to happen and WHEN it's going to happen. They are unsure whether the adults really mean it. Many are afraid to speak up when they are in a lot of pain and want to hurt themselves or others, because they are then afraid that the adults will use coercion. Several say that it can feel like you are being punished or don't have a choice. They may feel that adults quickly give up and then coercion often feels like an easy solution for the adults. For many, the experience of being threatened with coercion makes what hurts inside them worse.

Quotes from young people

I get fucking scared, and then I react with anger! When they threaten with limb restraints, I do as they ask me, even though I really don't want to and that it makes me small. But I feel I have to do it, or I'll get hell.

I felt very powerless, angry, sad and frustrated. They made several threats and said that if I didn't do this or that, they would send me to a closed post. Making such ultimatums is really not good. I felt that those who threatened like that did not understand anything.

When they threatened with coercion, it was very frightening. I was scared in my entire body. I was also very upset. It felt like I was being punished, instead of being helped. Especially because they were so strict and cold when they said it. That only made it hurt worse.

They use coercion so incredibly quickly. Once when I cried, they asked me to be quiet. If not, they would take me into short term isolation. They did this, even though I locked myself in the shower to escape.

PART 2

DIFFERENT FORMS OF COERCION

In this section, experiences and advice from what young people experience as coercion are presented. Physical restraints, limb restraints, forced medication in emergency situations and short term isolation are considered coercion according to the current law. Forced medication for psychosis and forced feeding are considered in the current law as coercive treatment. Short term isolation and body searches have to have separate coercive by-laws.

According to the law, restricted freedom of movement is not a means of coercion and is not considered coercive treatment either. The answers from children and young people are that restricted freedom of movement is still most often experienced as coercion. Therefore, restricted freedom of movement is also part of this report.

Short term isolation and solitary isolation

Short term isolation is, according to young people, a separate section where you are shielded from other young people. It is often a short term isolation room and sometimes a short term isolation living room. In the short term isolation section, there is little furniture, often plastic cutlery and few objects. In short term isolation, there is no contact between those admitted, but adults are always present with them.

Solitary isolation, according to young people, is being placed in a room, without anything other than perhaps a mattress. The biggest difference from short term isolation is that there are no adults in the room with the young person. Some young people also say that the light is turned off, so that the room becomes dark.

Summarised knowledge

A main answer from the qualitative survey is that short term isolation makes young people scared and often desperate. They feel they are being punished because they are in pain. The young people say that short term isolation creates a feeling of isolation from the world. They feel alone in all the pain. It will be the adults against them.

For many, it becomes difficult to get out of short term isolation, because being in short term isolation makes things so abnormal. Going from being locked up or being closely watched, to suddenly coming out into a community, can make things scary.

Several said they suffered new traumas after short term isolation. In the survey, many of the young people describe short term isolation with these words: "hell", "a prisoner", "I freak out" and "prison". Being in short term isolation makes them more fearful, and their expressions of pain often get worse. Many experience desperation. They do not understand how adults who were supposed to help can harm them in this way.

Quotes from young people

I was told that I had to be in short term isolation, with a room and a living room, and that I was not allowed to go out into the common areas with the others. They thought I was too sick. It was so lonely sitting in there, even though there were adults there with me. I've never been to prison, but I think it might be similar.

When I cry, they can put me in something similar to prison. I'm just sad. Still, they put me there before I start freaking out. It is only when I get to the short term isolation door that I freak out. You feel trapped in the room, and there is no one there to help you. They stand outside and you sit inside. You feel like a prisoner. They just move the problem from one room to another, only with a thicker door. It should not be allowed to lock someone in a room alone. It only makes young people even more fearful.

If you are alone in short term isolation, everything easily becomes even worse and more violent. I needed my mom, I screamed for her. She gave me peace of mind. The times they got her, I came to myself again. They locked the door when I tried to get out, I was in hell, I needed someone to be there with me and make me feel safer. I felt like a criminal and actually became more uneasy being there. I created much more hell in there than out because I had nothing to lose, I became so incredibly desperate and I felt so suffocated and trapped. It can last for several hours. It starts the same and ends the same. Why don't they try something else. I know that physically restraining me and throwing me into short term isolation does not help. Inside, I just feel worse.

It is very often that if you are put in short term isolation once, it only takes a little time before you end up there again. They have already crossed the line.

Advice

Create safe spaces

A stripped, cold room with nothing is not what we need when life hurts the most. It usually makes life even worse. If a short term isolation room should exist, it has to be turned into something good - with lots of pillows, nice pictures, and maybe a punching bag.

Find something to do together

You have to come up with things to do with us even if we are on short term isolation, because we are sitting there without a phone and nothing to do. And we have no way out. For example, we can draw together, paint, play cards together. You're sitting there anyway.

Get to choose the adult

In the short term isolation, there has to be adults we feel safe with. If we have to be with adults we do not feel safe with, what hurts can become even worse and create insecurity. When we are with adults we feel safe with, we feel safer inside. Then we will be calmer.

Forced feeding

According to young people, forced tube feeding means getting nutrition through a tube that usually goes into the nose and down to the stomach. In this way, liquid food is introduced into the body. Often the young person is held down by force or fastened in limb restraints while the feeding tube is in progress.

Summarised knowledge

A main answer from the qualitative survey is that when adults use forced feeding, the young people feel as if the adults do not understand that the young people are in pain. Most describe that more could have been done before forced feeding is used. It is used too quickly and can then directly be experienced as mean. One main piece of advice is that the adults have to understand that not wanting to eat is about something other than food. Adults have to provide care, human warmth and show that they care. They have to try hard to get to the root cause. Only then can the young people get help that helps over time. To make this happen, patience is needed.

Quotes from young people

Five men entered my room to carry me into the feeding tube room. I held on to my bed as hard as I could and cried and begged them not to. They held me tight and lay on top of me while the sweat from some of them dripped down on me. One stuffed the feeding tube into me, while one held my head firmly. It's the most hurtful and most terrible thing I've ever been a part of. I still have nightmares about it.

At the ward, the feeding tube room was at the very end, so I was dragged there past all the other rooms. I howled. But it wasn't me they brought in, this was the person I became when they forced me to do things.

They always said feeding tube was a last resort, so every time they tube fed me, I felt like they were giving up on me. At the same time, I felt that they were stepping on me, and I felt small and alone.

A lady who worked where I was hospitalised had noticed that I ate a little if she got my mind on something nice. Instead of threatening, we talked about something that I was fond of. Then I didn't think much about what I was eating. It was much better that it happened that way.

Sometimes I experienced tube feeding that felt caring. They talked about music and about what my favourite band was. And when I got excited and thought about something else, they could loosen up a bit. They did it safely, held my hand and made it voluntary.

Advice

Understand that it is about something other than food

All adults who work in mental health care have to have more knowledge about that there is something behind it and that it is not really about food. Something hurts, and children and young people can show it through food. The adults have to tell the young people that they know it's not about the food. They have to wonder with warmth what really hurts or is stressful inside of us.

Don't assume, try again and again

Before each and every time you intend to use feeding tubes, we ask you to ask if there might be another way for us to eat. Eventually, we may want to, in order to avoid the feeding tube. If you come in with an attitude that "now there will be coercion", we probably won't collaborate with you.

Show that you're rooting for us

We need adults who say that we are in what is hurtful together. We need adults who show love and who can hold our hands. We know it's scary for you when we don't eat, but we can't eat if you don't support us and show that you care for us.

