

CCHR: U.S. Could Learn from Reform of Coercive Mental Health Practices

Mental health watchdog says Australian proposal to eliminate forced psychiatric practices should be immediately implemented and is also vital for U.S. patients

LOS ANGELES, CALIFORNIA, UNITED STATES, July 5, 2022 /

EINPresswire.com/ -- A new mental health reform to protect human rights is being paved in Australia and, if successful, could be recommended for the U.S. and implemented worldwide. The [Citizens Commission on Human Rights \(CCHR\) International](#) says the proposed law in Victoria, Australia, will eventually abolish restraint use. It will also require patient advocacy services to be notified when any person is forced to undergo psychiatric treatment to ensure patients are aware of their rights. With similar abuse found in psychiatric and behavioral facilities throughout the U.S. CCHR is calling for similar reforms but which prohibit all forced treatment and restraints.



A mental health industry watchdog says an Australian proposal to eliminate forced psychiatric practices such as restraints should be immediately implemented and is vital also for patients in the U.S.

Judge Shane Marshal, a former Australian federal court judge, will lead a review into the criteria used for coercive practices. A Victorian government Royal Commission inquiry recommended this after finding found human rights being breached by having mental health patients locked away or handcuffed. The inquiry wanted seclusion and restraint be phased out within a decade.[1]

However, the Victorian Mental Illness Awareness Council called on the government to immediately end compulsory seclusion and restraint use. The group revealed that physical restraint of children had increased by 32% in 2020-2021 compared with the previous year.[2]

Jan Eastgate, president of CCHR International stated: "You don't slowly 'phase out' harming

people; you stop it immediately.”

Abuse is rampant in the U.S.:

- Reports suggest that 37.5% of child or adolescent inpatients in mental health facilities in the U.S. have been secluded or restrained in some manner.[3] This is despite the fact that in 2010, the Joint Commission had warned of more than 200 deaths related to seclusion or restraints over a prior five-year period.[4]
 - In 82% of 61 deaths reported in the U.S. National Review of Restraint-Related Deaths, restraint either directly or indirectly contributed to the person’s death, some as young as 9 years old.[5]
 - African Americans are over-represented in restraint-related deaths, accounting for 22% of the studied deaths yet comprising 13% of the U.S. population.[6]
 - Involuntary hospitalizations are estimated to account for about 54% of admissions to U.S. psychiatric inpatient settings. Patients involuntarily treated are billed for treatment they don’t want, according to an article published in the American Journal of Psychiatry in 2020. The authors said such billing can foster “outright exploitation.”[7] They found involuntary psychiatric treatment is incredibly costly, with inpatient stays that averaged just over \$7,000 for about a week of treatment. Many hospitals also charge about 2.5 times more for inpatient psychiatric care than it costs to deliver that care.[8]
- The need to abolish coercive psychiatric practices is entrenched in international [human rights covenants and reports](#). In April this year, the United Nations High Commissioner for Rights reported that coercion, involuntary treatment and forced placement are incompatible with human rights.[9] A similar UN Human Rights Council report in 2018 said laws should be repealed that permit the use of coercion and forced interventions, including the use of restraints, electroshock, psychosurgery, and forced medication.[10]
- 2013: Juan E. Méndez, the then UN Special Rapporteur on Torture, called for an “absolute ban on forced and non-consensual medical interventions” including, “the use of restraint and solitary confinement, for both long- and short-term application.”[11]
 - 2015: The UN Committee on the Rights of Persons with Disabilities issued guidelines to protect the security and personal integrity of persons with disabilities “by eliminating the use of forced treatment, seclusion and various methods of restraint in medical facilities, including physical, chemical and mechanic restrains.”[12]
 - 2021: The World Health Organization’s “Guidance on Community Mental Health Services” recommended elimination of “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.”[13]

Advocacy groups similar to CCHR are needed, independent of the professionals and hospitals harming patients to investigate incidents of coercion. Criminal and civil accountability for any harm that patients suffer from coercive practices must be legally enforced, CCHR says.

