

Implementing alternatives to coercion: promoting human rights through better practice

Course Directors: John Allan, Silvan Galderisi, Helen Herrman

The use of coercion in mental healthcare has long been subject to controversy, and the call for viable alternatives is growing both within the profession and among people with lived experience of coercion in mental healthcare. 'Coercion' describes a range of interventions, from involuntary treatment to forceful action and threats undertaken in the course of providing treatment or addressing perceived harm a person poses to herself/himself or others due to a mental health condition. Coercive practices are over-used and carry the risk of harmful consequences, including trauma and death. The question of whether coercive interventions can ever be justified as part of mental health treatment, to protect rights holders' own interests or on other grounds, is highly contested. There are calls to abandon these practices as not therapeutic and as a failure to respect human rights, and services are looking for alternatives. The WPA Position Statement and Call to Action: Implementing Alternatives to Coercion: A Key Component of Improving Mental Health Care stresses that implementing alternatives is crucial to improve quality of care and promote the human rights of people with mental disorders and psychosocial disabilities¹². It is relevant, and urgent to improving the quality of mental health care in all countries. There is growing evidence that there are effective alternatives to coercion which improve both safety and outcomes and can be implemented in all countries.

Course content:

The course will be delivered by members of the WPA Working Group on Implementing Alternatives to Coercion in Mental Health Care including people with lived experience of mental health conditions and of coercion. We will explore practical ways to address coercive practice while considering human rights, practice improvement, recovery-oriented practice, trauma informed care and the role of lived experience in achieving change. It will highlight the important role of psychiatrists, health clinicians and managers, service users and families to achieve change. Practical steps include policy and legislative change, clinical practice and planning, education and research, and personal action in a variety of settings: from the personal and local community level to national and international policy and legislation. Examples of good practice will be highlighted, and participants will have an opportunity to consider issues in their own circumstances and how they might become involved.

Aims:

- To increase awareness of the growing need to introduce alternatives to coercion in all areas of modern psychiatric practice across all WPA member societies.
- To promote improvement in mental health treatment and care and protecting human rights by implementing alternatives to coercion
- To become familiar with the practical ways to achieve alternatives to coercion at all levels and how the participant can contribute to change in their own setting.

Program:

8:30 - 8:40 Introduction: Professor Helen Herrman, Orygen and the Centre for Youth Mental Health, The University of Melbourne

Topic: **The role of WPA in taking a global approach to reducing coercion**

8:40-9:10 First speaker and discussion:

Professor Silvana Galderisi, Director of the Emergency Unit of the Department of Mental Health of the University of Campania Luigi Vanvitelli

Topic: **From coercive practices to recovery-oriented and trauma informed services in mental health care**

9:10-9:40 Second Speaker and discussion:

Associate Professor John Allan Executive Director of Mental Health Alcohol and other Drugs Branch, Clinical Excellence Division in Queensland Health, School of Medicine University of Queensland

Topic: From policy to practice: **Finding practical ways to reduce coercion**

9:30-10.10 Third Speaker and discussion:

Lived Experience speaker TBA.

Topic:

People with lived experience: Being inclusive to make alternatives to coercion happen.

10:10-10:40 Break

10:40-11:10 Fourth Speaker and discussion:

Family Carer Speaker TBA

Topic: **How can family members bring about change to coercive practice?**

11:10 – 11:40 fifth speaker and discussion

TBA (new Member of Implementing Alternatives to Coercion Subcommittee of CfER)

Ethical considerations of new models of care

11:50-12:30 General Discussion:

Facilitator: Professor Michaela Amering Clinical Division of Social Psychiatry, Department of Psychiatry and Psychotherapy, Medical University of Vienna

Topic: **Focused discussion of the practical application for participants in their practice or for their service/country (40 minutes)**

References:

1 [Alternatives to coercion in mental health care: WPA Position Statement and Call to Action - Herrman - 2022 - World Psychiatry - Wiley Online Library](#)

2 [Alternatives to coercion | WPA \(wpanet.org\)](#)

EDIT considerations.

- **Equality across genders, ages and ethnicities;**

The issue of implementing alternatives to coercion is relevant across all ages, genders, and ethnicities and the course will address how to achieve across different settings. It is a fundamental human rights issue for everybody. For low- and middle-income countries achieving appropriate standards of care whilst minimizing coercion can be challenging if resources are scarce but even for high income countries rates of coercive care vary considerably.

The faculty is six, three women, three men, from five different countries and will include at least one presenter from a low- or middle-income country.

- **Development from childhood to adulthood and beyond;**

The topic is relevant across all developmental ages not just adults. Note that use of coercive practices for both children and the elderly is highly contentious and will be addressed. It is relevant to all settings in psychiatry not just inpatients.

- **Inclusion of under-represented groups;**

There are high rates of coercive care in prisons and forensic services and minority groups in most cultures. Some of the examples of change will touch on teaching trainees, reaching isolated and underserved populations. This will be encouraged in the discussion section.

- **Transcultural awareness and perspectives;**

There is significant debate about coercive practice and international agreements such as Universal Declaration of Human Rights and The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment The implementation of alternatives to coercion needs to be considered from the cultural viewpoint of what is acceptable in that culture and how to achieve the change required to promote human rights. This is a key feature of the WPA Statement on Alternatives to Coercion which seeks to find practical ways for psychiatric services in all countries to improve care and will be a focus of the course.