Fforwm Iechyd Meddwl a Lles Cymru
Wales Mental Health and Wellbeing Forum

Wales Mental Health and Wellbeing Forum Report

Voted for Topic:
Ending Coercive Practice and Non-Consensual ECT

On 4th March 2020 in Carmarthen, this topic was workshopped in four small groups. Previously a working group had discussed what could be important questions to bring to the forum. We came up with four questions:

1) What do we mean by coercive practice?
2) What are the alternatives?
3) Who and what do we want to monitor?
4) What are the messages we want to send and to who?

As in many of our workshop on the issues we consider extremely important, similar themes emerged in each group in answer to each question.

Question 1 – What do we mean by coercive practice?

Each group felt that coercive practice could mean anything from patronising language and behaviour, manipulation and no choice in terms of treatment being offered right up to abuse of power and damaging physical restraint 'strait jackets' , being pinned down or enforced medication and 'ECT'. Also mentioned in all four groups were threats of sanctions if people were not 'compliant' or didn't behave in the ways deemed appropriate by mental health professionals. 'Expectations of behaviour – good patient v bad patient' Sanctions/punishment could also mean being threatened with withdrawal of support.

Many 'service users' in and outside of the forum when admitted as a voluntary patient, have experienced being threatened with sectioning for 'noncompliance' often on what seems like the whim of a professional. One family member saw their relative being threatened with a section when they were in as a voluntary patient because the ward psychiatrist was on leave and the replacement psychiatrist decided that they shouldn't go out so much. There was a strong consensus that voluntary should mean voluntary.

Lack of choice and information about the impact of different treatments came up in each group as did the use of restraint, (especially unlawful restraint) and the dehumanising effect of all forms of coercion. It seems very clear from the feedback from each group that all members of the forum are extremely concerned about the power imbalance that gives rise to all the different forms of coercive practice unfortunately still being used. In extreme cases it has led to the death of people in psychiatric custody.

Main themes emerging from question 1

Non-consensual treatment
Lack of clear explanation of treatment/drugs
Lack of choice only offered one 'option' of treatment
Treatment without consent
Making decisions without patient's wishes or consent
Community (compulsory) Treatment Orders
Forced/railroaded/threats/blackmail/sanctions

Loss of respect
Dehumanising people
Loss of dignity
Institutionalisation
Patronising language
No choice

Threats
If you don't 'x' then we will 'y', keeping people quiet, enforced compliance, threatening withdrawal of support
Coercive vocabulary use of MITA – form of coercion
Threatened with sectioning if not compliant
Forced, railroaded, threats, black mail, sanctions
Made to 'toe the line'
Threats of being sectioned or moved to a secure unit if you don't 'behave' whilst being a voluntary patient

Physical Restraint
Straight jackets – being pinned down, enforced medication and ECT
Control – Locked doors
Using unlawful restraint
Restraint

In the appendix is a report by American psychiatrist Peter Breggin 'Principles for the Elimination of Restraint' prepared for the Joint Commission on Accreditation of Health Care Organisations in which he asserts that restraint and involuntary treatments are not therapeutic and should only be used in genuine emergencies and acknowledged as a tragic failure . Although written for an American audience, the same principles equally apply here in Wales:

' … It is important to recognise the harmful effects of involuntary treatment. As long as the law endorses involuntary treatment, the use of restraint will persist and will interfere with the delivery of genuinely helpful treatment. Involuntary treatment motivates doctors to use coercion rather than to build therapeutic, empathic relationships. It also frightens people away from mental health services……'

Question 2 – Alternatives

Throughout the four groups there was no shortage of ideas.
Whereas the response to question one recognised the dehumanising effect of coercive practice including manipulative, patronising and threatening language the alternatives wished for by all forum members were better communication, for example, the 'ability to treat people with respect and mean it ' and 'being able to interpret nonverbal communication, not judging' We wanted ' more time training people in skilled communication/interaction '

Again, as a counterpart to no real choice, in response to question 1, there was a desire for 'more choice and resources'. This came up in all the groups.

Prevention was deemed important 'not waiting till things get worse' The forum also broadly agreed that healthy working conditions for staff, as well as the right training were crucial. If staff are overworked under resourced and stressed, some of them may either be more likely to react badly to somebody's anger, and distress, over use medication and/ or withdraw crucial support. 'more staff and more money' was a common theme.

Experiential learning as part of training also came up in one of the groups. People wanted properly qualified staff and for those qualifications to be checked in another group.

'Better training and resources for first responders ie police, ambulance, fire service' (group 3)

Some other suggestions were the use of punch bags, gyms and physical activity. The possibility of diversion to release tension was seen as important.
Also wanted is a 'crisis house, free of harassment;' (group 3)

It was seen as a priority to 'address cultural issues that are leading to legal intervention and custody instead of care and support' (group 1)

Also there needs to be more education and understanding about 'unusual' behaviour and beliefs. We would like to see mental health friendly communities, in the way that some areas are promoting dementia friendly villages and towns in Wales. Police representatives on The Hywel Dda Partnership Board also spoke of an autism friendly pilot scheme in Pembrokeshire. This tied in with voices in the forum being keen to see more prevention rather than waiting for crisis situations.