Collaborate on how to make it safe to eat

Find out with us how it is safest for us to eat. Who will be there? How should it be? Some of us like to just get it done, while others like to talk together so that you have something else to think about. This is different, the most important thing is to find out what is safest for each individual. Many of us experience that the adults think that we feel better inside if we eat normal food and are not force-fed. Instead, we need adults to understand that the pain inside us is just as bad no matter how we get the food. We need you to tell us that you know this.

Physical restraint

According to young people, physical restraint means being physically held down by force. We are put on the ground or held firmly in bed or elsewhere. Sometimes there are several people holding us at the same time. It can last anywhere from a few seconds to several hours.

Summarised knowledge

One of the clearest answers from the young people in the qualitative survey was that when they got strong expressions such as self-harm, anger, depression or other things, it was often fundamentally about them feeling hurt, or being afraid inside. When one is then physically restrained, the fear becomes stronger, and the pain becomes worse.

The young people say that when adults hold them down, they can easily feel small and overlooked. This often causes them to lose trust in adults. When they lose trust in adults, it destroys much of the opportunity to help. How are they to understand that the adults mean well and that they want to help, when they make the young people feel these things?

Many say that physical restraint triggers trauma from childhood. Many of the young people have been held down on the floor or on the ground, without the adults knowing what kind of experiences they had from the past, with violence and/or abuse. When a young person who has experienced violence or abuse is held down, the holding feels like abuse.

Quotes from young people

The alarm went off, they are holding me down, I bite my lip. Get abrasions. They take a towel in my mouth. They keep me there for an hour. I felt like a horse. I was swollen. Someone came in and said: This is not okay. They didn't let me go though. I cried and cried and cried.

They don't have to be four people on a girl of 1.50 cm. It's really awkward to have three men of 1.90 cm in the room. They hurt me more than I ever hurt myself.

They talk over my head when I'm held down and they talk like I'm not in the room. They discuss me, many men who hold me. I feel completely gone - and it feels like they don't care.

They always use the biggest and strongest. One or two, but why use all? It becomes full-on war. Then they show that they are almost dangerous. When those with muscles come.

I have experienced that the staff have asked mum and dad to hold me instead of doing it themselves. My parents learned it when I was 13. It's not wise, but very painful. It ruined my relationship with my father forever I think. I have seen him use violence against me.

It triggers bad things I've experienced with restrained in the past. When I'm restrained, I get a reaction that makes everything much worse.

I had been held down for a long time, there were many of them. Then one of them came in and told all the others to let go of me and go. He was in control, he said. I would rather say he was brave and confident. He dared to take me out. We screamed and yelled out all of the bad things. It made it easier for me to talk about all the bad things.

Someone I trusted extra at the emergency post helped carry me out. It made me lose what little trust I had in her. Imagine, a fight, are you going to be calmed down by the person you are fighting?

First one came and then another I didn't know. It became more unsafe, and I resisted more. Please stop bringing in loads of adults to hold a young person. It's better with one first and if it doesn't work, it doesn't work.

There were some who said they didn't want to hold me and that it was difficult for them. That didn't make the holding OK, but it opened up the conversation. Then I realised that they didn't want to hurt me. Then I was able to say what they should do.

I feel they used coercion at the wrong time, when I'm scared and stuff like that. Then I've been carried out or held down, I just get sad and scared, and eventually I start kicking people to get free. You are not asked what can we help you with.

I wish he, whom I like and trust, took control, took responsibility and said, I'm going to talk to her - and could give me a hug, instead of coercion. If only he would, I often thought as I lay down, I just need a hug. It works in many situations. DO NOT lay on top of me.

Advice

Find out with us what we need

Find out with us what we need when we are in pain. Tell us that we matter and that you don't want us to hurt ourselves or anyone else. Talk to us about how we need to be met by you adults. The coercion can be prevented if you ask us what we need right now, instead of carrying us out. Getting this question can quickly make it much safer inside of us.

One adult is safest

It becomes too violent with several adults when life feels scary and difficult. We need for there to not be so many adults, it is better when there is one person who provides safety. A person we trust who can say they see we are having a hard time and who cares about us. Perhaps it is safer for the adults to be more adults. For us, it quickly becomes unsafe.

Warmth can decide the way forward

We need adults to show warmth and, for example, pat us on the shoulder or arm or hold our hand and say that everything will be fine. Sometimes it can be good to be held with a hug. Talk calmly and kindly. Safe places to touch can be shoulders and arms. For many of us, receiving warmth instead of coercion has been absolutely crucial for trust and the way forward.

Be brave and open about feelings

If physical restraint cannot be avoided, inform us about what is happening and how it makes you feel. Avoid using more physical restraint than necessary. Talk to us directly if you are holding us, preferably in a conversation with us. Tell us that you really don't want to hold us down. You can say what you feel about the situation, but without the young person needing to feel sorry for you. You can tell that you are afraid or worried. You can tell that you care about us, but it has to come from the heart.

Limb restraints

According to young people, limb restraints can be straps that are attached to the frame of their bed, mobile belts/straps or a chair with straps. The straps are locked around the legs and arms, often with a special key that makes it impossible to get out. Then you lie in belts until someone unlocks them.

Summarised knowledge

All the young people in the qualitative survey said that limb restraints were so harmful and scared them so much that they believed that limb restraints cannot be used on children and young people in mental health care. Many of the young people said it was one of the worst things they had experienced. They say that when they get bad feelings, limb restraints are often used to prevent or to calm down. This can be incredibly painful. Several say that it can give them bad thoughts and feelings and that it can cause trauma. They cannot understand that this can be legal in Norway.

A main answer is that adults could do more before they used limb restraints. The young people say that being put in limb restraints closes the door and destroys them from later talking about the things that hurt. The advice to avoid using limb restraints is that young people need a warm adult, who takes their time, who makes them feel safe and who shows love.

Many young people say they do not believe that the decision-makers in Norway, nor professionals, have been aware of how serious using limb restraint is for children. The impatient psychiatric unit often do not know what these children have experienced in the past. Young people who have

experienced violence or sexual abuse where someone has held them down, tied them up and forced themselves on their bodies can be placed in mental health care limb restraints. This is done by the state of Norway, in a place the young people think they are coming to get help.

Some express that they experience the use of limb restraints as a new form of abuse. They were terrified, and when they became "calm", it was because they had learned that they had to let the abuse finish. Some young people who have lived in a child protection institution and been on Inpatient Psychiatric Units have been shocked that limb restraints are actually used on children and young people in mental health care. In child protection institutions it is not legal, so why can mental health services use limb restraints?

Quotes from young people

I was in so much pain that I hit my head on the wall. Suddenly one of the adults said they were going to put me in limb restraints. They carried me into the room where the bed was and they put on all the straps around my legs. I lay screaming and shouting, but they didn't speak to me. I was told afterwards that it's because they didn't want limb restraints to become a good thing. Lying there without anyone talking to me, and without any control over myself, is one of the worst feelings I've ever felt.

Limb restraints are the sickest thing you can do to children. When I first saw the bed I thought it was nonsense, I didn't believe that this was something that was done to children. I remember all I thought was that I wanted to die, it shouldn't be allowed. I thought I was in good hands when I was in a hospital in Norway.

They used limb restraints as a preventive measure, if I started to get restless. They used limb restraints to avoid it ending in physical restraint. Because after a while in limb restraints you get exhausted. So then they let go. They said that consequence for me completing what I was supposed to do, e.g. throwing a chair would be worse than not doing it. They said it was to prevent me from doing something bad, which I would regret.

