

CCHR Reissues Call for Ban on Psychiatric Restraints Amid Global Concerns

Mental health industry watchdog says psychiatric restraints need to be banned in the U.S. and worldwide as part of ending coercive psychiatric practices.

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EINPresswire.com/ -- The [Citizens Commission on Human Rights \(CCHR\) International](#), headquartered in Los Angeles, has written to every state legislator in the U.S. calling on them to ban the use of physical and chemical restraints and seclusion rooms in psychiatric and behavioral facilities, nursing homes and behavioral schools.

A recent Los Angeles Times exposé on restraint use in California underscored the need for greater transparency and oversight of such coercive practices in psychiatric facilities. It highlighted how one psychiatric unit restrained patients at a rate more than 50 times higher than the national average for inpatient psychiatric facilities, ranking it among the highest in the country.[1]

CCHR says this is likely common across the U.S., and the shocking level of such punitive, abusive, and coercive practices is an indictment of the failure of a mental health system that spends \$280 billion a year.

The call for a ban is being reiterated in light of a World Health Organization and United Nations guideline for legislators issued on October 9th regarding "[Mental Health, Human Rights and Legislation.](#)" This calls on governments to prohibit restraints and seclusion room use. It states: "There is a growing consensus that all forms of restraint and seclusion in mental health services should be eliminated.... Not only are seclusion and restraint contrary to international human rights law, their use is incompatible with a recovery approach" and "can lead to physical and psychological harm, even death." As such, legislation should "prohibit the use of seclusion and restraint in any health or social care facility." [2]



CCHR says legislative protections are needed prohibiting chemical and physical restraint and punitive seclusion rooms, not only in the U.S. but globally.

The U.S. has ratified as domestic law the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Since at least 2013, the Committee Against Torture has recommended an end to the use of restraint and solitary confinement, for both long- and short-term application in mental health settings.[3] In 2021, another WHO guideline on mental health recommended prohibiting coercive psychiatric practices, including restraints, as they constitute an act of torture.[4] However, the U.S. has allowed lethal restraint practices to continue.

This is despite even the World Psychiatric Association in October 2020 ceding that practices that constitute coercion, include, “treatment without consent (or ‘compulsory treatment’), any form of treatment including the use of psychotropic medication; seclusion, locking or confining a person to a space or room alone; restraint actions aimed at controlling a person’s physical movement, including prolonged or unsafe holding by other person(s), the use of any physical devices (‘mechanical restraint’, chaining etc.) and the use of psychotropic drugs for the primary purpose of controlling movement (‘chemical restraint’).”

WPA warned that the use of coercive practices “carries the risk of harmful consequences, including trauma” and “individuals subject to physical coercion are susceptible to harms that include physical pain, injury and death.”[5]

Tracking restraint use in the U.S. is difficult because there is variability in physical restraint reporting and coding practices between hospitals nationally.[6] The LA Times resorted to filing Freedom of Information Act requests to obtain government statistics, as CCHR has also been forced to do to obtain data on coercive treatment use throughout the nation.

Lack of effective oversight means that often restraint deaths are only known about through media reports. There have been several high-profile teen restraint deaths in recent years where coroners have determined their deaths to be homicide. Two deaths involved African-American children, one aged 16 and the other, 7.

According to a national review of restraint-related deaths of children and adults with disabilities, African Americans are over-represented, accounting for 22% of the examined cases, despite comprising only 13% of the overall U.S. population.[7]

Media reports reveal that mental health patients in New York spent a total of nearly 11,900 hours in restraints and 9,000 hours in seclusion while in psychiatric units in 2021, according to the latest federal data. Men and women were handcuffed, hit with batons, drugged and left strapped to beds for up to 12 hours without regular check-ups and water, the USA TODAY Network reported.[8]

An astounding number of schools also resort to the use of restraints and seclusion rooms in a psychiatric culture today that drugs children’s behavior to be compliant and can drive them to

suicide or acts of violence.[9] In October 2022, CT Insider reported, “Every day in public and private schools across the country, children are ‘restrained’ – physically held by staff members, pinned to the ground, or bound by mechanical devices such as straps or handcuffs. Other times, students are kept in ‘seclusion,’ confined alone in rooms ranging from windowless small supply closets and bathrooms to spaces resembling padded cells.” As a result, “Children are traumatized, injured, even die.” Students as young as 3 or 4 have been restrained or secluded.[10]

