

Department for the Execution of Judgments of the European Court of Human Rights
Directorate General Human Rights and Rule of Law, Council of Europe
67075 Strasbourg Cedex
France

Copenhagen, 25 February 2025

COMMUNICATION

Concerning Denmark's consolidated Action Plan of 14 October 2024 in the case of AGGERHOLM v. DENMARK (Application No. 45439/18)

DIGNITY – Danish Institute Against Torture, Better Psychiatry and the Danish Institute for Human Rights would like to address the Department of Execution of Judgments of the European Court of Human Rights (ECtHR) in response to Denmark's Action Plan of 14 October 2024 on the implementation of the ECtHR's judgment of 15 September 2020 in the case of *Aggerholm v. Denmark* that related to the use of belt restraints for 22 hours and 50 minutes back in 2013.¹ Our communication relates to general measures that have been taken or are envisaged to prevent recurrence of violence of similar nature as in the case of *Aggerholm*, as well as to procedural issues regarding triggering the case up to the enhanced procedure.

We welcome the various initiatives adopted over the last years, including the 10-year plan to improve the psychiatric and mental health field (September 2022) with the overall aim to reduce coercive measures by 30% by 2030², legislative amendments and new regulations, new funding and a monitoring model. We also note the Government's recognition of the challenges to reach the goals and that "the reduction in coercive measures is yet to be seen in practice".³

We maintain the view that the use of coercive measures in psychiatric institutions in Denmark, including belt restraints, remains widespread in Denmark, and that the general measures adopted will not be sufficient to address the root causes of the problem and thus prevent similar cases in the future. The unfortunate reality remains that the case of *Aggerholm* is illustrative of a structural problem that has still not been addressed.⁴

Moreover, we are concerned about the latest initiatives by the Health Authorities (Annex 5⁵) because, if implemented, it may result in certain forms of coercion being substituted by others, rather than reducing the overall use of coercion in psychiatric institutions. A research report confirms our concern and states that the consequences should carefully be considered before allowing alternative forms of coercion, as this could potentially increase the overall level of coercion and worsen conditions for patients, family members, and staff. (Annex 4⁶).

¹ See also our previous communications of 17 March 2022, 10 July 2022 and 28 September 2023.

² The Government will shortly begin the negotiations of the last steps of the 10-year plan.

³ See Action Plan of 14 October 2024, p. 5.

⁴ See also the latest report and policy paper by the Danish Institute for Human Rights, Annex 2 and 3.

⁵ Reduction of the most intensive forms of coercion: The Health Authority's assessment, January 2025, Annex 5.

⁶ Research Report on Graduated Use of Coercion in Psychiatry, January 2025, p. 7, Annex 4.

General measures

This section will address: the statistics (1); the general measures taken which are insufficient to fully implement the case of *Aggerholm* and to address the root causes of the structural problem (2); and our recommendation to focus on the necessary preventive measures (3).

1) Statistics on the use of coercion, including belt restraints

The Action Plan referred to the latest statistics (regarding year 2023) according to which the use of coercive measures continues to be frequent.⁷ Thus, the various initiatives have not yet had any significant or measurable effect on the use of coercion in psychiatric institutions, and the number of adults subjected to coercion is basically unchanged over the last ten years.⁸ This is acknowledged in the Action Plan that noted that the use of restraints and forced medication increased along with the decrease in belt restraints. It is important to note that when focusing on the use of coercion (and not on the number of persons subjected to coercion) the total use is generally increasing, and psychiatric patients are, on average, subjected to coercion more often today than 10 years ago.⁹

Specifically with regards to belt restraints, it is important to note that despite significant reduction over the last years, the number of belt restraints lasting from 24-48 hours and more than 48 hours continues to be high in our view.¹⁰ Furthermore, the differences across regions indicate various practices. By way of example, in 2023, in the region of Zealand some 28% of the total number of belt restraints exceeded 24 hours whereas in the two regions of North- and Central Jutland only some 10% of belt restraints in each region exceeded 24 hours.¹¹

2) The necessary general measures have not been taken

We continue to disagree with the Government that stated in the recent Action Plan that the necessary general measures have been taken to implement the case of *Aggerholm*.

As illustrated by the Medical Association that conducted a member survey among doctors working in psychiatric institutions. It showed that, over the last two years, only 8 percent of respondents had experienced a positive improvement in their conditions for providing good psychiatric care to some or to a large extent.¹² Some 87 % felt that the capacity for providing quick assessment and treatment of psychiatric patients in need was insufficient.¹³

⁷ Action Plan p. 3; Sundhedsstyrelsen, Monitorering af tvang i psykiatrien, 1. januar – 31. december 2023, 14. maj 2024.

⁸ Ib, p. 6. See also Annex 1.

⁹ Danish Institute for Human Rights, Unnecessary Coercion in Psychiatry – when coercion replace treatment, care and nursing, January 2025, p. 20.

¹⁰ See eSundhed, "Reducing Coercion in Psychiatry," [online], available at: [Nedbringelse af tvang i psykiatrien \(2014 - 2023\)](#)

¹¹ Sundhedsstyrelsen, ib. 7, p. 8, figure 10.

¹² Annex 1.

¹³ Ib.

