Coercion and Trust in Psychiatry: An impossible alliance

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I decide, what I think, what I am. Coercion, imprisonment presupposes guilt, stupidity, worthlessness. I have not actually committed a felony, I do not deserve this.

A. Hayward,
Service user, UK
Coercion (I)

- Psychiatry and somatic medicine
- Used routinely in psychiatry
- Why use coercion?
  - Making decisions about me, without me
  - Coercion and international human rights standards
IF I THINK YOU WON'T TAKE YOUR 'MEDS' VOLUNTARILY I HAVE AN INJECTABLE FOR YOU.

NO, I HAVE STATE POWER. NOTHING YOU CAN DO.

COME ON, NOW BE A GOOD MENTAL PATIENT.

Ready to talk about it? call in most nights 9-11pm eastern www.blogtalkradio.com/TalkWithTenney
Stjin Jannes
Retired psychiatrist, Belgium, Board member - Mental Health Europe

The use of coercion can never be justified on medical grounds. It is the product of societal demands and an ethically and morally weak compromise.
Coercion (II)

- The context of coercion in psychiatry
  - The claimed “benefits” of treatments
  - Risky environments: examples
Source: Japan’s Parallel Report to the UN Human Rights Committee/111th session, June 2014
Where are the global psychiatric leaders who engage in a dialogue with their patients, and who develop a psychiatric practice which adheres to basic human rights minimums?
Coercion (III): Complicit coercion

- Often used at the request of relatives in many countries.
- Often used as a means of social or political control
Any form of force will traumatize or re-traumatize people even without the use of physical violence.

How can I build trust with those who do not trust me?
Trust

- A precious commodity
- Trust is a building process
Psychiatric coercion is not treating or caring!

While some symptomatologies may disrupt someone’s judgment to the point where they become vulnerable, coercion is often privileged over approaches that would really help them.
Trust and risk management

- The neo liberal language of risk
- Alternatives to coercion
  - Legally binding Advance Directives
  - Genuine crisis services
  - Alternative such as Open Dialogue (I and II)
Some of the treatments to which mental health patients are subjected, notably forced ECT, clearly fall within the definition of inhuman or degrading treatment, something that is prohibited under the UN CRPD.
Consent

- Expectations from health professionals and true meaning of the right to consent
After force came fear, then sharp, now subtle.
Fear of acting boldly, fear of sharing sadness, fear of thinking oddly.
A residue of distrust.
Conclusions
“Without the acknowledgment of the human value of madness, it is man himself who disappears”

François Tosquelles, Psychiatrist (1912-1994)

“You can measure the degree of civilisation of a society by the way it treats the mad”

Lucien Bonnafé, Psychiatrist (1912-2003)
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