

Psychiatry and human rights

White Paper of the Working Party of the Steering Committee on Bioethics (CDBI) of the Council of Europe, on the protection of the human rights and dignity of people suffering from mental disorder, especially those placed as involuntary patients in a psychiatric establishment.

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White Paper: URL:<http://www.markwalton.net/humanrights/psychiatry.pdf/>

Website Council of Europe: URL:<http://www.coe.int/>

The Council of Europe has recently published a White Paper on the protection of the human rights and dignity of people suffering from mental disorder, especially those placed as involuntary patients in a psychiatric establishment. This document is being published for public consultation with a view to drawing up guidelines in a legal instrument.

The document lays down the criteria for involuntary placement or treatment—existence of a mental disorder, serious danger to the person concerned or to others, refusal to placement or unable to consent, absence of appropriate treatment elsewhere.

The patient should be examined by a competent and experienced psychiatrist or medical doctor, but the decision for placement has to be confirmed by a relevant independent authority.

The White Paper insists that treatment must in all cases be administered for the benefit of the patient, in response to a recognised clinical symptom, it must have a therapeutic aim and be likely to be of benefit. It maintains that the use of non-modified electroconvulsive therapy should be strictly prohibited and psychosurgery may be used only with the consent of the

patient. The same conditions and safeguards must apply with greater stringency to minors.

The document insists on the need for appropriate treatment. It requests that the police coordinate their interventions with the medical and social services, and that the courts take into consideration the fact that people with mental disorders should be treated in a medically appropriate way.

With regard to the treatment as such, the White Paper maintains that this should be based on an individually prescribed scheme, discussed with the patient, reviewed regularly and provided by adequately qualified staff. It is then the psychiatrist in charge of the care of the patient who has the responsibility of assessing whether involuntary placement or treatment should continue. If involuntary placement is terminated, appropriate after care provision should be put in place, linking hospital and community services.

The White Paper finally proposes the setting up and monitoring of quality standards for the implementation of mental health legislation, and recommends that the systems responsible be co-ordinated between themselves and with other audits and quality assurance services. Professionals, both psychiatrists and non-psychiatrists as well as lay persons and users should be involved in the system for setting up and monitoring of quality standards.

The paper underlines the special nature of involuntary placement or treatment and stresses at several instances the need to look for alternative possibilities of treatment and for terminating placement once the conditions that initially justified it no longer exist. The paper, therefore, insists on appropriate after care provision linking hospital and community services. This ensures early termination of involuntary placement and avoids such placement in the future.

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