



Center for the Human Rights of
Users and Survivors of Psychiatry

Suggested Questions and Recommendations for Universal Periodic Review of the United States

I. First Person Testimony Demonstrating Torture and Ill-Treatment in Psychiatry

A few days ago, my son was sitting on the living room couch when I went to open the door to go outside. I was startled by an armed guard, complete with holstered gun and bullet proof vest facing me. Behind him I noticed another person standing with a small bag in her hand. The armed guard quickly explained they had tried to reach me by phone, as my son doesn't have one, but was unsuccessful. After that brief shock I noticed the large DOC (department of corrections) letters written across his bullet proof vest. The petite woman standing behind him reminded me this was the day for my son's monthly mandated injections.

I usually am not present when they come or it is done at the DOC office. So I watched the scene unfold like a 1984 sci-fi nightmare as I, like a well-trained robot opened the door and allowed them to enter. The armed guard, being quite friendly, took a leg- spread-military-like protective stance towering over my seated son, no doubt to prevent any possible resistance. The nurse did a minute of muscle testing and asked several questions to determine if the poison had begun to show signs of mind or body deterioration.

My son sat unmoving, staring straight ahead and in a robot-like monotonous tone answered "no" to every question. She then pronounced that he did not seem to be experiencing any side effects and proceeded to fulfill her duty.

Me? I sat quietly across the room and watched as my adult son was injected with a slow acting lethal injection that has the potential to kill him 25 years early; his compliance assured by the armed guard towering over him; in the privacy of our home. When done, I quietly and obediently opened the door to allow them to depart and simply closed the door after them. It was much later that I was devastatingly hit by the reality of our experience of living 1984, and knowing that thousands of others (with many more targeted for the future) are living it with us. All Forced Treatment MUST END!

- Cynthia (Cindi) Fisher

II. International Standards and Recommendations of National Advisory Body

International standards are moving in the direction of prohibiting, rather than tolerating, forced and coercive psychiatric interventions and involuntary commitment. The Convention on the Rights of Persons with Disabilities, which the United States has signed, has established a standard of prohibition by virtue of its recognition of the equal legal capacity of persons with disabilities, its prohibition of disability-based detention, and its requirement of free and informed consent in health care (see CRPD General Comment No. 1 and CRPD Statement on Article 14). As signatory, the US is obligated to non-retrogression and to upholding the treaty's principles.

In addition, the CERD Committee has requested more information from the US on the rate at which African American children in foster care are prescribed psychotropic drugs, and the use of non-consensual psychiatric treatment and other restrictive and coercive practices on racial and ethnic minorities in mental health services. (CERD Concluding Observations on USA, CERD/C/USA/CO/7-9, para 26.)

In 2000, the US National Council on Disability, a federal advisory agency, concluded that "Laws that allow the use of involuntary treatments such as forced drugging and inpatient and outpatient commitment should be viewed as inherently suspect, because they are incompatible with the principle of self-determination. Public policy needs to move in the direction of a totally voluntary community-based mental health system that safeguards human dignity and respects individual autonomy." (From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak For Themselves, <http://www.ncd.gov/publications/2000/jan202000>.)

III. Suggested Questions:

Please ask the United States the following questions:

1.a. How many people in the United States are being held involuntarily in mental health facilities, whether on involuntary status in civil commitment, coerced "voluntary" commitment, or in forensic commitment? Please disaggregate according to race/ethnicity, age (including children) and gender.

b. How many people in the United States have been subjected in the past year to treatment with psychotropic drugs, electroshock, or psychosurgery against their will or without their own free and informed consent? Please include instances of court-ordered inpatient or outpatient treatment, involuntary treatment in prisons and forensic institutions, instances of emergency treatment or chemical restraint in any of these settings, and instances where consent is obtained through the use coercion or incentives, and please disaggregate according to the type of treatment (drugs, electroshock or psychosurgery) and according to race/ethnicity, age (including children) and gender.

c. How many people in the United States have been subjected in the past year to seclusion or restraint (including physical and chemical restraint) in mental health facilities (including forensic institutions)? Please disaggregate according to the measure applied (seclusion, physical restraint, chemical restraint) and according to race/ethnicity, age (including children) and gender.