If you lie in limb restraints, you always have restricted freedom of movement. That's how I learned it. I've learned that the adult sitting there is not allowed to talk to me when I'm in limb restraints, because people shouldn't think that it's nice to be in limb restraints. This is, to put it mildly, completely screwed up.

It is important to avoid using limb restraints. If I'm met with limb restraints when things get tough, I shut down. It's not that I don't want help, but I don't dare. As long as I know they have the ability to use limb restraints on me, and they often do when things are difficult, I keep up a facade. And when limb restraints mean that I can't tell what hurts - are there really any point in the treatment?

I think they got so used to putting me in limb restraints that it eventually became too easy for them. It says that everything has to be tried, but many times not everything was tried. It hurt, it felt like they gave up on me.

Sometimes I have experienced being met by adults who, instead of grabbing me when I do bad things to myself, sit down and talk to me calmly. Then the adults have told me that it will be okay, that we will get through this. They have held me, until the urge to hurt myself disappeared. Then I was able to show the feelings that are the starting point for me injuring myself and then we can talk about them in a constructive way, or talk about something completely different. I need someone to really care because in my world I deserve only the worst and I'm worthless.

Sometimes I was greeted by someone who sat down next to me when I was mean to myself, and instead of physically restraining me and putting me in limb restraints and pressing the alarm, she started saying how painful it was to see me be in so much pain, because she cared for me so much. And then she started holding around me and hugging me, instead of using coercion. It meant everything.

Advice

Do not use limb restraints on children and young people

We think that limb restraints are so harmful to us that it should not be allowed to use limb restraints on children and young people. If coercion is to be used, other forms of coercion have to be used instead. Several of us have known that limb restraints cause trauma and make the hurt much worse. The use of limb restraints have to be stopped, as quickly as possible. Norway has to take seriously what limb restraints have done to us, both in the situation and the time afterwards - and later in life.

Be a warm adult

Instead of grabbing us to put us in limb restraints, we need adults who sit down next to us and talk to us calmly and tell us that it will be okay and that we will get through the bad. Instead of pressing the alarm, you can tell us that we are important to you and that you understand that we are in a lot of pain. Say you care about us and give us a hug. We need adults who hold us, until the urge to do bad things to ourselves is "gone". We need adults who show that you really care.

Forced medication

According to young people, forced medication means that you receive medication in the form of injections to make them calmer in acute situations where they often have strong expressions of pain, and in some cases as a treatment for psychosis. The medicines make them relaxed and tired so that they eventually become calm.

Summarised knowledge

Most of the young people we have spoken to in this qualitative survey have been forcibly medicated in acute situations. A few of the young people who have given answers have experienced forced medication as a treatment for psychosis.

A main answer from the young people in the qualitative survey is that medication is a very simple solution for the adults, but it often does something serious to the young people's feelings. The feelings that were the whole reason why the young people became so desperate, angry and completely out of their minds are still there when they wake up from the medication. When the adults medicate away the feelings, instead of dealing with them, the young people lose trust. They stop talking about the feelings behind all the strong expressions they get, when their heart hurts.

Many of the young people say that being forcibly medicated can feel like abuse, and that you feel drugged down and lose control. They also say that adults do not always know what the young people have experienced in the past, and that it can trigger past traumas.

Several of the young people have told about the feelings they get after being forcibly medicated. Repeated answers are that it is painful and uncomfortable, because they do not know what has happened and whether someone has done something to their bodies.

Quotes from young people

They held me down and made an agreement to put me on medication. I was scared when she brought the syringe. I remember them saying that now there will be a sting. It stung not only in the ass, but deep in my heart.

When I was forcibly medicated I slept for 17 hours. I woke up and didn't understand anything, 17 hours that were completely black. I have previously experienced adults doing bad things to me when I am sleeping. How could I trust that they hadn't done anything. I didn't feel like I could trust anyone after this.

When it happened it felt like abuse. You lost control and someone did something you absolutely did not agree with and that hurt a lot.

The medicine calmed me down, but I feel so sick afterwards. It has never been helpful. They could have tried a little longer, tried many other things before they chose to put medicine in the body of a tiny girl.

They were going to give an injection, usually they do it up the back, but she tore my pants down. There were three other men there, she was stroking my bum and I felt so bad. They have no idea what traumas I have from the past. It can trigger my traumas.

During a period when I was having a very difficult time, I was told that if I hadn't calmed down after half an hour, I was given an injection in the ass, a horse dose, which made me sleep until the following day. They took power over my body, how could I trust them after this. What if they had done something to me when I was drugged.

Every time they forcibly medicated me, I felt like they couldn't stand me and my feelings. There were either few people or they were tired of physically restraining me. That's how it felt. I was forced to medicate more often when there were fewer people at work.

They resort to the simplest solution. Nothing gets better from forced medication. They have done it many times. Sometimes I can't even stand, many hours after being medicated.

Advice

Use safety and warmth rather than medicine

We ask you to spend more time keeping us safe and warm in situations where you would otherwise medicate. Getting a hug, holding us or saying you care about us can be very good "medicine". Don't give up if we don't accept the warmth you try to give us, try again and again.

Share your feelings and thoughts with us

We ask you to be brave adults who do not medicate away emotions. It is therefore important that you are honest about your feelings when you become afraid of us and want to medicate us. You have to do this even when you think we are not hearing you. Some of us can be deep in flashbacks, voices in our head and other painful things, but when life hurts so much we also think it can be scary. It gets even scarier if you medicate us. Then we think that you cannot stand our feelings and expressions.

Do not forcibly medicate children and young people

When adults who are supposed to help choose to forcibly medicate, it creates so much pain in our bodies. It gets worse. This should not be allowed to be done to children and young people. We cannot do this for the adults' convenience. Norway has to take seriously what forced medication has done to us, both in the situation and the time afterwards - and later in life.

Body searches

According to young people, body searches are when adults - often more than one - hold them down by force while the young people's clothes are taken off and checked for dangerous objects hidden on the body or between the clothes.

Summarised knowledge

Many of the young people in the qualitative survey say that body searches can feel like a new abuse and that for many it triggers previous traumas. They say that it is devastating, inside oneself and that it destroys treatment. The advice is that the adults have to meet the young people with love and understanding, and that creating trust first can lead to collaboration with the adults, rather than coercion being used.

If body searches have to still be used, a main answer from the young people is that it is important to be able to choose an adult they feel safe with. Adults have to spend plenty of time and you have to talk properly together with us first.

A main answer is also that when you search the body, you give them "bad habits" and you can do normal things abnormally and scary. We become better at hiding the tools, and there is a desperation in us to hide them as best as possible so that the adults do not find them. We become creative in the way we, for example, injure ourselves, so in the end everything is dangerous and scary. It can quickly become an easy solution for the adults and something that is done to make them feel safe, but for us it has not felt safe.

Quotes from young people

My friend was stripped because they thought she had a knife. They held her down as they did so. She had been raped. It destroys a person.

I will never forget when they took off my clothes piece by piece. It was the ladies who took them off, but the men restrained me. I sobbed and the tears just flowed and flowed. The adults were completely silent and did not say a single word. We never talked about it again.

Several men came into my room, they had heard rumours that I had a knife. They said they had to take all my clothes off to check. I almost lost my breath. They could have started by having a person come in who asked me if it was true or not and why I possibly had a knife. Don't just think alarm right away.

I was taken into short term isolation and searched while they took my clothes off. There were two policemen and straight into short term isolation. Every time I'm there, I think about those who have done this. In addition to everything that is difficult from before, you have to be afraid of it happening again.

