

*Translation of Dutch article "Waarom gedwongen GGZ behandeling verboden moet worden"*

## **Why forced psychiatric treatment must be prohibited**

29 March 2016, by Jolijn Santegoeds, founder of Stichting Mind Rights<sup>1</sup>, Co-chair of World Network of Users and Survivors of Psychiatry (WNUSP)<sup>2</sup>, board member of European Network of (Ex-) Users and Survivors of Psychiatry (ENUSP)<sup>3</sup>

For centuries there has been resistance against forced admission in institutions, confinement in isolation cells, tying persons up with fixation-straps, the forced administration of medication, forced electroshocks, and other forced psychiatric treatments.

### **Coercion is not care**

Coercion is one of the most horrific things that people can do to each other, while good care is actually one of the best things that people can offer to each other. There is a fundamental difference between coercion and care.

Coercion works countereffective to wellbeing, and leads amongst others to despair, fear, anger and grief for the person concerned. During coercion the voice of the person is ignored, and their boundaries are not respected. Coercion does not lead to more safety, or recovery of mental health. On the contrary: By suffering, powerlessness, and a lack of support, the risks for increasing psychosocial problems and escalation increase. Coercion is the opposite of care.

### **Coercion means a lack of care**

Forced psychiatric interventions are not a solution, but are a problem for mental health care. For a long time, the existence of forced treatments, which enables caregivers to turn their back to the crisis situation and leave the person behind without actual support, is undermining the real development of good care practices.

### **Good care is possible**

Good care can prevent coercion. By a respectful attitude and good support, problems and escalation can be prevented successfully, which makes coercion obsolete<sup>4</sup>. Real care is possible.

### **Efforts are needed**

Despite the fact that all stakeholders in Dutch mental health care want to ban coercion<sup>5</sup>, the total number of the use of coercion (the number of legal measures RM and IBS) is rising annually. There are however specific initiatives to reduce coercion at various locations, such as the development of HIC (High/Intensive Care psychiatry)<sup>6</sup>, where they aim to prevent solitary confinement by enabling intensive support. On the other hand there is an enormous rise in outpatient coercion (conditional measures), as well as in incidents with "confused people". It has been concluded a number of times, that the practices are "persistent", and that the culture is "hard to change".

### **Learning from history**

Europe has a long history of xenophobia against persons with psychosocial problems. Ever since the 15<sup>th</sup> century there have been special prison-like "madhouses", where persons were chained and locked up like beasts, and exorcisms were common. After the discoveries of Charles Darwin and the

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<sup>2</sup> WNUSP: World Network of Users and Survivors of Psychiatry [www.wnusp.net](http://www.wnusp.net)

<sup>3</sup> ENUSP: European Network of (Ex-) Users and Survivors of Psychiatry [www.enusp.org](http://www.enusp.org)

<sup>4</sup> Report: [Best practices rondom dwangreductie in de GGZ](#) 2011

<sup>5</sup> Declaration on reduction of coercion: [Intentieverklaring GGZ: preventie van dwang in de GGZ](#) 2011

<sup>6</sup> [High Intensive Care HIC](#) (HIC)

Renaissance (17<sup>th</sup> and 18<sup>th</sup> century), the medical sector started to arise, followed by the arrival of the first Dutch Lunacy-law in the 19<sup>th</sup> century, which arranged “*admission and nursing of lunatics in mental hospitals*”, with the goal to provide “more humane” care as compared to the madhouses. The young medical science comprised a diversity of perceptions, and in the 20<sup>th</sup> century a lot of experiments followed, such as hot and cold baths, lobotomy, electroshock and so on. The “*special anthropology*”<sup>7</sup> or racial-science and eugenics, focussed on the search for the perfect human being, and “*racial hygiene*” to “*avoid deterioration of the race*”, openly doubting the capacities of certain populations, which resulted in genocide which didn’t spare psychiatric patients (WOII). After these dark pages in history, universal declarations of human rights were established, emphasizing the value of each human being, and gradually the community became more tolerant. However, psychiatry hardly changed and held on to the questionable and experimental foundation, with confinement, regulation regimes, and experimental treatment methods as the unchanged core of the treatment range. Currently, efforts are still made to force persons into behavioural changes with the argument that they are “incapable of will” themselves, and not able to express preferences. This is absolutely incorrect: Every person sends signals. The challenge is to deal with that in a good way. Real care notices the person behind the behaviour. Professional care is something totally different than primitive repression of symptoms.

It is time to draw a line. It is urgently needed to recognize that mental health care got on a wrong track by history. Harsh ‘correction’ of persons until they are found ‘good enough’ is not a righteous goal of mental health care. It should be about wellbeing. Coercion is a revealed mistake of mental health care. Innovation is needed.

