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# STATEMENT

The pandemic is not an excuse for ill-treatment of people with mental health problems



## Covid-19 pandemic unmasked the idea of the safe institution, calling for radical change. On Human Rights Day, Mental Health Europe expresses concern about continued practices of ill-treatment in psychiatric institutions.

On the occasion of the International Human Rights Day, Mental Health Europe states its deep concern about the continued use of ill-treatment in psychiatric institutions across Europe.<sup>1</sup> Under the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), persons with mental health problems have the human rights to be free from any involuntary treatment and practice. The Convention also calls for closing institutions – including psychiatric facilities – and moving to care and support in the community.

The Covid-19 pandemic continues to demonstrate the disproportionate effects on persons with mental health problems living in psychiatric institutions. To examine the impact of the pandemic and subsequent emergency measures, the recent report by the [Disability Rights Monitor](#), a global disability rights initiative, outlines that persons living in institutions have been particularly affected by the pandemic, mainly through increased risk of infection.<sup>2</sup> While institutionalisation in itself constitutes a violation of human rights, emergency measures exacerbated living conditions such as the denial of healthcare, not allowing visitors and forced isolation once a local outbreak was confirmed. The highest number of these testimonies came from the EU Member States, including Germany, Austria and France.

While mental health laws across Europe still allow for some involuntary practices, the human rights frameworks and the UN CRPD, in particular, forbid such treatment. The replacement of legal capacity through guardianship regimes often strips off persons' ability to be heard when objecting to ill-treatment. However, while some EU Member States aim to transform mental health systems through dedicated policies and legal reforms, negative attitudes and stigma persist. The continued work by the Council of Europe Bioethics Committee, aiming to establish a protocol ("additional protocol to the Oviedo Convention") that would breach human rights obligations, is the sad example of the link between mental health stigma and law development.<sup>3</sup>

MHE's [Mapping and Understanding Exclusion report](#) (2018) found that the regulation of ill-treatment varies greatly across Europe without comparable quantitative data.

<sup>1</sup> Ill-treatment can take place in different ways and includes physical restraint, mechanical restraint, chemical or pharmacological restraint as well as seclusion.

<sup>2</sup> This includes group homes, psychiatric hospitals, retirement homes for older persons with disabilities, residential schools for children, and other residential settings.

<sup>3</sup> Together with other organisations, MHE wrote an [open letter to the Council of Europe](#) expressing its concerns.

Countries with reliable data on involuntary placement reported an increase in the use of coercion, including England, Scotland, Ireland, Belgium, France and the Netherlands. However, several investigations conducted over the last years demonstrate grave human rights violations.<sup>4</sup> The latest example is a [report by the Council of Europe Committee for the Prevention of Torture](#) following its ad hoc visit to Bulgaria. In several psychiatric hospitals, the Committee documented persons being physically ill-treated by staff (slapped, pushed, punched, kicked, and hit with sticks). Despite recommendations by the anti-torture Committee after a previous visit in 2017, Bulgarian authorities seem to have failed to take immediate action to stop ill-treatment and other non-consensual practices.

On the other hand, several countries have initiated policies with a strategy to reduce and end coercion – with success. In 2014, the Danish Ministry of Health decided that the use of mechanical restraint must be reduced by 50% by 2020. Courses in de-escalation techniques and conflict resolution were provided to staff members on psychiatric wards, more leisure activities were introduced for users, and architectural changes were introduced.<sup>5</sup> As a result, in January 2017 the Psychiatric Centre in Ballerup (Copenhagen region) had been free from the use of mechanical restraint for [at least 100 days](#), without having increased the use of medication.

**On this Human Rights Day, Mental Health Europe urges the European Union and its Member States to continue the enactment of positive reforms in mental health care, in line with a human rights framework. The Covid-19 pandemic underlines the call for a swift re-evaluation of mental health systems that rely on involuntary placement in psychiatric institutions. Ending coercion in mental health requires implementing a new culture in which services promote recovery and emphasise the autonomy, empowerment and participation of service users in all Member States, in line with human rights principles.**

<sup>4</sup> Next to MHE's Mapping Exclusion report, these investigations include visits by the Council of Europe anti-torture Committee, for example to Bulgaria (2020) and Greece (2019), as well as the Fundamental Rights Agency (2012).

<sup>5</sup> For more information see MHE's [report on promising practices](#) to prevent, reduce and eliminate coercion across Europe (2019).



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