I made an agreement with the person I felt safest with. He looked after my razor blades. Sometimes we put them so that I could see them and he could see them, then there was no war, we both knew they were there.

The staff cannot know what I have experienced at home or elsewhere. They often don't know that. Being stripped of your clothes against your will creates trauma and can be a trigger for older trauma. I will not be able to benefit from the treatment, because I will go with a constant fear of what could happen.

I don't know if the adults understand how awful it is to be body searched. Actually, I hope they don't know, because if they do, I don't see how they can do that to a human being.

When I have spoken to adults I trust about rape, I feel that it could just as well have been one of the body searches I describe. You are stripped of all clothes and held tight. You lose all control over your body. It has helped break down the boundaries I have for myself. When I meet people who take control of my body both out in the world and in the system. Then you really lose trust in people.

When I'm at my worst and don't feel safe with anyone, my razor blades are my security. It is my safety when life is at its worst and in order for me to be able to let them go, they have to meet me with love, understanding and show with all their heart that they WANT to help me and not just do it because they get paid for it. Then I would be able to give them away.

Advice

Meet us with warmth and understanding

Adults have to create trust. If we are met as a human being and not a problem, there is a very high chance that we will choose to hand over the objects and then a body search will be avoided.

We need adults who show lots of warmth and humility. They have to speak good words so that we really know that they wish us well and want us to give the things away.

Take your time and talk to us properly first

Talk to us first, before you resort to body searches. Don't just ask if we have something to hurt us with, sit down with us and talk. Ask us what it is really about and if there is anything you can do to make us feel safer. Be curious about why we are in so much pain and are so desperate that we want to do bad things to ourselves.

Share from your feelings

Tell us about how you feel, maybe you are afraid that we will hurt others or ourselves. Say that you are worried and that you care so much that you don't want anything to happen to us. Then you can ask us if we can give you what we have. It doesn't help to just take things away from us.

Trust us and collaborate on solutions

Several of us have experienced finding good solutions, such as agreeing that we can get the things back or have the things ourselves if we promise not to do anything to ourselves. Some have thought it would be better with a metal detector if it can be done, in any case you can't force someone to undress, or physically remove our clothes, this can be experienced as abuse and the consequence can be that we lose faith that adults want to help us.

Let us choose an adult we trust

If they absolutely have to do a body search, you should be allowed to choose which adults you want to do it. You should also be able to take off your clothes at your own pace and choose the order. It is important that we get to choose the adult ourselves, because if we don't feel safe with the person it will be difficult to collaborate on the treatment afterwards.

Restricted freedom of movement

Restricted freedom of movement is also called standing guard or continuous supervision. According to young people, this is when adults decide that they will be with the young people all the time, even when they are in the bathroom, showering or using the toilet. Then it is decided that the adults will have to watch everything they do over a period of time. After a shorter or longer period, this is relaxed.

Summarised knowledge

The young people in the qualitative survey say that being followed gives a feeling of losing control. They say that they feel violated, unsafe and of little value. Rather than having an adult follow you all the time, it is important to find something in between. Restricted freedom of movement usually makes the bad feelings inside the young people worse.

Most emphasise that if restricted freedom of movement is to be used, it should be done by an adult they feel safe with. At the same time as a young person is followed, it is important that the adult and the young person do nice things together. It is also important that the restriction be scaled down well in advance of a young person's discharge. If not, the transition can be too difficult.

Quotes from young people

It hurts so much. I wasn't even allowed to go to the bathroom alone, they were with me wherever I went. I know they meant well, but it just made it worse. I felt so stepped on.

When you are being followed you are deprived of control and when you go out you become paranoid; is someone coming behind me? You turn to check. Always. For me, being followed was a reason why I got worse. If you are "monitored", you are triggered to do destructive things.

I freaked out, they started with supervision 4 times an hour. Then they started following me continuously. I was shocked, I didn't expect it, I was scared. I need time to myself, I freak out if not. If I freak out, I'm afraid of what they will do.

It doesn't make me better, I have to think about what I'm doing 24/7 when there are adults watching me all the time. I had a permanent guard for just over a month, you get so desperate that you want to show that you can do "something" even if you have a permanent guard.

Restricted freedom of movement makes me feel very unimportant and worthless. Having a person watching and following you 24/7 can be very painful. You can quickly feel very offended.

We have to be allowed to take care of ourselves, without them following us. I can't go out alone, I have to tell them, they have to lock me out, they follow me.

They should try it themselves, I told my therapist, what if they looked at her when she was on the toilet? If they think it's okay themselves, they can do it, but you have to feel it on your body.

Advice

Find out how to avoid bringing up bad feelings

To avoid restricting our freedom of movement, stay close without provoking the situation so that it becomes more difficult. Remember that adults can be experienced as very intrusive, they can ask irrelevant questions or questions that you have agreed in advance not to ask in such situations. Young people can also find that the adults are condescending.

Try an honest conversation

Try to have an honest conversation with the young person where you agree on how you can work together as best as possible. To avoid restricting freedom of movement, perhaps a solution could be more frequent supervision. If there has to be restrictions, try with the door open. Then you can go by and look in or sit in the living room. It is much better than a closed door or you sitting in the room all the time.

Give tools to deal with the bad feelings

We need adults to help us find ways to deal with our hurt feelings, instead of restricting our freedom of movement. We need you to wonder what all the pain inside us is about and that together we find ways to cope with the feelings ourselves. If you help us find tools, it will be easier for us to get out again too.

Let us choose an adult we trust

If adults are going to follow a young person, we ask that it be done by an adult we feel safe with. Having adults we don't feel safe with following us everywhere becomes unsafe and can make things even more difficult for us. By having an adult we feel safe with, we can become calmer and it becomes easier to talk when needed.

Do nice and normal things together

If restricting freedom of movement has to be done, try to make it as natural as possible. Go to a cafe together or go for a walk together so that the young people can experience it more normally. By doing everyday and normal things together, you become a little more prepared for eventually being discharged and it can also make it easier for us to feel safe, if we do nice things together.

Never follow a young person for long

Only follow a young person for a short period of time - not a long period. It is never in our best interests not to have the freedom or trust to be alone. After all, it is when you are alone that you learn to cope with your own emotions

Scale down in collaboration with us

We have to NEVER go from being followed to being discharged, it is a scary transition. Plan the downscaling wisely, together with us. If we go from being followed and right to discharge, we have not been given the opportunity and time to learn how to deal with what hurts ourselves, because we are so used to someone being with us all the time. We need it to be scaled down, at the same time as we work on how to deal with the pain on our own.

WHAT COERCION DOES TO YOUNG PEOPLE

In this section, summarised knowledge and experiences about what coercion does to young people are presented. It is about losing respect for one's own body, reinforcing trauma and losing trust in adults. It also describes how coercion can contribute to young people seeing themselves as more sick, abnormal and also dangerous. Finally, it describes how the use of coercion can make it more scary to be discharged.

Loses respect and boundaries for one's own body

Summarised Knowledge

A main answer from the young people in the qualitative survey is that when coercion is used, young people lose boundaries for their own bodies. They learn that they do not own their own bodies. They learn that adults and others can do what they want with the young people's bodies. Young people can expose themselves to abuse and harm their bodies because they think they deserve it and that it is love.

The qualitative survey shows that this is one of the most serious consequences when adults use coercion on children and young people, without knowing what is happening inside the child or young person. Many have become insecure when they are told that these are kind adults who want them well and who then take power over their bodies. They may believe that this is how it should be and that it is a way for adults to show closeness. Young people then learn that it is okay for someone to show that they care for them by taking power over their bodies.

