

# Promising practices in prevention, reduction and elimination of coercion across Europe

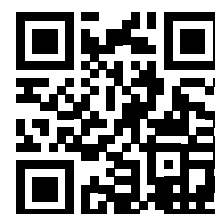


In 2018, Mental Health Europe (MHE) published '[Mapping and Understanding Exclusion](#)' – a unique study looking into the state of mental health systems across Europe, the use of coercive practices in 35+ European countries and efforts towards change. To build on the findings of this report, with the help of its members in 2019 MHE has collected information to identify [promising practices used to eliminate coercion](#) in mental health services. Each practice looks at what has been done to reduce the use of coercion, and what are the successes and challenges in the implementation of this approach.

This scoping report does not aim to be comprehensive but rather highlighting some positive examples from across Europe and beyond. As a living document, it is open to future contributions. Not all practices in the report go as far as the elimination of coercion in mental healthcare, as required by the UN CRPD. **Indeed, there are no mental health systems that have yet switched to fully consensual practices in Europe.**

The initiatives highlighted in the report are either hospital-based, community-based or include more general practices (such as crisis helplines in Austria).

To read the report, please visit [www.bit.ly/CoercionReport](http://www.bit.ly/CoercionReport)



# Key findings:

Key findings show that **there is no one-size-fits-all approach to prevent, reduce and eliminate coercion**. Many examples, however, share some common aspects and point to approaches which are critical for success.

The report shows that it is not about changing individual practices but about **implementing a new culture in mental health care**. A combination of both **grass-root work** at the territorial level with good quality outpatient and community services and **overarching strategies** seems the best way forward to end coercion in practice.

# Key messages:

Mental health services in the community should reflect international standards that protect human rights and dignity of persons with psychosocial disabilities. Their provision must have a positive impact on people's health and recovery. **The European States should adopt policies which aim to immediately reduce coercion in mental health services and ultimately eliminate such practices in line with human rights standards.**

## Policies and practice should focus on:

- the **will and preferences** of service users and providing information to users and their families about their rights and health;
- devoting more time to improve the **communication** with users and between the community and hospital teams;
- providing **human rights training** to users and staff, but also to police forces and other public officials, with a particular focus on the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) and informed consent;
- utilising “zero visions”, de-escalation procedures and other techniques;
- increasing **collaboration** between different services such as health authorities, social services, employment services, housing services, local leisure opportunities, etc;
- properly documenting and reporting all **incidence of the use of involuntary placement and treatment, restraint and seclusion and reasons for their use and publicly release this data;**

- supporting the **empowerment** of (ex)users of mental health services and persons with psychosocial disabilities and their representative organisations;
- ensuring that they know their **rights** and can participate in all **decisions** concerning their lives, in line with Article 4.3 of the UN CRPD;
- moving towards systems of **supported** rather than substitute **decision-making** in line with Article 12 of the UN CRPD, including through the amendment of capacity and mental health legislation as well as the creation of support services and scaling up of promising practices.

## In turn, the EU should provide funding:

- for **research** on alternatives to coercion;
- for the **scaling up** of promising practices on supported decision-making, as well as
- for the **empowerment** of users of services and persons with psychosocial disabilities.

For more information please contact Marie Fallon-Kund, Policy Manager at Mental Health Europe, [marie.fallon@mhe-sme.org](mailto:marie.fallon@mhe-sme.org), +32 2 227 27 09