Addressing coercion in mental health care

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Finding a common goal for action to address coercion in mental health care is the goal of a new Griffith University paper that identifies what the World Health Organization (WHO) and World Psychiatry Association (WPA) agree on.

Though the WHO advocates for the elimination of coercive practices in mental health care, WPA points to specific occasions when coercion is required but advocates for the promotion of alternatives to coercion.

The paper, "Bringing together the World Health Organization's Quality Rights initiative and the World Psychiatric Association's programme on implementing alternatives to coercion in mental health care: a common goal for action," was published in *BJPsych Open*.

Based on the view that while individual autonomy and preferences must be respected, WPA acknowledge there are specific occasions when coercion, including involuntary psychiatric admission, is needed to promote both safety and the right to health, where less restrictive interventions cannot achieve this outcome.

Lead author Professor Neeraj Gill from Griffith's School of Medicine and Dentistry and Health Research Institute and University of Canberra said there is common ground between the two organizations, which concede there's a need to promote human rights and improve quality of care in mental health services.

"Coercive practices are widespread in services everywhere around the world and can undermine people's trust in mental health services and affect mental health and well-being," Professor Gill said.

"Coercive practices are those which make a patient feel threatened or coerced to do something against their will and include situations such as forced admission, forced medical or psychiatric treatment, physical or chemical restraint and seclusion.

"These practices can cause feelings of dehumanization and disempowerment, physical harm, and have negative consequences on the professionals using them."

The research identified both WHO and WPA call for the promotion of noncoercive practices in policy, services and in clinical practice and both promote care and support which respects people's rights, dignity, and choice.

The paper suggests a shift toward legal frameworks in line with the United Nations Convention of the Rights of Persons with Disabilities (CRPD) which promote:

- The recognition of people's rights to the exercise of their legal capacity
- Informed consent to treatment
- Access supported decision-making
- Advance directives and other measures which help promote legal capacity and alternatives to coercive practices

"Outdated policies and laws perpetuate coercive practices and it's important to promote holistic services which respect human rights," Professor Gill said.

"As legal frameworks change, so too should legislation around medical liability and medical malpractice to help support medical practitioners who might resort to coercive practices to avoid risk of harm.

"Regulatory frameworks which monitor and implement alternatives to coercive practices will continue to be crucial to facilitating systemic change.

"Building a consensus on these issues will help to unify key actors toward advocacy and action based on an agreed need to find practical solutions."

More information: Neeraj Gill et al, Bringing together the World

Health Organization's QualityRights initiative and the World Psychiatric Association's programme on implementing alternatives to coercion in mental healthcare: a common goal for action, *BJPsych Open* (2024). DOI: 10.1192/bjo.2023.622