Quotes from young people

Use of coercion taught me that I cannot control my body. My opinion about my body didn't matter. I don't think they knew how serious what they were doing to me was then. I lost trust in adults. I haven't gotten it back yet.

For me, coercion was for a time love, my way of getting closeness. I provoked it on purpose. It was in a way like exposing oneself to new abuses. But in the long run it meant that I had no respect for my own body, opinions and thoughts.

When I was admitted, it was explained to me that there were good, safe people here to help. When they used coercion, the adults no longer felt like it. Then I thought that was the way it was supposed to be. I continued to believe that my body was something I had no control over.

Amplifies trauma

Summarised knowledge

Many of the young people in the survey have experienced earlier in their lives that adults have used force and failed them. Very few have told about this to adults in any systems. When coercion is used, young people relive the trauma of growing up. The coercion can be felt as new abuses. Some have said that they would rather live at home in the face of violence or abuse, than in a Inpatient Psychiatric Unit where they use coercion.

For many of those who have not experienced bad things in childhood, the coercion has become new traumas. Many become afraid of the adults, they become desperate and do not want to return because the fear in their body becomes so firmly fixed. Some have had to undergo trauma treatment for the trauma they have suffered after being subjected to coercion.

The trauma young people are left with after coercion can be felt in everyday life, some have told about how smells, keys, vaccines, eating, and other things can bring out flashbacks and bad feelings, this can linger for a long time afterwards. This can contribute to trauma being intensified.

Quotes from young people

I had a lot of emotions from bad experiences and expressed this through acting out and self-harming. The adults were scared and quickly resorted to force. Little did they know about my upbringing, with abuse and abuse of power at home. Those who were supposed to help gave me new traumas. If I could choose, I would not be hospitalised. Now the body has even more trauma than ever.

I feel that in order to work with old childhood traumas, I have to first work with the traumas that coercion gave me when I was hospitalised. Those traumas have made me the most sceptical of adults.

I have been in and out of psych a lot, but there is so much trauma due to short term isolation and coercion that I don't want or can't be there. If someone says or does something that reminds me of the coercion I was subjected to, I panic and may pass out due to stress.

Sees themselves as sick or dangerous

Summarised knowledge

Many of the young people in the qualitative survey experienced that when they were short term isolated, solitary isolated, tube fed, held down on the ground, limb restrained, forcibly medicated, body searched or followed, they began to look at themselves differently. They saw themselves as very sick, as someone who could harm themselves or others.

Some of the young people described that the use of coercion made them afterwards feel like monsters, criminals or very dangerous. Life afterwards is challenging, the road back from feeling these feelings is difficult.

Some of the young people explained how expressions of pain such as self-harm, acting out and starving themselves were made worse by the use of coercion. Their view of themselves was changed. Many explained that being subjected to coercion affected their self-esteem, and they felt less valuable. When these feelings came strongly in the body, it became serious.

Some of the young people became so desperate after being subjected to various forms of coercion that they did things to themselves or others that they had not thought they could do.

Quotes from young people

I wasn't allowed to go out alone, I had to tell them, they had to lock me out and follow me. Then I felt that there was something wrong with me. Being followed everywhere feels like we have to be handcuffed at the store.

When they have body searched me, I feel that they see me as dangerous. It feels like they forget that I am a person with feelings and boundaries. In addition, they have often been ready with several adults for body searches when they have to ask me if I either have something dangerous with me or if I want to give them what I have. Then it doesn't feel like they are open to talking to me or giving me a choice.

I wasn't really sick before I ended up in short term isolation. It made everything abnormal, even eating with a knife and fork, curtains and bedding. When they removed everything, I couldn't relate to anything.

We become desperate and then we can get creative in ways to harm ourselves. We can always find something to hurt ourselves with anyway. Removing everything made me sick. I hurt myself more than before.

When they force me to do things, I start to resist. I kind of become a monster. I am not myself, then these situations arise easily.

Eventually, I began to see myself as dangerous. I had to have one or more people around me everywhere, even when I went to the bathroom. This meant that both the adults, the other young people and even myself began to see me as dangerous.

I felt like they weren't looking for what was causing me pain, instead I became the problem. After all, I was the one who was in pain. The secrets of what hurt was inside me.

Loses trust and faith in adults

Summarised knowledge

Most of the young people in the qualitative survey said that when the adults used coercion, the young people lost trust in those who were supposed to help. This was a clear main answer that emerged from all the different forms of coercion. Several of the young people stopped talking to adults about what hurt and what they needed help with. Most people could not understand that those who were supposed to help could do such bad things to them when they were in such pain. That's how trust was lost.

The young people said that when trust was lost, it became difficult or impossible to receive help. The young people said that they felt the adults did not understand how much coercion blocked help. Several of the young people have gone a long time after admission without being able to receive help.

Quotes from young people

I have always found it difficult to trust adults. I gained trust in someone at Inpatient Psychiatric Unit. But when she forced me to the ground along with some other people who worked there, I couldn't trust her anymore. It hurt a lot, because with her there had been hope for help.

I was only 13 years old. When I arrived at the hospital, I thought there were adults who wished me well. It probably was, I understand. But when they used coercion on me, it felt mean. I lost faith in the adults and after that I refused to talk about what I had experienced with those who used coercion on me.

When the adults forcibly medicated me, I lost faith in adults and the system. I gave up and really lost trust in everyone around me. To think that they could think that coercion was a solution, it is incomprehensible to me. I think that all young people understand this quite easily, why is it so difficult for the adults to understand?

Scary to be discharged

Summarised knowledge

Many of the young people in the qualitative survey described that the use of coercion feels like a superficial solution and thus as an easy solution to something difficult. For the young people, it has made life more challenging afterwards.

Young people say that they have become used to adults taking control, and then they can end up in a "bubble" that prevents them from doing completely normal things in life. This applies in particular to the use of restricted freedom of movement, body searches, short term isolation and solitary isolation. The transition from life when you are hospitalised to life afterwards is much more difficult because of the use of coercion.

How will young people manage afterwards, when they have learned from adults that using coercion is what you do when life is very painful or difficult? This was the most basic question from many of the young people in the qualitative survey. They powerfully challenge Norway to think more wisely and find more helpful solutions for young people.

Quotes from young people

Using coercion destroys you, even now in an apartment alone, I'm sitting and feeling jumpy and thinking that shit, here they come. I don't function normally anymore. I have also become very afraid that I cannot become a normal person again.

When you have a permanent guard, you are taught a false sense of security that you will be looked after. When you are discharged, it all comes back "bang". You have become accustomed to having control taken away from you. You have been forced to relinquish control. Then it is not only easy to handle yourself afterwards.

You become so isolated from the outside world. You think it will be normal eventually. At the same time, you forget what it's like outside. There is a very stupid reverse side of the use of coercion. They should not have used coercion at all. When they use it, they could at least have scaled it down before I was discharged.

THIS IS WHAT NORWAY CAN DO

Safe Inpatient Psychiatric Units

Summarised knowledge

A main answer from the young people in the qualitative survey is that it is absolutely essential to have warm adults for a Inpatient Psychiatric Unit to feel safe. When adults are not experienced as warm, it becomes difficult for young people to tell about what hurts. An answer that is also repeated by many is that the young people can choose an adult they feel safe with as their closest contact. This has to be done in order for the help to be as useful as possible.