[Read full article here.](#)

[1] “Victoria to conduct review into coercive practices in mental health system,” The Guardian, 23 June 2022, <https://www.theguardian.com/australia-news/2022/jun/23/victoria-to-conduct-review-into-coercive-practices-in-mental-health-system>

[2] Ibid.

[3] Wanda K Mohr, PhD, RN, FAAN, et al., “Adverse Effects Associated with Physical Restraint,” Can J Psychiatry, Vol 48, No 5, June 2003, <https://www.crisisprevention.com/CPI/media/Media/Blogs/adverse-effects-associated-with-physical-restraint.pdf>

[4] “Comparative Effectiveness of Strategies to De-escalate Aggressive Behavior in Psychiatric Patients in Acute Care Settings,” Agency for Healthcare Research and Quality, 6 Oct. 2013, <https://effectivehealthcare.ahrq.gov/products/aggression/research-protocol>

[5] https://www.cchrnt.org/2021/02/23/cchr-supports-congress-members-wanting-youth-behavioral-centers-investigated/#_edn5; “National Review of Restraint Related Deaths of Children and Adults with Disabilities: The Lethal Consequences of Restraint,” Equip for Equality, 2011, <https://www.equipforequality.org/wp-content/uploads/2014/04/National-Review-of-Restraint-Related-Deaths-of-Adults-and-Children-with-Disabilities-The-Lethal-Consequences-of-Restraint.pdf>

[6] <https://www.cchrnt.org/2020/06/09/naacp-inglewood-south-bay-executive-and-cchr-calls-for-ban-on-restraints-in-psychiatric-hospitals/>; <https://www.equipforequality.org/wp-content/uploads/2014/04/National-Review-of-Restraint-Related-Deaths-of-Adults-and-Children-with-Disabilities-The-Lethal-Consequences-of-Restraint.pdf>

[7] “Involuntary Commitments: Billing Patients for Forced Psychiatric Care,” The American Journ. of Psychiatry, 1 Dec. 2020, <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.20030319>

[8] Javier Rizo, “Billing Psychiatric Patients for Involuntary Treatment is Unethical,” Mad in America, 18 Feb. 2021, <https://www.madinamerica.com/2021/02/billing-psychiatric-patients-involuntary-treatment-unethical/>

[9] Annual report of the United Nations High Commissioner for Human Rights and reports of the

Office of the High Commissioner and the Secretary-General, 49th session, Human Rights Council, “Summary of the outcome of the consultation on ways to harmonize laws, policies and practices relating to mental health with the norms of the Convention on the Rights of Persons with Disabilities and on how to implement them,” 28 February–1 April 2022

[10] Report of the United Nations High Commissioner for Human Rights, Mental health and human rights, 24 July 2018, A/HRC/39/36, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G18/232/93/PDF/G1823293.pdf?OpenElement>

[11] “Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez,” UN Human Rights Council, 1 Feb. 2013, <http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53.English.pdf>

[12] Council of Europe DH-BIO/INF (2015) 20 of 9 December 2015, COMMITTEE ON BIOETHICS (DH-BIO) Additional Protocol on the protection of the human rights and dignity of persons with mental disorders with regard to involuntary placement and involuntary treatment – Compilation of comments received during the public consultation, pp. 20-22, <https://rm.coe.int/16805ab6fe>

[13] https://www.cchr.int.org/2022/01/09/cchr-launches-mental-health-rights-policy-to-prevent-patient-torture/#_edn2, citing: “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)

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

[email us here](#)

Visit us on social media:

[Facebook](#)

[Twitter](#)

This press release can be viewed online at: <https://www.einpresswire.com/article/579085978>

EIN Presswire's priority is source transparency. We do not allow opaque clients, and our editors try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.

© 1995-2022 Newsmatics Inc. All Right Reserved.