

Position of users and survivors of psychiatry in Europe

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Personal experiences: coercion vs. care

Coercion (1994-1996)



“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**

ENUSP position (1)



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.

ENUSP position (2)



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)

- 2017: UN OHCHR: thematic report A/HRC/34/32 on Mental Health and Human Rights
- **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 reconciliation 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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