The coercive practice is also prevalent in nursing homes. According to one law firm, a staggering 38% of senior patients in nursing homes experience being physically restrained at least once every day.[11]

The Nursing Home Abuse Guide points out that “research continues to show that physical restraints are not safe and do not decrease the risk of injury. These methods can be extremely harmful to patients, and can increase both physical and emotional suffering.” Further, “The loss of freedom of movement has serious emotional consequences as well. Restrained patients often experience agitation, depression, and loss of dignity and self-respect.”[12]

Federal law prohibits staff members from using physical restraint on nursing home residents except in emergency situations.[13] However, what constitutes an “emergency” is open to subjective opinion. Under the Code of Federal Regulations, hospitals participating in Medicare, including those with rehabilitation or psychiatric units, must report deaths associated with the use of restraint and/or seclusion directly to the Center for Medicaid and Medicare Services.[14]

CCHR says this does not go far enough and across the board, legislative protections are needed prohibiting chemical and physical restraint and punitive seclusion rooms, not only in the U.S. but globally.

[1] Ben Poston, Emily Alpert Reyes, “Strapped down: Psychiatric patients are restrained at sky-high rates at this L.A. hospital,” Los Angeles Times, 19 Oct. 2023, <https://www.latimes.com/california/story/2023-10-19/psychiatric-patients-restraint-high-rate-california-los-angeles-general-hospital>

[2] World Health Organization, OHCHR, “Guidance on Mental Health, Human Rights and Legislation,” 9 Oct. 2023, p. 72

[3] “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, point 32, http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf

[4] <https://www.cchr.org/2021/06/11/world-health-organization-new-guidelines-are-vital-to-end-coercive-psychiatric-practices-abuse/> 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)

[5] <https://www.cchrnt.org/2021/06/07/un-special-rapporteur-dainius-puras-addresses-psychiatrys-global-coercion-crisis/> citing <https://www.wpanet.org/alternatives-to-coercion>

[6] <https://ldi.upenn.edu/our-work/research-updates/how-patient-restraints-are-being-used-in-a-childrens-hospital/>

[7] <https://www.cchrnt.org/2020/06/09/naacp-inglewood-south-bay-executive-and-cchr-calls-for-ban-on-restraints-in-psychiatric-hospitals/> citing: <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>

[8] David Robinson, “As NY pushes mental health plan, 13 hospitals use restraints above average....,” Democrat & Chronicle, 7 Feb. 2023, <https://www.democratandchronicle.com/story/news/2023/02/07/new-york-state-psychiatric-patients-spent-hours-restraints-see-where/69871002007/>

[9] <https://undivided.io/resources/restraint-and-seclusion-1383;>
<https://www.npr.org/2019/06/15/729955321/how-some-schools-restrain-or-seclude-students-a-look-at-a-controversial-practice;> [https://www.cchrnt.org/2018/02/20/school-shootings-mental-health-watchdog-says-psychotropic-drug-use-by-school-shooters-merits-federal-investigation/;](https://www.cchrnt.org/2018/02/20/school-shootings-mental-health-watchdog-says-psychotropic-drug-use-by-school-shooters-merits-federal-investigation/)
<https://www.cchrnt.org/school-shooters/>

[10] “Controversial and often used, these little-known practices cause harm, even death, among U.S. schoolchildren,” CT Insider, 27 Oct. 2022, <https://www.ctinsider.com/news/article/Controversial-and-often-used-these-little-known-17474949.php>

[11] <https://www.californianursinghomeabuselawyer-blog.com/category/restraints/>

[12] <https://www.nursinghomeabuseguide.org/physical-restraints/>

[13] <https://resultsyoudeserve.com/blog/the-use-of-restraints-in-nursing-homes/>

[14] <https://www.law.cornell.edu/cfr/text/42/482.13>

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