

Resolution in Support of Ending Coercive Psychiatric Practices and to Replace them with a Human Rights-Based System

Whereas: According to the 2022 Harvard Law School Project on Disability report “When Does Mental Coercion Constitute Torture?”: “Institutional mental health settings, such as state-run psychiatric hospitals, routinely employ coercive forms of ‘treatment’ that are intolerable in other settings.” This includes “nonconsensual psychosurgeries, use of electroshock without safeguards, administration of chemical restraints, and prolonged application of mechanical restraints.”¹

It further stated, the United Nations “Special Rapporteur [on Torture] has signaled that coercive practices, including ‘psychiatric intervention on the grounds of ‘medical necessity’ or the ‘best interests’ of the patient...may well amount to torture.”

Whereas: The U.S. is a signatory to the UN Universal Declaration of Human Rights and recommitted itself in 2020 to its principles as fundamental to all human beings, everywhere, at all times.² In February 2022, the Human Rights Commissioner reported there is an overreliance on mental health drugs which are a “significant obstacle to the realization of the right to health” and that provisions on forced mental health institutionalization and treatment should be replaced with rights-based and decision-making mental health services.³

Whereas: The U.S. has ratified the UN Convention against Torture (CAT) and has adopted it in domestic law and the 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.”⁴

Whereas: Coercive psychiatric practices in the U.S. include:

- Involuntary hospitalizations are estimated to account for 54% of admissions to psychiatric inpatient settings.⁵
- In 2020, the rate at which Americans were held against their will and forced to undergo mental health evaluations and even state-ordered confinement—lasting anywhere from a few days to years—has risen sharply over the past

decade, outpacing population growth by an average rate of 3 to 1, according to researchers at the UCLA Luskin School of Public Affairs.⁶

- In 24 states—accounting for nearly 52% of the U.S. population—591,402 emergency involuntary detentions were recorded in 2014, the most recent year with most states reporting.⁷
- This leads to forced psychotropic drugs, electroshock and other abusive treatment.
- Electroshock is given without consent and forced on individuals across the U.S. Yet, a 2020 study confirmed: “In conjunction with the high risk of brain damage from ECT, [the] absence of efficacy evidence means that the cost-benefit ratio is so appalling that there is no place for ECT in evidence-based medicine.”⁸
- There is an astounding rate of suicide death for those who receive ECT: 137.34 deaths per 10,000 within 30 days of receiving it and 804.39 per 10,000 within a year following ECT.⁹
- Public psychiatric hospitals have the highest proportion of involuntarily admitted patients (89%) and Residential Treatment Centers for children account for 21%.¹⁰
- 37.5% of child or adolescent inpatients in mental health facilities are secluded or restrained—with children dying as a result.¹¹
- Psychotropic drugs, which can be given to patients without their consent, can make people nearly six times more likely to kill themselves. And having spent time in the previous year in a psychiatric hospital can make individuals over 44 times more likely to kill themselves.¹²

Whereas: In 2021, the World Health Organization issued guidelines for mental health treatment that condemned coercive psychiatric practices, which are mandated by law and are used, “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.” It urged “eliminating the use of coercive practices such as forced admission and forced treatment, as well as manual, physical or chemical restraint and seclusion.”¹³ However, such practices remain prevalent in U.S. psychiatric facilities.

Whereas: A landmark study published in *Molecular Psychiatry* in 2022 exposed that for decades people have been misled that a chemical imbalance in the brain causes depression or other mental disorders, leading to millions taking antidepressants or other mind-altering psychotropics, erroneously believing these would correct the fictitious imbalance. Researchers stated patients should not be

told that depression is caused by a chemical imbalance and “they should not be led to believe that antidepressants work by targeting these unproven abnormalities.”¹⁴ This can violate patients’ informed consent rights, is potentially consumer fraud, and can prevent them from seeking safe alternatives.

Whereas: The U.S. has ratified the UN Convention against Torture (CAT) and has adopted it in domestic law and the 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.”¹⁵

Whereas: The Special Rapporteur on Torture further urged the promotion of “accountability for torture and ill-treatment in health-care settings by identifying laws, policies and practices that lead to abuse; and enable national preventive mechanisms to systematically monitor, receive complaints and initiate prosecutions.

Be it Resolved: Legislators and healthcare agencies are urged to commit to eliminating coercive psychiatric practices condoned in law, the resolution of which would include the prohibition of forced treatment, including psychotropic drugs without informed consent, electroshock, psychosurgery and the use of mechanical and chemical restraints.

Be it Further Resolved: The legislature/policymakers should focus on establishing mental health systems that move away from the biomedical model and inhumane and forced treatment to include a holistic approach, human rights, and the right to liberty.

References

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² <https://usun.usmission.gov/joint-statement-on-the-universal-declaration-of-human-rights/>

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