

New WHO Mental Health Guideline Condemns Coercive Psychiatric Practices

CCHR demands that governments commit to WHO's "zero coercion" policy in mental health, and put an end to forced institutionalization and treatments.

LOS ANGELES, CALIFORNIA, UNITED STATES, September 18, 2023 /EINPresswire.com/ -- The World Health Organization (WHO) and the United Nations Office of the High Commissioner for Human Rights (OHCHR) issued a draft guidance on Mental Health, Human Rights, and Legislation, with recommendations to eliminate coercive psychiatric practices.[1] Mental health industry watchdog <u>Citizens Commission on</u>



The guidance states that "Coercion remains a core component of existing mental health laws across jurisdictions and is a major concern."

<u>Human Rights International</u> applauds the guideline, saying that many of its proposals need urgent implementation, especially in the U.S. where patients are forced to undergo electroshock and take psychotropic drugs and are detained in behavioral and psychiatric facilities where poor conditions endanger their lives. The guideline calls on governments to "commit by law to a 'zero coercion' policy."

CCHR estimates that globally, every 30 seconds someone is involuntarily committed to a psychiatric hospital. In the U.S., according to David Cohen, a professor of social welfare at the Luskin School in California, involuntary psychiatric detentions outpaced population growth by a rate of 3 to 1 on average in recent years.[2] Once committed, an individual can be forced to undergo damaging treatment, a practice the UN calls torture.

In June 2022, WHO and OHCHR issued the groundbreaking draft guidance to protect the human rights of people in the mental health system and to help governments support the transformation of mental health systems to align with international human rights law.[3] CCHR's European office submitted input to the guidelines, as recognized by WHO. The final guidelines will be released on October 9.

"Coercion remains a core component of existing mental health laws across jurisdictions and is a major concern," the guidance says. "These may include involuntary hospitalization, involuntary medication, involuntary electroconvulsive therapy (ECT), seclusion, and physical, chemical and mechanical restraint." Further, "They can inflict severe pain and suffering on a person with long-lasting physical and mental health consequences, which can impede recovery and lead to substantial trauma and even death."

Jan Eastgate, president of CCHR International, says the guideline is one of the strongest documents ever to condemn what WHO/OHCHR calls "the pernicious effects of institutionalization, the over-emphasis on biomedical approaches and treatment options, and the use of involuntary psychiatric interventions."

In the U.S., 76.9 million Americans take psychiatric drugs.[4] The guideline highlights how this biomedical model "works to the detriment of other holistic and person-centered and rights-based approaches and strategies." Previously, WHO quoted former U.S. National Institute for Mental Health director, Thomas Insel admitting that despite \$20 billion being spent on mental health research, including biomedical, NIMH hadn't "moved the needle in reducing suicide, reducing hospitalizations" or "improving recovery."[5] "A damning admission of failure," Eastgate says, "that stems from the unscientific basis of psychiatric diagnoses and unworkable treatments delivered in a system fraught with abuse, passed off as 'mental health care.""

The draft guideline also condemns common coercive practices such as seclusion and restraints. Restraint deaths in the U.S. have been headline news for years, especially following the death of Cornelious Frederick, a 16-year-old African-American boy on May 1, 2020. He was brutally restrained in a now-closed behavioral facility in Michigan because he had thrown a sandwich on the floor. A coroner ruled the death a homicide.[6] The shocking death of a 7-year-old foster care child, Ja'Ceon Terry, after he was restrained at a Louisville, Kentucky psychiatric facility on July 17, 2022, also resulted in a homicide ruling.[7]

The draft guideline also acknowledges what many U.S. psychiatrists refuse to admit—that electroshock causes brain damage, and that "...coercive practices violate the right to be protected from cruel, inhumane and degrading treatment," ECT among them. It is insistent that "ECT is not recommended for children, and hence this should be prohibited through legislation," yet in the U.S. children ages 5 or younger have been subjected to ECT, as CCHR documented.

In August 2022, in commemoration of the WHO guidelines, CCHR posted a "<u>MEMORANDUM: The Need for Human Rights in Mental Health Laws</u> to End Coercive Psychiatric Practices & Abuse" on its website.[8] A resolution accompanying it enables readers to sign and forward it to their legislative representative demanding reforms. The U.S. has ratified the UN Convention against Torture, adopting it in domestic law, but has failed to protect Americans from torture in psychiatric-behavioral facilities. The UN Special Rapporteur against Torture stated: "It is essential that an absolute ban on all coercive and non-consensual measures, including restraint and

solitary confinement of people with psychological or intellectual disabilities, should apply in all places of deprivation of liberty, including in psychiatric and social care institutions."[9]

The guideline also calls on governments to ensure patients have the right to "refuse or choose an alternative medical treatment," and to legally bind hospitals, psychiatrists, and doctors to abide by patients, "advance planning options," also called Advanced Directives or Living Wills, to prevent forced unwanted treatment. CCHR has "Psychiatric Living Will" available on its website.

CCHR praised the report's important stress on accountability because without it, "human rights lack enforcement and are rendered meaningless." CCHR has long demanded criminal culpability and the guideline notes: "When a law is transgressed, legislation should provide for effective civil, administrative or criminal sanctions and reparations."

Eastgate adds: "The need for such guidelines is a damning indictment of the psychiatric system's failure to protect patients' human rights and the need to end coercive practices and treatment."

- [1] World Health Organization, OHCHR, "Guidance on Mental Health, Human Rights and Legislation," June 2022
- [2] "Study finds involuntary psychiatric detentions on the rise," UCLA Newsroom, 3 Nov. 2020, https://newsroom.ucla.edu/releases/involuntary-psychiatric-detentions-on-the-rise
- [3] https://www.ohchr.org/en/calls-for-input/calls-input/draft-guidance-mental-health-human-rights-legislation-who-ohchr
- [4] https://www.cchrint.org/psychiatric-drugs/people-taking-psychiatric-drugs/
- [5] "Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches," World Health Organization, 10 June 2021, p. 215, https://www.who.int/publications/i/item/9789240025707
- [6] Tyler Kingkade," Video shows fatal restraint of Cornelius Frederick, 16, in Michigan foster facility," NBC News, 22 July 2020, https://www.nbcnews.com/news/us-news/video-shows-fatal-restraint-cornelius-fredericks-16-michigan-foster-facility-n1233122
- [7] https://www.cchrint.org/2022/09/30/mental-illness-awareness-week-another-restraint-another-death/; Deborah Yetter, "7-year-old died at Kentucky youth treatment center due to suffocation, autopsy finds; 2 workers fired," Louisville Courier Journal, 19 Sept. 2022, https://www.usatoday.com/story/news/nation/2022/09/19/death-child-jaceon-terry-brooklawn-kentucky-youth-center/10428004002/
- [8] https://www.cchrint.org/memorandum-need-for-human-rights-in-mental-health-laws/

[9] A/HRC/22/53, "Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez," United Nations, General Assembly, Human Rights Council, Twenty-second Session, Agenda Item 3, 1 Feb. 2013, p. 15, http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53 http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53 https://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53

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