

CCHR Launches Mental Health Rights Policy to Prevent Patient Torture

In the wake of UN and WHO reports against “psychological torture” in mental health facilities, CCHR urges repeal of forced institutionalization and treatment

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/EINPresswire.com/ -- [Citizens Commission on Human Rights International](#), a mental health industry watchdog, launched a policy for governments to adopt to prevent abuse and coercive psychiatric practices that constitute torture. This is based on reports and guidelines issued by the World Health Organization (WHO—guidelines on community mental health) and United Nations representatives for health and against torture. In 2020, the UN Special

Rapporteur on Torture presented a report on “psychological torture” to the UN Human Rights Council, with the strongest condemnation to date of involuntary psychiatric interventions.[1] Last year, WHO followed with a damning [report against coercive psychiatric practices](#).

Currently, New Zealand is transforming its mental health law away from compulsory incarceration and treatment and towards a human rights approach—something CCHR says is urgently needed throughout the United States and worldwide. Recently in the U.S., the mental health system has been rocked with allegations of staff physical, sexual and chemical assaults of patients, especially children and teens in for-profit behavioral facilities, including restraint use leading to death.

Yet, U.S. psychiatrists have called for the power to increase their rights to involuntarily detain and treat patients, especially based on the arbitrary argument that the person is a danger to themselves or others. Such arguments fly in the face of the March 2020 UN Special Rapporteur



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on Torture report on “psychological torture” presented to the UN Human Rights Council, berating involuntary psychiatric interventions based on the supposed “best interests” of a person or on “medical necessity.” Such interventions, the report says, “generally involve highly discriminatory and coercive attempts at controlling or ‘correcting’ the victim’s personality, behavior or choices and almost always inflict severe pain or suffering...such practices may well amount to torture.”[2]

The UN report notes that those detained against their will are powerless: “In practice, ‘powerlessness’ arises whenever someone has come under the direct physical or equivalent control of the perpetrator and has effectively lost the capacity to resist or escape the infliction of pain or suffering.” It described “coercive control” to include “through incapacitating medication.” Drugs and electroshock treatment, which can both be given without patient consent in the U.S., can cause physical harm to the body and mental damage.

The Special Rapporteur continues: “Psychological torture occurs in a wide variety of contexts, including...psychiatric and social care.”

The WHO guidelines point out that despite removing coercive psychiatric interventions being “challenging,” it is “important for countries to set goals and propose steps to eliminate practices that restrict the right to legal capacity, such as involuntary admission and treatment, and to replace these with practices that align with people’s will and preferences, ensuring that their informed consent to mental health care is always sought and that the right to refuse admission and treatment is also respected.”[3]

WHO further states that forced treatment is not proven to prevent violent practices and “people subjected to coercive practices report feelings of dehumanization, disempowerment and being disrespected.”[4]

The UN Convention on the Rights of Persons with Disabilities (CRPD) in essence also “bans forced admission and treatment.” This challenges countries that allow involuntary admission under grounds such as “a need for treatment,” “dangerousness” or “lack of insight.”[5]

Psychiatrists and psychologists are unable to predict whether a person is a danger to oneself or others as this relies upon subjective opinion, not science. Accumulated research indicates that errors in predicting dangerousness range from 54% to 94%, averaging about 85%.[6] Research confirms the error in associating dangerousness with definitions of mental illness, explaining: “Violence is not a diagnosis nor is it a disease.”[7]

Hospitalization does not guarantee protections against violent behavior. The WHO guidelines also stress: “The recovery approach does not solely depend on mental health services. Many individuals can and do create their own pathway to recovery, can find natural and informal supports among friends and family and social, cultural, faith-based and other networks and communities, and can join together for mutual support in recovery.” Further, “They support

people to gain or regain control of their identity and life, have hope for the future, and live a life that has meaning for them – whether that be through work, relationships, community engagement or some or all of these.”[8]

CCHR’s recommendations include:

- Prohibition of electroshock treatment, psychosurgery and physical and chemical restraints, with criminal penalties to those administering these in violation of the law.
- Informed consent must be obtained with all major treatment risks documented in writing, patients are informed that there are diverse opinions about the medical legitimacy of psychiatric diagnoses which cannot be confirmed with medical tests; the right to refuse treatment and to access alternatives of their choice.

Jan Eastgate, president of CCHR International says: “CCHR's work stems from a desire to see people receive humane, workable care, not torture. For them to be able talk about their mental health concerns as a right, not as a license for therapists to force physically invasive treatments upon them. The word ‘compulsory’ and the practice of coercion must be removed from mental health policy. Effective mental healing should improve and strengthen individuals and thereby society, by restoring individuals to personal strength, ability, competence, responsibility, and spiritual wellbeing.”

[Read the full article here.](#)

[1] Tina Minkowitz, Esq. “UN Report: Involuntary Psychiatric Interventions ‘May Well Amount to Torture,’” Mad in America, 5 Mar. 2020, <https://www.madinamerica.com/2020/03/report-psychiatric-interventions-torture/>

[2] Ibid.

[3] “Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches,” World Health Organization, 10 June 2021, p. 6
<https://www.who.int/publications/i/item/9789240025707> (to download report)

[4] Ibid., p. 8

[5] Ibid., pages 4,7

[6] Margaret Hagen, Whores of the Court, The Fraud of Psychiatric Testimony and the Rape of American Justice, (Harper Collins Publishers, Inc., New York, 1997), p. 165, citing Terrence W. Campbell, “Challenging Psychologists and Psychiatrists as Witnesses,” Michigan Bar Journal, Jan. 1994

[7] Robert T. M. Phillips, MD, PhD, "Predicting the Risk of Future Dangerousness," AMA Journal of Ethics, June 2012, <https://journalofethics.ama-assn.org/article/predicting-risk-future-dangerousness/2012-06>

[8] Op. cit., p. 10

Amber Rauscher
Citizens Commission on Human Rights
+1 323-467-4242

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