They ask that for all young people who come to Inpatient Psychiatric Unit, plans are made in close collaboration with the young people, for how the adults have to meet them when they are having a hard time. The plans should also state which adults they feel most safe with and who should preferably be present when something is difficult. The plans can be called plans for hurting.

For many of the young people, it has become too unsafe when the adults have worked closely with parents. The young people have felt that it became too unsafe to tell what was most important for them to get good help. They have been unsure how this information would be shared with parents and also to other adults. Because of this, much important information has not reached the adults in mental health care. Not all the young people have experienced this, some have experienced that which information should be shared was first agreed with them.

The young people ask to meet adults who can be honest and share of themselves. They say that it is absolutely crucial that they know that the adults are themselves, completely for real. When the adults are themselves, it is easier to create trust and safety, which in turn can make it easier to come to terms with the bad feelings that the young people carry. Being able to use warmth and humour is also absolutely essential in many situations. When things feel painful, the young people say that being able to laugh together is important and that it can create a lot of safety.

When it is safe at the Inpatient Psychiatric Unit, it is easier to feel safe inside the young people. This is another important main answer in the qualitative survey. Feeling safe is absolutely necessary for young people to be able to feel and work with difficult emotions. And what else is an Inpatient Psychiatric Unit for? Ensuring safety around young people is therefore one of the clearest pieces of advice on what needs to be done to avoid the use of coercion on the Inpatient Psychiatric Units.

Quotes from young people

The first time I was forcibly admitted in the middle of the night. I was 13 years old and it was scary to be in a hospital. I started to cry. Then someone who worked there came in with cocoa and stroked my cheek. She said she would look after me. This made it much safer for me and I could go to sleep.

In order for it to be a safe Inpatient Psychiatric Unit, adults have to, as far as possible, only use coercion when there is a danger to life, not when there is a danger of destroying a chest of drawers for example.

Can't people just take control and say, for example: NOW we stop, now we put on some music. And then they can give me a hug. Then it would have been easier to talk afterwards.

After events that happen and the use of coercion, I am mostly sad, tired and scared. It is not wise. It wears me out, destroys my trust in adults and reduces the chances that I will be able to get help there. It is exactly the opposite of building up safety.

It is rare that the plan for hurting is used, even if it says what we want. The times they have used it, it works. But it only works if the plan is made together with the young people.

When I was restless at night, there was a night watchman who always sat down next to me and talked to me until I calmed down. Most of them called other adults to help calm me down. This was done in case I hurt myself. I calmed down much faster when the night watchman came in. She could sing to me and stroke my hair.

I had one in the ward that wouldn't go when I screamed my ugliest swear words. Instead, he spoke warmly to me and gradually started to say that he cared about me. He stood in it, even though I tried everything I could to push him away.

At the start we both got bruises, but as he showed more and more warmth, there were fewer bruises. The coercion had been replaced with good actions, kind words and hugs. It became safe and he taught me that not all adults wanted to hurt me.

Advice

Meet us with warmth

For the Inpatient Psychiatric Unit to feel safe for us, we need kind adults there. The adults have to like us, even when we are in pain. We need adults who are brave and who dare to be honest when they are scared, worried or don't know what to do. It is very nice when they smile, say kind words, have warm and calm body language and speak in kind voices. We need adults who share about themselves and what they like to do.

Meet us warmly even when we are not welcoming

Some of us are not used to receiving warmth. Perhaps we have experienced very painful and scary things growing up. Adults often do not know much about this. When they feel that we do not accept warmth, we ask that they not settle for it, but make an extra effort so that we believe that we too deserve it. Warm adults often make children feel safe. It becomes easier to talk about what hurts and easier to get help.

Let us choose adults we feel safe with

To be able to give us good help, it is important to help select adults we feel safe with as main contacts, or as a contact for the day. This adult or these adults have to be closest to us in situations where we have to talk about bad things. We understand that it can feel painful for adults not to be chosen. But for us, this is absolutely crucial for whether the help will be good and whether we dare to tell about the most important thing.

Talk about what lies behind the expressions

Coercion is usually used when we have strong expressions of pain, or when the adults are afraid that we will get them. For some of us, it has been when we have harmed ourselves, been restless, threatened others or tried to take our own lives. What the expressions have in common is that they come from underlying emotions. We ask that the adults meet us with open wonder to find out where the expressions come from. By showing interest in what lies behind expressions, they can get closer to what is actually painful or stressful.

Reach into the pain

We need adults who dare to ask about what hurts, even when they think we are too unstable or have other reasons not to. Our bodies carry a lot of pain that needs to come out, perhaps we have never talked about it before. Maybe we've tried, but haven't gotten there. It is important that you are direct and don't beat around the bush, so that we don't think that you don't dare or don't want to hear what hurts.

Stop us safely

We wanted to be stopped, when there was a danger of us harming ourselves or someone else. But we want to be stopped safely. We need adults who understand that we are not mean or want to hurt ourselves, but that we are in a lot of pain. And we need adults who say this to us in difficult situations. Adults who speak warmly to us while holding around us like a hug can be to stop safely. Or that they stand in front of the door and tell us that we are not allowed to run away, because adults are afraid for us. Or that they stroke us and give us hope.

Set boundaries with warmth

For many of us, it can quickly become unsafe when adults have to set boundaries. Often we don't understand why they set these boundaries and feel that they are taking power and control. We need adults who we feel are kind and good at the bottom. When we experience this, the adults can also set boundaries. It is often best when the boundaries are created in collaboration with us. Ask us what we think and think about the rules, we often have wise thoughts. In order for us to share these thoughts, the adults have to ask in such a way that we know they think we have wise thoughts.

Plan for hurting

Adults at the Inpatient Psychiatric Unit have to talk to us about how they can see as early as possible that we are getting angry, upset or triggered. What should you adults do to face actions that we can typically do, in a safe way? A plan has to be made for how the adults can meet us in a way that feels safe for us. Many of us know very well what we need when we are in pain. Ask us what we need and if we can't come up with anything, you can make suggestions. Some of us find it helps to go for a drive, draw, be held around, or listen to music. Always remember to check with each one, this may differ from young person to young person and it may change. The plan has to be written down. What we need in such situations can change. The plan has to be made together with an adult we feel safe with.

Collaborate with us before parents

Adults in Inpatient Psychiatric Units have to talk to us alone about what we need and how we feel. After we have told the adults, the adults have to make an agreement with us on how information is to be shared with parents and other professionals. For many of us, it quickly becomes unsafe when parents get too close because they become so afraid and worried about us. And then the adults can never know which parents are kind and which are not. Parents and children do not always have the same opinion. Most often, the parents mean well, but it doesn't always feel good for us. We think it would have been less coercion if the adults collaborate more closely with us.

Decorate with us

We need Inpatient Psychiatric Units that looks cosy, we will be staying there for shorter or longer periods and therefore we need it to look safe. You can ask young people if they want to help make it cosy there. It can be with pillows, pictures, blankets or teddy bears. It can also be to get hold of normal, not so hospital-like furniture - so that it doesn't feel so cold.

When coercion has been used

Summarised knowledge

We all agree that coercion should not be used and we have to find other good ways to stop us. Young people know that the adults will try their very best not to use coercion. Perhaps coercion has become a tool they use when they are unsure, afraid or don't know what to do. Then it can be scary to do something that they are not used to. They need to practise how to stop safely, they need to work on themselves and their fear, and this doesn't happen overnight. They may make mistakes, but if they do, the young people have some important advice on how this can be done as wisely as possible.

After coercion has been used, it is important that the adults talk to the young people about boundaries, what they can do to avoid coercion, and what they can do better. It is very important that they take the time to say sorry in a way that feels genuine, so that the young people do not think that the adults wish them harm.

