

Luc THIBAUD “Psychiatric coercion in France”, December 2, 2023.

Thank you for inviting me. I am an ex-user of psychiatry. I created the French-speaking Collective “stop forced treatment” in 2013. The Collective joined the CHRUSP Campaign for absolute prohibition of commitment and forced treatment in 2016. The Collective has submitted several reports on France to the CRPD Committee and the CRC Committee.

I would like to talk about psychiatric coercion in France. But first, how to define psychiatric coercion? Psychiatry claims the use of medical devices to address psychosocial problems. These are diagnosis, treatments, indications, prognosis, prevention. Psychiatry operates within the legal framework of medicine, and this includes the contract between a physician, their patient and the insurance system, and this may involve community policies. In many countries, psychiatry claims powers of judicial expertise and the use of force, or even the right to take screening and prevention measures. In several countries, psychiatric records can be used in the same way as criminal records.

As such, psychiatry could be considered a medicalization of psychosocial issues. Sociologists have published on medicalization. In his 2007 book, “The Medicalization of Society,” Peter Conrad refrained from sorting out what is medically relevant and what is not. I think we can do better than that. Any complaint to a physician has two elements: First, a person is believed to be the cause of the problem. That is completely wrong when there is a conflict between different parties and this conflict is obscured by the instrumentalization of medicine against one of the parties involved. Second, this person is believed to have a medically relevant disorder. In many cases, this is abusive and a leap of faith. For example, a pedagogy that is unsuitable for a child creates a triple conflict between the teacher, the parents and the child. The physician should not adopt the point of view of the teacher and parents and blame the child, using medical authority to label and drug the child in harmful ways, but rather suggest that the pedagogy be adapted to the child. In another example, I would ask how many so-called psychiatric disorders are in fact marital difficulties? Labeling and drugging a party is not a solution but a harm. Forced psychiatry has been used in divorce cases to discredit a person under the stress of conflict.

In practice, psychosocial issues could also be addressed through human rights advocacy, which involves examining each human right outlined in the CRPD: in particular security, housing, money, access to medical and dental care and freedom from psychiatric coercion, access to justice, liberty, non-discrimination. Psychosocial issues can be addressed through community support. For example, I think children should be raised by extended families or even neighbors, and I think this would prevent a lot of child abuse and trauma, as well as the later psychiatrization of the young adults abused as children. Are physicians competent in human rights, conflict resolution, reparative or restorative justice? I do not think so. I think the framework of medicine involves the use of medical perspective and medical means: that is drugs first. In France, the physician is bound by an "obligation of means", and this infers negatively with alternative approaches of psychological, dialogical, body, spirit, artistic, martial arts or other well-being nature.

I propose to consider that psychiatric coercion occurs whenever medical devices like diagnosis, treatment, indication, prognosis and prevention are applied without the informed consent of the adult, at any time. In the case of the child, each time the child is not informed in terms appropriate to their age

and maturity, each time their will and preferences have not been sought, have not been respected, and this at any time. I would also equate the practice of imposing a psychiatric consultation, expertise or label against the person's will as an act of coercion.

I think informed consent should include detailed information about the risks of dependence on pharmaceutical drugs and withdrawal procedures, and this would include a withdrawal plan. Failure to provide appropriate withdrawal support also constitutes coercion. The nature and uncertainty of diagnostic and prognostic medical devices applied to psychosocial problems must be explained, and whether the proposed label is a construct, has proven causal or biological value, and whether it has been confirmed by biological testing carried out on the person themselves. In my opinion, the person, adult or child, should have the choice to refuse such a psychiatric label at any time and to have these labels erased from their medical records.

Freedom from psychiatric coercion is a consequence of CRPD article 12 about equal recognition before the law. Psychiatric coercion is linked to human rights violations in institutions, and the end of coercion is linked to the process of deinstitutionalization. Without full reparations, threats of psychiatric coercion persist and the harm caused and resulting trauma cannot be fully healed. This is why the CRPD Committee's "Guidelines on Deinstitutionalization, including in emergencies" is a key legal document.

I would now like to talk about France, where psychiatric coercion is practiced on a large scale. In 2021, 95,000 people were subject to a forced psychiatric legal decision. 78,000 were forcibly hospitalized full time. 39,000 were in forced community care. 24,000 were placed in isolation rooms. It is not known how many were placed in physical restraints or how many were heavily sedated. 107,000 children and 159,000 adults with disabilities were in institutions, as well as 614,000 elderly people. Psychiatric medications use on children has increased significantly in the past decade. 730,000 persons were under substitute decision-making systems in 2020.

Awareness of the CRPD is low in France, but pressure is slowly building and we remain hopeful for the future.

I would like to talk about positive things to conclude this intervention: Psychological trauma is taught in France, and centers have opened. Experiments with the Finnish "Open Dialogue" approach are being carried out in several cities in France. Experiments with reimbursement of certain psychotherapies are being carried out. Mutual support groups and peer-support are funded and developing. The French voice-hearing Network is very active and helping. I'd like to mention talents in psychotherapy, for example Thierry Tournebise's "maieuthésie" in Bordeaux, or the physiotherapy approach of the Swiss Frédéric Meuwly, and many others, particularly in breathworks, hypnosis and spiritual approaches to healing.

Thank you for listening.

References

The "stop forced treatment" Collective
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French Mutual Support Groups

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The Voice-hearing Network France

<https://revfrance.org/>

Thierry Tournebise’s “Maïeusthesie” psychological approach.

<https://www.maieusthesie.com/>

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