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# ***EUFAMI Annual General Meeting 2022***

*EUFAMI Draft Position Paper on  
Coercive Practice in Mental Health Services*

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# Introduction

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- ❖ Coercive practice, such as involuntary admission and coercive measures, such as seclusion, restraints and forced medication, are used in mental health services in all European countries.
- ❖ The rates of involuntary hospitalisations in Europe differ between countries.
- ❖ Involuntary admission and coercive measures conflict with treatment based on informed consent, shared decision-making and recovery-focused care.
- ❖ Concerns are often expressed that some people may be at risk of self-harm, or harm to others, if coercive measures are not enforced.



## Prevention/Reduction of coercive practice in mental health services

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- ❖ Treatment is provided on the basis of informed consent.
  - ❖ The service will support people having difficulty making decision regarding their own treatment and/or will encourage people whom they trust to help them.
  - ❖ When support for decision-making has failed, the decisions of mental health service staff will be based on principles of medical ethics as well as on the best knowledge or on the best possible interpretation of the person's wishes<sup>4</sup>.
  - ❖ When autonomy, due to the mental health condition of people, cannot be respected in situations of involuntary treatment and use of coercive measures, the service will be guided by formal protocols that protect human rights and dignity.
  - ❖ Any legislative intervention authorising coercive practice should be up to date and based on human rights law.
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## Conclusion

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- ❖ Coercive practice is essentially the failure of mental health services to respond with non-coercive alternatives.
  - ❖ training should be mandatory on topics of de-escalation skills, human rights, medical ethics, mental health legislation and use of coercive measure.
  - ❖ The effective protection of human rights and recovery for people with mental illness comes from services that are comprehensive, community-based, recovery-oriented, trauma informed and culturally competent.
  - ❖ Coercive practice should only occur as a last resort in circumstances when no less restrictive alternative will respond adequately to the risk of physical harm to the person themselves or others.



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***Thank you!***

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Coercive Treatment***