Quotes from young people

After a coercive episode, the chief physician who had helped hold me on the ground came into my room. She had tears in her eyes and was very sorry. She regretted that they restrained me and yielded completely, she explained to me why she did what she did and said sorry. That didn't make the coercion okay, but then I knew she wasn't mean. Inside me, this was the first step in building trust in adults again.

All Inpatient Psychiatric Units should have a routine where it is stated that the young person has to be allowed to speak to an adult whom the young person feels safe with after the use of coercion. If not, a lot of pain can remain inside us. But the young person has to be allowed to choose how soon after the coercion has been used, that this should happen.

I get so tired after a coercive episode. They want me to talk right afterwards, but I'm exhausted. I want to talk, but I can't bear it. Then it says in the journal: She doesn't want to talk. I want that. But I can't bear it right then.

Several of us have experienced not being believed when we have tried to complain about coercion. Adults have the power, and therefore it is important that when we first try to tell or complain, we have to be taken very seriously.

Advice

Say you're sorry and be humble

We need adults who say sorry, from the heart. Say you're sorry and didn't mean to hurt us. If not, we believe that you want to hurt us and that it does not affect you. Let us tell our reality and how it was experienced for us, without getting defensive while telling. Just really listen and try to understand.

Be honest about feelings

You have to take the time to talk about it in a safe way. Talk about what you yourself felt in the situation, in a way where you do not defend that you used coercion. Listen to us properly and ask questions to understand, don't assume how we felt. Many of us can see in the eyes of adults that they feel something, but we don't quite know. We need adults who are honest about fear, uncertainty and sadness, so we understand that you are people with feelings.

Let us talk to someone we feel safe with after coercion

Some of us are unable to talk to those who used coercion against us because a lot of unsafety was left behind and so much trust was lost. Everyone has to therefore be able to talk to someone they choose themselves and whom they trust, so that we can talk completely openly and honestly about what happened. The adults have to ask each young person who this could be. Sometimes we don't want to talk right after, but that doesn't mean we don't want to talk about what happened. We need to be able to talk about what is safe/unsafe and how it could be done differently if something similar happens again. We need to be able to talk about how we want the adults to meet us the next time we are in a lot of pain.

Protocol for coercive measures and resolutions

Summarised knowledge

Several of the young people say that they have received little or no information about protocol for coercive measures. They also say that they have to receive information about what the adults can and cannot do and who the protocols for coercive measures are for and intended for. One of the things that comes out most strongly is that the young people have to be allowed to write their own version first, it becomes difficult to write their opinion and version after the adults.

When the adults are going to write, it is important for the young people that they write in detail what the adults have tried before the use of coercion and what they, as adults, could have done differently in the situation.

Some of the young people experienced that the adults at the Inpatient Psychiatric Unit did not write quite correctly about how it actually happened and how long the coercion had been going on. Many have experienced that there was a lack of descriptions of what happened before things escalated.

Quotes from young people

I never understood the thing about protocols for coercive measures, who are they for? What's the point when I can't write how I experienced it from my side and what should be done differently.

Many resolutions/protocols are completely messed up. They can look like this: Asked for a nail file, locked the bathroom. Was met with this. Ate dinner, played cards. THEN: was restrained from 20-22. It is not clear what actually happened around and before the physical restraint.

A lot of coercion has been used. But, as far as I know, I haven't received a single protocol for coercive measures. Haven't seen a single one in all these years I've been in mental health care.

I didn't know I had protocols for coercive measures, but when I found out I was shocked. They only write about how I was and not how the adults were.

Advice

Give us information that you're writing

We need to get information that protocols are written after use of coercion. This is painful to find out afterwards. When you give us information that resolutions and protocols are being written, it is important to make clear who they are for and what has to be written.

Let us write our own version

We have to be allowed to write our version where we can explain what happened from our side. If we do not agree with what is written, it has to be stated. It is important that what we say is written verbatim so that it is not the adults who have to write it down for us. Afterwards we can talk about it and approve it or not.

Document from us first

All protocols for coercive measures should contain the young person's description of what happened. This should be described first. Does the young person think coercion could have been avoided or not? And how could it have been avoided? This should be included. Then the coercion protocol can help to ensure that the coercion does not happen again. If this does not come to light, it should not have been possible to write a protocol for coercive measures.

Document what was done beforehand

In order for the protocol for coercive measures to be correct, it is important that what the adults did and tried out beforehand is written down. Then they are challenged to try everything first, as it is today it is far too easy to just write what we have done and not what the adults did.

The control commission and the county governor

Dear Control Commission and County Governor

Several of us have experience from meetings with you. Some have sent a complaint, others have met you, some have only heard of you and some have never heard of you. Some have complained about the coercion we were subjected to. We know that you have power and have to look after us so that we are safe and get good help. We therefore hope that you take the knowledge from children very seriously.

Quotes from young people

I got an answer to a complaint, but I didn't understand anything and I didn't dare to ask anyone either. I experienced a lot more coercion afterwards which I should have complained about, but didn't because I felt I didn't write the same language as them.

I sat in a meeting about what I had complained about. The treatment provider sat there with lots of papers, with good explanations of why. Then little me comes in, and they were like sitting there in suits. I felt small, then I couldn't speak.

After they had used coercion, they had to write in a book, so the control commission can approve. I couldn't approve anything. You have to check how people are doing, right? They have to come in and talk to me if I'm not feeling well. Try to put yourself in my footprints, come into my room and talk to me.

I found out that the control commission had approved several of my coercive resolutions and signed them without my knowledge, and they hadn't even spoken to me. How can they approve them then?

I remember meeting the overseers once. They weren't interested in talking to me, felt a bit like they just wrote things down and left. Heard nothing more.

I lodged a complaint about the coercion and then I got a lawyer, but was discharged before it was set up. So then nothing came of it.

I wanted to complain to the control commission, I found a sheet on the Inpatient Psychiatric Unit informing about them. When I met them, I had to bring an adult from the Inpatient Psychiatric Unit. How could I then complain about his colleagues at the Inpatient Psychiatric Unit when he was sitting in the room?

Advice

Talk to us before you approve

Before you approve protocols for coercive measures, you have to talk to us. It can be painful to see that you just approve without having spoken to us, then we don't dare to complain and lose trust in you.

Talk to us first and alone

When we are going to meet you, it is important that we get to talk to you alone or together with a person we feel safe with and have chosen ourselves. If we don't get to talk to you alone, it's not that easy to talk completely openly and honestly about what happened. It can be difficult to talk to you if you have been to the staff room first. Then it can feel as if the adults have explained their version. Then it feels like there is little point in telling our version.

Use simple and understandable language

For us, it can be difficult to understand words in the law. It is therefore important to use words we also understand. Both when you talk to us and when you write to us. We don't always dare to ask if we don't understand, because we're afraid of feeling stupid or less valuable.

Tell us that what we say matters

In order for us to be able to open up to you about the coercion we have experienced, we need adults who are curious to hear about our experiences and how it felt. Tell us that you want to hear and that what we say is important to you. Then we feel that what we say means something and that it is worth telling. If we are not met with adults who are curious, we feel that there is no point in telling about the coercion that happened.

Believe in us and take us seriously

We ask you to believe what we say when we talk about the use of coercion. Perhaps you think we are exaggerating, but remember that we are sharing our experiences - and what the coercion did to us. If we are not taken seriously, we can feel that it is perfectly fine for the adults to use coercion on us. Even if the complaint is not upheld, you have to explain to us that coercion is not okay, that we are not the problem, but that the adults became insecure. We need to feel that what we say is taken seriously.

