

# CCHR: New WHO Guideline is Vital to End Coercive Psychiatric Practices & Abuse

*International mental health industry watchdog says WHO report vindicates CCHR and groups that have fought for recognition of psychiatric human rights violations*

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/EINPresswire.com/ -- The World Health Organization (WHO) has released guidelines that lash out against coercive psychiatric practices, that it says “are pervasive and are increasingly used in services in countries around the world, despite the lack of evidence that they offer any benefits, and the significant evidence that they lead to physical and psychological harm and even death.”[1]

It points to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which in essence, calls for a ban on “forced hospitalization and forced treatment.”[2]

Citizens Commission on Human Rights International welcomes the report, not just because it recognizes that psychiatric abuses and torture are rife in the mental health system, but also it vindicates CCHR’s tenacious efforts since 1969 and other groups that have fought diligently for the recognition of patients’ rights violations. CCHR’s [Mental Health Declaration of Human Rights](#), written in 1969, includes many of the rights that the WHO report now addresses.[3] Watch [CCHR: What We Believe](#)

WHO points to a series of UN Human Rights Council resolutions that have called on countries to tackle the “unlawful or arbitrary institutionalization, overmedication and treatment practices [seen in the field of mental health] that fail to respect...autonomy, will and preferences.”[4] CRPD says patients must not be put at risk of “torture or cruel, inhuman or degrading treatment or



International mental health industry watchdog says WHO report vindicates CCHR and the many groups that have fought worldwide for recognition of psychiatric human rights violations, including involuntary commitment and forced electroshock and other biomedical treatments.

punishment” and advises prohibiting “coercive practices such as forced admission and treatment, seclusion and restraint, as well as the administering of antipsychotic medication, electroconvulsive therapy (ECT) and psychosurgery without informed consent.”[5]

CCHR has documented many coercive practices in the U.S. that include:

- Children—too young to consent to electroshock—are subjected to it, even at the age of five or younger, despite WHO reporting sixteen years ago that “There are no indications for the use of ECT on minors, and hence this should be prohibited through legislation.”
- Many patients are forcibly detained, drugged and electroshocked under U.S. involuntary commitment laws, which constitutes torture.
- Recent reports show coercive restraint use in behavioral facilities is common, leading to deaths of youths. Teenagers gasping for air, crying out that they “can’t breathe” have died undergoing restraint to control their behavior.[6]
- Despite a March 2020 Food and Drug Administration ban on a shock device used at the Judge Rotenberg Center in Massachusetts for behavior control on the mentally handicapped, the torturous procedure is still used.[7]

The WHO report highlights that coercive practices are enabled because “they are mandated in the national [or state] laws of countries.”[8] Coercion is “built into mental health systems, including in professional education and training, and is reinforced through national mental health and other legislation.”[9]

Jan Eastgate, president of CCHR International, says: “These laws need to change, similar to those enacted in Australia where criminal penalties are enshrined in several mental health laws, should certain prohibited psychiatric treatments be administered, violating patients’ rights.”

Despite the challenges to changing laws and treatment paradigms, WHO says “it is important for countries...to eliminate practices that restrict the right to legal capacity, such as involuntary admission and treatment.”[10]

The late Dr. Thomas Szasz, professor of psychiatry, and co-founder of CCHR, stressed this point sixty years ago. Indeed, he was forthright in stating: “Involuntary mental hospitalization is like slavery. Refining the standards for commitment is like prettifying the slave plantations. The problem is not how to improve commitment, but how to abolish it.” Further, “The most important deprivation of human and constitutional rights inflicted upon persons said to be mentally ill is involuntary mental hospitalization....”[11]

The WHO sees community mental health as the alternative to egregious hospitalization and the biomedical paradigm—psychotropic drugs, electroshock and psychosurgery—for treating people’s emotional and mental problems. This would require a massive injection of funds. However, Eastgate says, “the checks and balances do not exist to prevent abuses occurring in the community. Greater accountability, including criminal penalties are needed. We cannot keep

flooding more money into a failing and harmful mental health system, when accountability either doesn't exist or is so ineffective that perpetrators can get away with murder."

The same funding limitations should apply to psychiatric research, she said. WHO highlights that research has been dominated by a biomedical model—neuroscience, genetics and psychopharmacology. It quotes Thomas Insel, former director of the National Institute for Mental Health (2002 to 2015), who admitted to what amounts to massive financial waste, when he said: "When I look back on that, I realize that while I think I succeeded at getting lots of really cool papers published by cool scientists at fairly large costs—I think US\$ 20 billion—I don't think we moved the needle in reducing suicide, reducing hospitalizations, improving recovery for the tens of millions of people who have mental illness." [12]

CCHR, which has been responsible for more than 190 laws that protect patients' rights, will continue to document psychiatric abuses and, using the WHO guideline, refer this to attorneys who may be able to seek charges of torture where forced treatment is administered. Until laws enact the necessary protections, more pressure is needed to bring abuses to account.

[Read full article here.](#)

[1] "Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches," World Health Organization, 10 June 2021, <https://www.who.int/publications/i/item/9789240025707> (to download report)

[2] Ibid., p. 4

[3] <https://www.cchrnt.org/about-us/declaration-of-human-rights/>

[4] Op. cit., World Health Organization, p. 5

[5] Ibid., p. 7

[6] <https://www.cchrnt.org/2021/03/24/cchr-laws-inadequate-to-safeguard-troubled-teens-from-psychiatric-abuse/>; <https://www.cchrnt.org/2021/02/17/utah-state-law-curbing-behavioral-restraint-use-on-children-youths-is-applauded-but-unconditional-ban-is-needed-nationwide/>

[7] <https://www.cchrnt.org/2021/03/09/cchr-us-should-mirror-nz-child-shock-treatment-inquiry-to-ban-therapy/>

[8] Op. cit., World Health Organization, p. 8

[9] Ibid., p. 8

[10] Ibid., p. 6

[11] <https://www.cchrint.org/about-us/co-founder-dr-thomas-szasz/quotes-on-involuntary-commitment/>

[12] Op. cit., World Health Organization, p. 215

Amber Rauscher

Citizens Commission on Human Rights

+1 323-467-4242

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