



**GOVERNEMENT**

*Liberté  
Égalité  
Fraternité*

*Sommet mondial  
sur la santé mentale*

« **Mind  
Our Rights,  
Now!** »

**Workshop #8**

**What Strategies to Reduce and  
Prevent Coercion in Psychiatry?**

**Co-organizers:**

- \* Prof José Miguel Caldas de Almeida, Lisbon Institute of Global Mental Health, CHRC/Nova Medical School, Portugal <jcaldasalmeida@gmail.com>
- \* Dr Piers Gooding, Melbourne Law School, University of Melbourne, Australia <p.gooding@unimelb.edu.au>



## ***What is this workshop about?*** »»

The use of ‘coercion’ in mental healthcare has long been a subject of controversy, and the call for viable alternatives is growing both among people with lived experience of coercion in mental healthcare and within mental health professions. Some have gone as far as calling for prohibition of coercion, and some jurisdictions are legislating with a view to eliminate certain practices, like mechanical restraint and seclusion ; others suggest this is an unrealistic aspiration, yet also agree that steps can and must be taken to reduce recourse to coercion and, where possible, aim for elimination.

‘Coercion’ is understood here to refer to a range of interventions on persons with psychosocial disabilities or mental illness by mental health professionals, from involuntary treatment through to forceful action by professionals undertaken to address the perceived harm a person poses to herself/himself or others.

There are a diversity of views and experiences among people with lived experience and their families and supporters, mental health professionals, and others regarding the appropriateness of coercion in mental healthcare settings. At a minimum, there appears to be general agreement that many coercive practices are unacceptable, can cause serious harm (regardless of the intention behind them), and should be viewed as ‘a system failure’, and that more could be done to shift mental health care toward a system based on voluntary support. As a result, policymakers, mental health practitioners, service users, persons with disabilities and their representative organisations around the world are undertaking work to reduce and prevent ‘coercion’ in mental health settings.

This workshop will examine some of these global changes, looking at a mixture of practical implementation, policy work, legal reform activity, and research. The workshop will look to changes in mental health practices from around the world, including within Europe and beyond. Presenters include mental health practitioners, representatives of mental health advocacy organisations, national human rights institutions, and academics. Presentations will cover work occurring in low-, middle- and high-income settings.



## **Questions / topics to be discussed**

- \* What changes to international human rights law have driven a recent push for 'alternatives to coercion' in mental health settings ?
- \* What changes have been seen around the world, including in service practice, in policy and in law reform ?
- \* What are some leading practices in reducing coercion ?
- \* What are some of the controversies ?
- \* What research is needed to inform this debate and to consolidate knowledge about what is successful ?



## **Timing of the workshop**

**2.5 hours**  
**2 X 70 min sessions + a 10 minute break**

### **- Session 1**

- Introduction - Prof José Miguel Caldas de Almeida (co-chair)
- Ms Dominique Simonnot (*Contrôleure générale des lieux de privation de liberté*)
- Ms Guadalupe Morales Cano
- Prof Richard Whittington
- Dr. Roberto Mezzina
- Discussion (30 min)

### **- Break (10 minutes)**

### **- Session 2**

- Introduction - Dr Piers Gooding (co-chair)
- Mr Kristijan Grđan
- Dr Elizabeth Kamundia
- Mr. Didrik Heggdal
- Discussion (30 min)