### **Worldwide need for coercion-free care**

All over the world forced treatment exists. Extremely atrocious images are known from poorer parts of the world, with chained people for example in Asia<sup>8</sup> and Africa<sup>9</sup>, but also in our own country with Brandon<sup>10</sup> and Alex<sup>11</sup>. As long as the western world keeps claiming that coercion is the same as good care, these scenes will be harder to ban, especially since several countries have high expectation of the western approach. It is important to come up with good solutions in the world wide search for coercion-free care.

### **Call by the United Nations**

Since 2006, the UN Convention on the Rights of Persons with Disabilities (CRPD)<sup>12</sup> exists, which illustrates that a worldwide change is needed towards persons with disabilities. Several UN mechanisms clarify that coercion in care is a violation of human rights<sup>13, 14, 15, 16</sup>, also when it comes to the Netherlands<sup>17, 18</sup>. A change is needed.

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<sup>7</sup> Description of Racial-science e.a.: Winkler Prins Algemeene Encyclopaedie, vijfde druk, Elsevier, 1936

<sup>8</sup> [Human Rights Watch “Living in hell – abuses against people with psychosocial disabilities in Indonesia”](#), 2016

<sup>9</sup> Robin Hammond, fotoserie [“Condemned – Mental health in African countries in crisis”](#)

<sup>10</sup> Brandon van Ingen, [Jongen al 3 jaar vastgebonden in een zorginstelling](#)

<sup>11</sup> Alex Oudman, [Schokkende beelden uit isoleercel – Toen en nu](#)

<sup>12</sup> [UN Convention on the Rights of Persons with Disabilities \(CRPD\)](#)

<sup>13</sup> [CRPD General Comment no. 1 on CRPD article 12 Equal Recognition before the law](#)

<sup>14</sup> [CRPD Guidelines on CRPD article 14 Liberty and Security of Person](#)

<sup>15</sup> [Statement of 2 UN Special Rapporteurs “Dignity must prevail – an appeal to do away with non-consensual psychiatric treatments” World Mental Health Day, 10 October 2015](#)

<sup>16</sup> [A/HRC/22/53 Special Rapporteur on Torture, Juan E Mendez, Torture in health care settings \(2013\)](#)

<sup>17</sup> Communication sent to the Kingdom of the Netherlands by the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the UN Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health. AL Health (2002-7) G/SO 214 (53-24) NLD 2/2013, October 2013, [https://spdb.ohchr.org/hrdb/24th/public - AL\\_Netherlands\\_08.10.13\\_\(2.2013\).pdf](https://spdb.ohchr.org/hrdb/24th/public_-_AL_Netherlands_08.10.13_(2.2013).pdf)

### **What's next?**

This is an important question.

What do we want now? Are we finally going to make it really right?

Are we going to show ourselves from our best sides?

A real change of culture is needed. Mental health care needs to reinvent itself, and put an end to the confinement and the use of coercion. Good care is possible.

### ***“Yes but it is not possible...”***

Commonly heard reactions are *“These are good ideals, but not realistic”* or *“There is no other way, because the system isn't supportive”* or *“The community is totally not ready for this”*. The implicit assumption that a culture change would be “unrealistic”, indicates limited perspective, hope and ambition. The system is in our hands. We are the current generation. Change is possible. The world is changing constantly. Also mental health care can change<sup>19, 20</sup>, as can the public opinion. We are not powerless or insensitive. Efforts are needed to make the world better and nicer together. We can do that.

Change can feel scary. Without positive history or good practices elsewhere it may be a bit harder to imagine that everything can be different, but this cannot be a reason to just give up immediately. We do not question ourselves whether stopping all hunger in the world is realistic before we start with that. Every person counts. Real care is possible and needs to be realized, also in acute and complex crisis situations. Practices of abuse need to stop instantly. This is the task that has been given to our generation. It is worth to unite all our efforts to make the historical shift from exclusion to inclusion.

Also the remark *“Yes but coercion is needed, as long as there are no alternatives”* needs to be refuted here. Coercion is not care, but it is abuse, and there is no valid excuse for abuse. Coercion is never needed. Good care is needed.

### **Making human rights a reality**

The UN Convention on the Rights of Persons with Disabilities (CRPD) gives a momentum for change. If everyone cooperates now, throughout all layers of the system, then the intended change gets an unprecedented impulse. The articles of the UN-Convention offer a guidance, which enables worldwide coherent action. The UN Convention offers vast opportunities to change the world.

Together we can ban forced psychiatric treatments. When there's will, there's a way. In history, confinement was put central, and by now we know better. So we have to do better too. A largely unexplored world is ahead of us.

