Position of users and survivors of psychiatry in Europe

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Personal experiences: coercion vs. care
“Psychiatric Intensive Care”

Different experience:
- I got chances (like going outside)
- Not focus on risks, but on wellbeing
- Fairer communication and reasoning
- I experienced more respect and humanity

Nurses were human beings (not enemies)
I survived because of respect, not because of coercion
Personal conclusion: Coercion is not Care

• Coercion is traumatizing: Making it worse
• Coercion disables meaningful contact: disabling care in itself

• Care should be helpful to the user!
• Care = Chances, contact and support
Forced psychiatric interventions:

- **are not care**, do not result in wellbeing.
- **disable care**, undermine care-relations.
- **do not result in safety**, result in more struggle, more crisis and more risks.
- **indicate a deficiency in mental health care**. No adequate support in crisis.
Forced psychiatric interventions:

- **Enable neglect**, and undermine development of good support practices.
- **Are not evidence-based or recovery-oriented**, but remnants of the past.
- **Are not protection**, but are abuse.
- **Are not a solution**, but are a problem.
ENUSP position (3)

• Real mental health care is possible when efforts are made!
• Many options between “last resort” and “no care”:
  - Supportive interventions
  - Prevention

• Real development of mental health care is urgently needed.
Universal Human Rights

2006: **UN Convention on the Rights of Persons with Disabilities**

- Part of Universal Human Rights framework
- Same fundamental rights and freedoms as other people

- Specialized UN Conventions explain implications for specific marginalized groups (children, women, persons with disabilities)
CRPD and mental health care

Important articles:

- Art 12. Legal Capacity
- Art 14. Liberty and security of person
- Art 15. Freedom from torture and other cruel, inhuman or degrading treatment or punishment
- Art 17. Physical and mental integrity
- Art 19. Life in the community
- Art 25. Free and informed consent to health care (incl. right to refuse treatment)
Absolute prohibition of coercion in mental health care (1)

Recognized in:
- UN CRPD

Increasing attention by other UN bodies:
- 2013: UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment - report A/HRC/22/53 Torture in health care settings
Absolute prohibition of coercion in mental health care (2)


- Free and informed consent to treatment
  - Providing a range of alternative services, economic aspect (progressive realization)
  - Providing free choice: civil political rights, non-discrimination (immediate realization)
Note

- Outdated Council of Europe-standards,
  - ECHR (1950), art 5.1.e outdated
  - Oviedo Convention & additional protocol outdated (“persons of unsound mind, unable to consent)

- Typically old paradigm (not sustainable)
  → better follow UN CRPD.
Registration & Quality control

• Data-collection is not enough.
• Regular business models for quality improvement do not fit.

• Registration of coercion = registration of human right violations

• Justice at stake.
Right to remedy and reparation

- The right to remedy and reparation for victims of human rights violations
- European Convention:
  - art. 6 right to fair trial
  - art. 13 right to an effective remedy
  - art. 41 actual reparations
- UN ICCPR (civil and political rights)
  - art 14 fair trial
  - art 2 mentions effective remedies.
Right to remedy and reparation

- UN Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations .... (resolution UN GA 2005)
- (18) Victims should be provided with full and effective reparation, which include the following forms restitution, compensation, rehabilitation, satisfaction and guarantee of non-repetition.
Remedy and reparation

Put in practice:

• Reparation is **healing the wounds**
• Learn to listen, minimize suffering

Suggestion:

• **Restorative justice approach:**
• **Truth and reconcilliation in psychiatry**
4 Key messages

• 1. Coercion is the opposite of care.
• 2. Real care needs to be developed.
• 3. Coercion and restraints are human rights violations and victims have the right to remedy and reparation.
• 4. Truth and reconciliation in psychiatry.
• Time for questions

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