



## **CITIZENS COMMISSION ON HUMAN RIGHTS NATIONAL AFFAIRS OFFICE**

### **Open Letter to the American Psychiatric Association on the Human Rights Abuse of Coercive Psychiatric Practices**

**“Coercive practices violate a person’s right to liberty and security,  
which is a fundamental human right.”**

--WHO/OHCHR, “Mental Health, Human Rights, and Legislation,” 9 October 2023

October 12, 2023

American Psychiatric Association  
800 Maine Avenue SW  
Washington, DC 20024

As our international headquarters has done in bringing the issue of nonconsensual psychiatric practices to the attention of the American Psychiatric Association, the Citizens Commission on Human Rights National Affairs Office is also reiterating the need for the APA to issue a formal statement endorsing an end to all coercive psychiatric practices. Over the years, the APA has received several such demands, but its most recent (2020) “Position Statement on Voluntary and Involuntary Hospitalization of Adults with Mental Illness” continues to support the use of coercive practices.

On October 9, 2023, this issue was prominently addressed in the World Health Organization (WHO) and the United Nations Office of the High Commissioner for Human Rights (OHCHR) guidance issued on “Mental Health, Human Rights, and Legislation.” The guidance calls on governments to “commit by law to a ‘zero coercion’ policy.” So, too, should the APA.

Points from the guidance include:

- “A growing body of evidence sets out how coercive practices negatively impact physical and mental health, often compounding a person’s existing condition while alienating them from their support systems.”
- “Such practices may include involuntary hospitalization, involuntary medication, involuntary electroconvulsive therapy (ECT), seclusion, and physical, chemical and mechanical restraint.”

- “Accountability is an important component of the human rights framework.... Effective remedies also entail the duty to investigate and bring to justice those who are responsible, to hold them to account, combat impunity and prevent repetition of violations.”

In earlier guidance, issued in 2021, WHO stated that its opposition to involuntary mental health treatment extends to those experiencing acute mental distress. The report noted that individuals in mental health crisis “are at a heightened risk of their human rights being violated, including through forced admissions and treatment.... These practices have been shown to be harmful to people’s mental, emotional and physical health, sometimes leading to death.”<sup>1</sup>

The UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment also previously stated: “It is essential that an absolute ban on all coercive and non-consensual measures, including restraint and solitary confinement of people with psychological or intellectual disabilities, should apply in all places of deprivation of liberty, including in psychiatric and social care institutions.”<sup>2</sup>

In 2020, the World Psychiatric Association issued a position statement against coercive psychiatric practices, including violations of “rights to liberty; autonomy; freedom from torture, inhuman or degrading treatment....”

CCHR will continue to bring these matters to the attention of the APA until the APA issues a formal statement in support of the elimination of the human rights abuse of coercive psychiatric practices and involuntary detentions and actively works to ensure this is done.

Sincerely,

Anne Goedeke  
President

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<sup>1</sup> “Guidance on community mental health services: promoting person-centred and rights-based approaches”. Geneva: World Health Organization; 2021 (Guidance and technical packages on community mental health services: promoting person-centred and rights-based approaches).

<https://www.who.int/publications/i/item/9789240025707>

<sup>2</sup> A/HRC/22/53, “Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez,” United Nations, General Assembly, Human Rights Council, Twenty-second Session, Agenda Item 3, 1 Feb. 2013, p. 15.

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