### **Key points**

It is not easy to change the mental health care system, and the confidence in mental health care doesn't restore without efforts. Several things are necessary to change the situation sustainably:

#### **-Realise good care**

The old fashioned psychiatry is not founded on human rights, diversity and inclusion, but on xenophobia and exclusion. Science has focussed so far on homogenising the community, and attempts to change the people (a bodice and check box mentality). Modern mental health care should focus on enabling a heterogeneous and diverse community, by creating the right conditions in the community and to enable self-determination, liberty and inclusion, so that everyone can be

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<sup>18</sup> [CAT/C/NLD/CO/5-6, CAT Concluding Observations on the Netherlands](#)

<sup>19</sup> [High Intensive Care HIC](#) (HIC)

<sup>20</sup> [Intensive Home Treatment](#) (IHT)

happy and live a fulfilling life in our community. A fundamental reform is needed in mental health care.

Wellbeing – or mental health – is a very personal intrinsic value, which cannot be produced by coercion. Recovery from psychosocial problems is not an isolated process of the person concerned, but is closely intertwined with the social context of the person, such as chances in life, social acceptance and inclusion. The range of care needs to be reviewed fully, and adapted to the requirements of today.

Deprivation of liberty needs to be stopped immediately. The organization of care of good quality is necessary and urgent, and cannot be postponed any longer. The previous guidelines under the law BOPZ of 1994 to use coercion “as little as possible” and “as short as possible” have failed obviously, and the numbers on the use of coercion (legal measures RM and IBS) continuously keep on rising annually, and have more than doubled in the past 10 years. This trend is unacceptable, and therefore something really needs to change now. A need for support cannot be a reason for deprivation of liberty. Good care is possible.

Without good care, the mess will only transfer. It is absolutely necessary to make all possible efforts right now to provide care of good quality, including good care in crisis situations.

#### **- Legislation: prohibit coercion, arrange care**

The legislation on forced psychiatric treatments needs to be changed. The goal of mental health care is not: Treating vulnerable persons in a rough way, but the goal is to provide good care, also in crisis situations. A transition is needed.

The lunacy law dates from 1841, from a time when the medical profession was absolutely in it's infancy. The law BOPZ of 1994, and also the law proposal on Mandatory Mental Health Care (recent) have a similar structure of legal measures RM and IBS, and resp. confinement and forced treatment form the core. This system is not founded upon awareness of human rights, and it is not about care of good quality, and it has to change.

Forced treatment is abuse. Legislation needs to protect all citizens from abuse. When the government participates in the abuse against certain groups, this is torture<sup>21, 22</sup>, which is absolutely prohibited. The laws on coercion, such as BOPZ and the law proposal on Mandatory Mental Health Care are therefore unacceptable.

Legislation is meant to offer a fair framework for the community. A prohibition of forced treatments is necessary because of human rights<sup>23</sup>. Additionally, certain legislation can speed<sup>24</sup> up the provision of good care and organize innovation<sup>24</sup>. It is possible to create laws that are really useful to the community. Wouldn't that be great?

#### **- Compensation: Recognize the seriousness**

For years and years, the government and countless caregivers have taken over the lives of psychiatric patients, and forcefully subjected them to “care”, such as horrible forced treatment, isolation cells, forced medication, restraint-belts, electroshocks, all motivated by so-called “good intentions”. The sincerity of those responsible can now prove itself by genuine recognition of the suffering that many

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<sup>21</sup> Torture, for full definition see article 1 CAT, Convention Against Torture.

<sup>22</sup> [A/HRC/22/53 Special Rapporteur on Torture, Juan E Mendez, Torture in health care settings \(2013\)](#)

<sup>23</sup> amongst others the right to liberty, freedom from torture / Civil and political rights and CRPD

<sup>24</sup> amongst others the right to health care and adequate standard of living / Social, economic and cultural rights and CRPD

had to endure. A compensation would be appropriate: When you break something you have to pay for it. We consider that very normal.

- \* Apologies are needed to recover the relation between (ex-) users and caregivers.
- \* Recognition of the trauma's by coercion, and support in overcoming these if desired.
- \* Compensation to show that the change of attitude is genuine.

Now it's time to show that the Netherlands is indeed a civilized country.

### **Take action**

I would like to call on everyone to contribute to the change in culture. Let's ensure together that human rights will be realized for every human being, and that old-fashioned psychiatry disappears, and that mental health care only comprises good care.

Please spread this message to raise awareness.

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To reinforce the above plea, I have attached a description of my personal experiences with forced psychiatry, which can be found via this link:

[\*\*"16 years old, depressed and tortured in psychiatry – A testimony on forced psychiatric interventions constituting torture and ill-treatment"\*\*](#)

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This publication is part of the 'Absolute Prohibition Campaign', see <https://absoluteprohibition.wordpress.com>