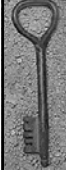


Making User/Survivor Rights Reality

International Commission of Jurists
Oslo, Norway, August 24, 2010

James B. Gottstein, Esq.
Law Project for Psychiatric Rights
<http://psychrights.org/>


1



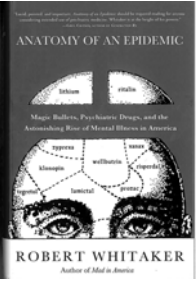
Law Project for Psychiatric Rights (PsychRights®)

- ◆ Public Interest Law Firm
- ◆ Mission: To Mount a Strategic Litigation Campaign Against Forced Psychiatric Drugging and Electroshock.
- ◆ Adopted Drugging of Children & Youth as Priority Few Years Ago

2




Medication For Everyone Paradigm of Care Is A Disaster



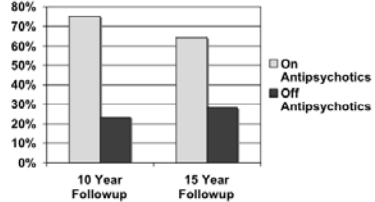
Results in United States:

- ◆ Shortens Lives by 25 years
- ◆ At Least Halves Recovery Rate
- ◆ Six Times Increase in Disability Rate
- ◆ Depressed Patients Convert to Bipolar Diagnosis on Anti-depressants at 7.7%/yr (3 times greater)
- ◆ Antidepressants Have Made Bipolar Far More Disabling

3




Psychotic Symptoms



Followup	On Antipsychotics	Off Antipsychotics
10 Year Followup	~75%	~25%
15 Year Followup	~65%	~30%


The schizophrenia patients who stayed on antipsychotics long-term were much more likely to continue to suffer from psychotic symptoms. Source: Martin Harrow and Thomas Jobe. "Factors Involved in Outcome and Recovery in Schizophrenia Patients Not on Antipsychotic Medications: A 15-year Multifollow-up Study." *The Journal of Nervous and Mental Disease*, 195 (2007): 406-414.

4



Proven Alternatives to Coercion & Drugs

- ◆ Open Dialogue (Finland)
- ◆ Soteria (US & Switzerland)
- ◆ Runaway House (Berlin)
- ◆ Ionia (Alaska)
- ◆ Peer-Run (everywhere)
- ◆ Personal Ombudsman (Sweden)
- ◆ Second Opinion Society (Canada)
- ◆ Others- Alternatives Beyond Psychiatry




5

Five-Year Outcomes for First-Episode Psychotic Patients in Finnish Western Lapland Treated with Open-Dialogue Therapy

Patients (N=75)	
Schizophrenia (N=30)	
Other psychotic disorders (N=45)	
Antipsychotic use	
Never exposed to antipsychotics	67%
Occasional use during five years	33%
Ongoing use at end of five years	20%
Psychotic symptoms	
Never relapsed during five years	67%
Asymptomatic at five-year followup	79%
Functional outcomes at five years	
Working or in school	73%
Unemployed	7%
On disability	20%

Source: Seikkula, J. "Five year experience of first-episode non-affective psychosis in open-dialogue approach." *Psychotherapy Research* 16 (2006): 214-28.

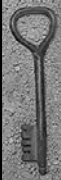
6



The Humanitarian Stakes Are Enormous

- ◆ Involuntary Recipients Experience Drugs as Torture
 - UN Special Rapporteur Concluded Compulsory Drugging Can Constitute Torture.
- ◆ Compulsory Drugging Ruins Lives


7



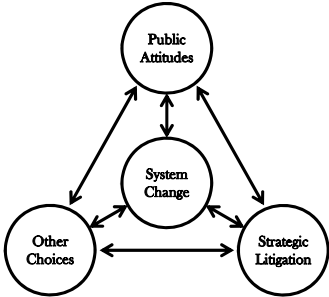
The Importance of Vigorous Legal Representation

- ◆ Integrity of Legal System
- ◆ Change Path of Least Resistance
- ◆ Contribute to/Force Systemic Change

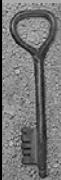
8



The Transformation Triangle




9



CRPD

- ◆ Terrific accomplishment
 - Maths Jespersen, Tina Minkowitz, Gábor Gombos
- ◆ Query: How is It Going to Work in Practice?
 - Supported Decision-making?
- ◆ Without Vigorous Legal Representation Doubt It Will Have Meaningful Impact

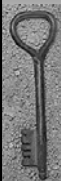
10



Existing Norwegian Law Opportunities?

- ◆ Norway Constitution?
- ◆ Psychiatric Confinement?
- ◆ Compulsory Treatment?


11



Norway Constitution

- ◆ Article 96: No one may be . . . punished except after a court judgment.
- ◆ Article 99: No one may be taken into custody except in the cases determined by law and in the manner prescribed by law. For unwarranted arrest, or illegal detention, the officer concerned is accountable to the person imprisoned.
- ◆ Article 110: It is the responsibility of the authorities of the State to create conditions enabling every person capable of work to earn a living by his work.
- ◆ Article 110 b: Every person has a right to an environment that is conducive to health.
- ◆ Article 110 c: It is the responsibility of the authorities of the State to respect and ensure human rights.

12




Psychiatric Confinement

Compulsory mental health care can by Norwegian law be carried out when:

3-3.3. “The patient is suffering from a serious mental disorder and application of compulsory mental health care is necessary to prevent the person concerned from either

- a. having the prospects of his or her health being restored or significantly improved considerably reduced, or it is highly probable that the condition of the person concerned will significantly deteriorate in the very near future, or
- b. constituting an obvious and serious risk to his or her own life or health or those of others on account of his or her mental disorder.”


Translation by the Faculty of Law Library, University of Oslo



Psychiatric Confinement (Continued)

§3-3.6 Even though the conditions of the Act are otherwise satisfied, compulsory mental health care may only be applied when, after an overall assessment, this clearly appears to be the best solution for the person concerned, unless he or she constitutes an obvious and serious risk to the life or health of others. When making the assessment, special emphasis shall be placed on how great a strain the compulsory intervention will entail for the person concerned.

Translation by the Faculty of Law Library, University of Oslo



§4-4 Treatment without the consent of the patient

... Unless the patient has consented, no examination or treatment entailing a serious intervention may be carried out, but with the following exceptions:

- a. ... Medication may only be carried out using medicines which have a favourable effect that clearly outweighs the disadvantages of any side effects. ...

If it is not obviously impossible, consideration shall also be given to whether other voluntary measures may be offered as an alternative to examination and treatment without the consent of the patient.

Such treatment measures may only be initiated and implemented when there is a great likelihood of their leading to the cure or significant improvement of the patient's condition, or of the patient avoiding a significant deterioration of the illness.

Translation by the Faculty of Law Library, University of Oslo