Knowledge from children in legislations and frameworks

Legislations, regulations and guidelines can help ensure that children and young people feel safe in Inpatient Psychiatric Units - and that they can get good help there and feel better inside. We now ask that children's knowledge be seriously included in all this, to ensure safe and useful services for children and young people.

Safe laws for children and young people

Dear all of you who have the power to change the various laws that deal with coercion in mental health care for children and young people: We ask you to take this knowledge into law. We ask that in the laws dealing with coercion, there are separate rules for children. And that these rules stand as separate regulations. It has to also state what the aim or purpose of an admission is.

The health service has to work to create safety and collaboration. This will provide the best help - and it will also prevent coercion. There has to be a clearer requirement that one has to try other ways of finding solutions together with children and young people. And stop safely when there is a danger that we will harm ourselves or others, instead of using force and coercive measures.

The qualitative survey shows that, as of today, the law allows too much room for the use of coercion, and that it is not sufficiently limited. The consequences of coercion are so great that it should not be allowed to use coercion unless life is at stake. The law should also state carefully how quickly and for how long it is permissible to use coercion. An example of this is short-term physical restraint, what is short? The answers

regarding limb restraint beds are so serious that if Norway dares to take the knowledge of children seriously, it should not be allowed to use limb restraint beds on children under the age of 18 at all. Forced medication should also not be allowed against children under the age of 18.

It should be forbidden to use coercion against children when they damage inventory. Because what kind of view of children is it, that if a young person does not harm themselves or others or is in danger for their life, but is angry and throws or breaks things, then that gives adults permission to take physical power or drug us down. Should it be allowed? It is not allowed to use such strong means in other places that work with children and young people, why should it be okay in mental health care? We are the same children who have the same expressions, the only difference is that adults meet us differently, and are also not allowed to use coercion, so have to use other tools.

The law has to ensure that:

- ♥ When admitted, healthcare workers have to ask the child early in the stay what pain expressions the child may have when she/he is hurting and what the child then needs.
- ♥ When coercion is considered in non-emergency situations, the decision-makers have to always listen to the child first. The child's point of view and how it has been taken into account has to be documented.
- ♥ If healthcare workers have used coercion, the child has to afterwards be allowed to talk to someone they feel safe with, and the child and this person has to document together with the child how the child experienced the coercion.
- ♥ Both protocols and resolutions have to be changed. To ensure children's legal certainty, children have to be allowed to write first what has happened and how the situation arose. The adults can then comment and say their version.

We ask you from the bottom of our hearts now to take the knowledge from children and young people very seriously. Remember, this is our life for which you are responsible. We ask that you really take these hard-earned experiences and advice into account when you decide on laws and rules for the use of coercion. We who answered this qualitative survey chose to answer so that the system will be better for those after us.

The Norwegian Ministry of Health and the Norwegian Directorate of Health

Dear you in the ministry and directorate. We know that you have many opportunities to make change. You can use this power to make us feel better inside. At the same time, children and young people request that the Ministry of Health and Social Care (HOD) and the Norwegian Directorate of Health (Hdir) fundamentally familiarise themselves with summarised knowledge from children, about how the various coercive measures in mental health care for children and young people feels, and how the use of this affects the help we receive. You can change today's framework, guidelines and professional standards.

We ask that this knowledge will be fundamentally and systematically included in professional initiatives, professional standards and professional development. The aim of an admission has to be for the child to feel better inside and tools to manage life outside the Inpatient Psychiatric Unit.

We hope that going forward in Norway, children will not be stopped in ways that are experienced as traumatic or involve use of force. We ask that the ministry and directorate fundamentally take this into account in the work with the NOU that comes from the coercive law committee and the regulations and guidelines that will accompany it. We also ask you to take this into account when guidelines, professional standards and training programmes are created. We ask that the knowledge of what the various coercive measures do to us has to be used to change the training of employees in mental health care.

We ask for great humility and prudence when planning training for how to meet children and young people who are admitted to mental health care and are feeling a lot of pain. We ask that you dare to make the somewhat difficult choices so that children will feel better inside - and not resort to the easy solutions. We and the young people who come after us have to experience admission as safe and helpful. Young people who are in pain and are a danger to themselves or others want to be stopped, but we have to be stopped in a way that feels safe to us, in a way that does not cause us trauma. But when deciding how to stop us, we ask that the knowledge from children and young people is absolutely fundamental.

Knowledge from children in training programmes

Education, courses and training programs can also help ensure that Inpatient Psychiatric Units are experienced as safe for children and young people - and that they can get good help there and feel better inside. We now ask that children's knowledge be included seriously here, to ensure safe and useful services for children and young people.

The higher educational programmes

The higher educational programmes are responsible for ensuring that those who will work with children admitted to mental health care know how to meet the young people safely. It is important that they get knowledge from children about what to do if a child gets very sad, does not eat, gets very angry or they are not able to make contact. It is important that the professionals of the future meet children wisely, so that they do not make it worse.

In order to learn about coercion in higher educational programmes, they have to first learn what children's knowledge says that coercion can do to children. That they can take in and understand how important it is to be a wise, collaborative and warm adult who understands that children do what they do because they feel pain inside. In order to be able to use coercion, they have to understand that doing so can create deep wounds and new traumas that the young person will take with them later in life. And that using coercion, for many young people, feels like abuse and violence. The students have to be able to assess the risk of using coercion, think about what might happen if they use coercion. They have to learn to stop children safely, and be able to remove the child from danger, be able to hold around them and provide warmth. Give warmth to calm, to give safety. When we feel safe inside, we don't get hurt so much, then the situation doesn't escalate.

The syllabus for the higher educational programmes have to contain both research, knowledge from practice and knowledge from children. Together, this has to form knowledge base, which can then also be used in assignments and exams.

Coercion is not treatment

To you who have used coercion, you who decide, you who read this. To those of you who hold our lives in your hands. The consequences we have had from the use of coercion are great, some so great that living a normal life is difficult. Many of us have not received good help, because trust is broken when coercion is used.

Norway uses coercion against children with the law in their hand. We may even experience coercion being used where the adults think it is helpful and use it as treatment.

Should this continue? Should the helpers be able to hold us down, put us in isolation rooms, forcibly medicate us and use other forms of coercion - and then call it treatment? We know that it is not the fault of every single adult in Inpatient Psychiatric Units. You have been trained, the legislation says that using such measures on children is treatment. But now we ask that the law be changed so that these are coercive measures, and never a part of treatment.

Knowledge from children about what coercion feels like has not been brought forth clearly enough. Now we have the knowledge. We have knowledge of how being short term isolated, solitary isolated, tube fed, physically restrained, limb restrained, force-medicated, body searched or restricted their freedom of movement have major consequences for the treatment.

The responses from children and young people are serious. Change is needed now.

We have to do this together!

From heart to heart

Dear you who have read this.

Thank you for taking the time to read about our hard-earned experiences and our most important advice.

We know this may have been painful to read.

Perhaps you have used coercion, been responsible for it, determined the legislation, or did not know what to do in difficult situations.

Then we can imagine that it stings a little extra in your heart.

Then you have to remember to be kind to yourself.

Because we will walk a new path together now, with new knowledge.

We ask you from the bottom of our hearts to be courageous adults.

We know you really want to.

Now we ask you to take this knowledge into your hearts and take it very seriously.



RÅDET FOR PSYKISK HELSE