Moreover, a recent research report¹⁴, which was requested by the Health Authority, recommends focusing on reducing all forms of coercion and promoting the use of alternative interventions for managing potentially violent and aggressive behavior among patients. This should be done through e.g., investment in staff training, robust implementation, and quality assurance. By way of example, the report recommends academic upgrading of nursing professional, specializations and continuing education to reflect existing knowledge - all with a clear focus on prevention and alternative interventions. High quality could be ensured for example if education was structured with clear didactic elements, and evaluation at the master's level. Moreover, annual inspection should be conducted in all institutions using coercion. This should serve not only as external oversight of – and control with - coercion used but would also serve as an advisory and guiding function to ensure quality at a high professional level and promote the reduction of coercion.

Moreover, also from international committees, Denmark continues to receive criticism for the widespread use of coercion. Most recently, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) that - while acknowledging the various initiatives - recommended that a reduction in recourse to belt restraints should “obviously” not be substituted by an increased use of other, similarly or even more intrusive/coercive means of restraint.¹⁵ In relation to the psychiatric institutions visited in 2024, the Committee highlighted several challenges and strongly encouraged the continued pursuit of the efforts to reduce the length and the frequency of fixation and other forms of restraint.¹⁶

With regards to the Danish courts, the Government highlighted in the Action Plan six cases to illustrate that ECHR Article 3 is addressed during adjudication of the legality of belt restraints. While this is welcomed, it is our view, that there is still room for further adjudication of ECHR article 3 in cases related to coercion.¹⁷

Thus, we conclude that the necessary general measures have not been taken, and that the adopted measures are insufficient to address the root causes related to the use of belt restraints.

In addition, we would like to draw the Department’s attention to the report published by the Health Authority in January (Annex 5) that contains the Health Authority’s analysis of whether it is possible to introduce new, alternative forms of coercion to substitute the most intrusive forms of coercion, namely prolonged mechanical restraint. We are concerned that this initiative, if implemented, will result in certain forms of coercion being substituted by others, rather than reducing the overall use of coercion in psychiatric institutions, as well as as this

¹⁴ Gildberg, FA., and others. Retspsykiatrisk Forskningsenhed Middelfart (RFM), Institut for Regional Sundhedsforskning, Det Sundhedsvidenskabelige Fakultet, Syddansk Universitet. Published January 2025 (Annex 4).

¹⁵ Council of Europe, CPT, Report to the Government of Denmark, CPT/Inf (2024), 12 December 2024, para. 141.

¹⁶ Ibid, para. 145. Denmark is due to respond to CPT’s report in May 2025, see [Council of Europe anti-torture Committee \(CPT\) holds high-level talks on prisons and psychiatry in Denmark - CPT](#)

¹⁷ See also Annex 2.

could potentially increase the overall level of coercion and worsen conditions for patients, family members, and staff, as concluded in the research report (Annex 4).

3) What needs to change?

First, we would like to refer to the Health Authority's own recommendations from 2021 that focused on the six core strategies and on reducing coercion in psychiatry by, for example, practices of early interventions, therapeutic engagement, and de-escalation techniques to create less restrictive environments.¹⁸ As a result various projects were implemented, including belt-free wards, and these showed that belt restraints can be almost entirely avoided without an increase in the use of other coercive measures.¹⁹

Secondly, we recommend intensifying efforts to prevent coercion as far as possible through adequate care, nursing, and treatment, as recommended in the research report (Annex 4). Moreover, with regards to funding, it is disappointing that only 17,8 million DKK was allocated annually from 2026 for measures regarding coercion under the 10-year plan²⁰ whereas in 2014, the Government prioritized 50 million DKK annually to meet the goal of 50% reduction in the use of belt restraints. Thus, a plan far better funded, which we recall, was not successful.

Thirdly, we would like to highlight the combination of increasing use of coercion in the psychiatry (see above) with a lack of focus on rule of law. This may pose a significant challenge to Denmark's compliance with human rights protection in this area.²¹

2) Procedural issues

As the case of *Aggerholm* is an expression of a general and systematic practice in Denmark, we reiterate our recommendation to the Department of Execution of Judgement to assess the implementation of this case after the enhanced procedure.

¹⁸ Health Authority, Recommendations for reduction of coercion for persons with mental disorders, January 2021.

¹⁹ Sundhedsstyrelsen, *Bedre mental sundhed og en styrket indsats til mennesker med psykiske lidelser – Fagligt oplæg til en 10-årsplan*. Sundhedsstyrelsen, 2022, p. 47 and 144

²⁰ Udmøntningsaftale, 2 April 2024, p. 11.

²¹ See further Annex 2.

Annex 1: Danish Institute for Human Rights, Follow-up Submission to the UNCAT, February 2025

Annex 2: Danish Institute for Human Rights, Unnecessary Coercion in Psychiatry – when coercion replaces treatment, care and nursing, January 2025

Annex 3: Danish Institute for Human Rights: Policy Brief, Udvidede tvangsformer kan føre til mere tvang og ringere forhold for psykiatriske patienter, February 2025

Annex 4: Gildberg, FA., Pedersen, ML., Lindekilde, C., Baker, J., Birkeland, S. Retspsykiatrisk Forskningsenhed Middelfart (RFM), Institut for Regional Sundhedsforskning, Det Sundhedsvidenskabelige Fakultet, Syddansk Universitet, January 2025,

Annex 5: Reduction of the most intensive forms of coercion: The Health Authority's assessment, January 2025