2.a. What has the United States done to place on the public agenda the abolition of forced and non-consensual psychiatric treatment, commitment and other coercive practices like seclusion and restraint?

b. Is the United States willing to take the following measures:

- Prohibit the use of federal funds such as Medicaid and Medicare for forced and non-consensual psychiatric treatment, commitment and other coercive practices like seclusion and restraint?

- Incorporate into federal law, and promote the incorporation into state law, of the abolition of forced and non-consensual treatment, commitment and other coercive practices in mental health services and facilities?

- Initiate a process of truth and reconciliation regarding the harm caused by forced and non-consensual psychiatric interventions and commitment, with a view to making known the extent of harm, pursuing law reform to abolish these practices, supporting individuals to seek compensation and other forms of redress, and identifying other policy measures needed to support the transition to a totally voluntary mental health system?

3.a. How many individuals who have been labeled with mental illness have been killed or injured by police officers in the past year? Please also disaggregate according to race/ethnicity, age (including children) and gender, and according to whether the injury was fatal.

b. What were the circumstances of these deaths and injuries? How many involved an attempt to transport the person involuntarily to a mental health facility?

4.a. How many children in the United States have been prescribed psychotropic drugs in the past year? Please disaggregate according to the type of drug (older neuroleptic, second generation or atypical neuroleptic, stimulant, etc.) and according to age of the child, race/ethnicity and gender.

b. What policies exist at the federal and state level regarding school screening for mental illness and referral to mental health professionals? Under what circumstances can such a referral be made? How often are drugs prescribed to the child as a result of such referrals? What types of services other than drugs are offered to children as a result of such referrals, and how often are they provided either in addition to drugs or without drugs?

5. How many individuals are arrested for minor offenses and are subsequently transferred to forensic psychiatric institutions, subjected to forced or non-

consensual psychiatric interventions in jail or prison, or diverted to psychiatric treatment on a voluntary or involuntary basis? Please disaggregate according to the specific measure applied and according to race/ethnicity, age (including children) and gender.

6. Is the United States concerned about the additional impact of racism and structural discrimination against African Americans, with respect to coercive practices in the mental health system? How does the United States plan to incorporate the prohibition of mental health practices such as forced treatment, involuntary hospitalization, seclusion and restraint, and the drugging of children, and the use of law enforcement and criminal justice systems to bring people into mental health treatment against their will or without their free and informed consent, into its laws, regulations and policies to combat racial discrimination?

7. How often was electroshock used in the past year? Please disaggregate by state, by race/ethnicity, age (including children) and gender, whether it was with the person's own consent, by the consent of a guardian/substitute decision-making or court ordered, and how many times it was used on each individual.

IV. Suggested Recommendations

Please recommend that the United States take measures to incorporate into law and policy the discontinuation of forced and non-consensual practices in mental health services, including the following:

1. Prohibit the use of federal funds such as Medicaid and Medicare for forced and non-consensual psychiatric treatment, commitment and other coercive practices like seclusion and restraint.
2. Incorporate into federal law, and promote the incorporation into state law, of the abolition of forced and non-consensual treatment, involuntary hospitalization and other coercive practices in mental health services and facilities, including forensic institutions and mental health services in jails and prisons.
3. Discontinue federal support for mental health screening programs directed to children and to pregnant women, and shift resources to programs that do not rely on medical-model diagnosis or psychotropic drugs but instead make available a wide range of supports to deal with severe distress and promote well being.
4. Initiate a process of truth and reconciliation regarding the harm caused by forced and non-consensual psychiatric interventions and commitment, incorporating intersectional perspectives on race and gender oppression, with a view to making known the extent of harm, pursuing law reform to abolish these practices, supporting individuals to seek compensation and other forms of redress, and identifying other policy measures needed to support the transition to a totally voluntary mental health system.
5. Incorporate into federal law and policies systems of accountability and redress for all past, present and future incidents of coercion.
6. Incorporate into federal law and policies a commitment to the development of non-coercive practices and alternatives to all forms of coercion in the mental health system.

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