Meaningful activities was a previous topic voted for as needing to be prioritised and it came up again under 'Alternatives' Meaningful activities being recognised as key to prevention of ill health and also the sustaining of wellbeing, is something that unites people in the forum and the wider community for those with lived experience of mental health issues and their family and friends, even if they may be divided about other things like sectioning and enforced medication.
Within the forum we all agree that more money and resources need to be allocated to support activities that people enjoy and find fulfilling.

Social approaches to mental health need to lead the way in the opinion of most if not all members of the forum. Whilst many members have been very glad of medication, the general consensus was that it needs to be a choice and not the dominant default position in the treatment of mental distress.

There were some examples of positive change i.e. feedback that use of restraint is down by 50 percent in North Wales. There is also a report in the appendix of better ways of communicating and de-escalating tensions and distress.

Also, there was recognition of alternative ways of communicating that have shown good results such as Open Dialogue where the 'service user' voice is the most important and in agreement with the service user, safe family members, friends and other important people in a person's social networks are invited to be present. All voices and opinions are listened to equally and there is 'nothing about us without us' Non-violent communication practice is again about everybody being honoured and recognising and finding ways to achieve unmet needs. Coercion is never used, as the essence of NVC is that nobody should be put in a position where they must 'submit or rebel'

Whatever methods are used they need to be ones that 'Create better respectful environments of care' (group 1)
It was strongly felt that in order for these alternatives to manifest, there needs to be 'Service User leadership and ownership' (group 2)

Main themes to emerge from Question 2

Practical resources,
Punch bags, gym, physical activities
De stimulation areas
Diversion, release of tension
Crisis houses
More staff more money
Meaningful activities,
More preventative resources, freer access to appropriate health

Choice
Only informed consent to ECT
A range of different activities to suit different needs
More options for treatment i.e. Open Dialogue, different therapies, including art and music, nature etc

Improved training and understanding
Create more respectful environments of care social approach
Look at use of language and communication, more emphasis on better understanding of diverse human behaviour e.g. effect of fear, frustration and feeling humiliated, understanding of non-verbal communication, not judging people
Properly qualified staff; qualifications checked
Better training and resources for first responders
Changing staff attitudes
Awareness of cultural issues and discrimination of different groups and people, LGBT+, travellers and gypsies, Black people and people of different ethnicities, autistic people etc
Accountability for medical decisions
Equality in listening between professionals, people with lived experience and their friends and families
Experiential learning
Better understanding of what can trigger distress. Avoidance of patronising people
Advance directives to good crisis care plans
Public education and mental health friendly towns villages and neighbourhoods within cities.
Education and better understanding of 'unusual' beliefs and behaviours

Peer support and peer led groups such as ‘Hearing Voices;’
Training in Open Dialogue, Non-Violent Communication, Positive Behaviour Support

Question 3 – Who and What do we want to monitor?

Every group prioritised hearing from the people who use services themselves, including feedback from people who have been subjected to coercive practices of all kinds.
Preventing and stopping abuse is crucial and needs to be closely monitored and not just left to the occasional exposure on programmes like Panorama
‘Who: general patient experience, regular updates’ (group 3)
‘Ask service users views and carers to evaluate care and treatment to prevent/stop abuse’ and crucially, ‘stop bullying culture in staff’ (group 4)
Seclusion rooms need to be monitored

‘Whistle blowers’ being able to report concerns’ (group 4) also need to be listened to and protected. Their jobs can sometimes be threatened if they speak up.
‘Need stats and evidence. Numbers and experience e.g. ‘housing/finances/health‘ (group 1)

Group 2 were keen to get feedback from those who have been subject to coercive practice. They also wanted monitoring of prejudice against groups who face discrimination like LGBT+ people and travellers

Group 3 thought that ‘Appointing carers for people who don’t have relative care’ was important. It can certainly make a difference to have trusted friends and relatives or an advocate who can monitor what is going on. Patients on wards without outside support can be much more vulnerable to coercion and even abuse. There are cases where relatives have been refused access to their loved ones because they have challenged abuse. This must stop. Everyone deserves advocacy of some kind

The ability for the different partnership boards to be effective in monitoring was key in group 3 ‘practice ‘Needs to be co-ordinated throughout Wales wide partnership boards/forum’

The effectiveness or lack of effectiveness of our local partnership boards is a recurring issue in the forum and all of us want to see fully functioning local partnership boards in which the service user and carer voices have the full impact they deserve.
‘Service user satisfaction’ (group 4) would be a good indicator of how monitoring was working and if genuine, positive change was occurring.

There was a strong consensus across the groups that radical change is needed not just cosmetic tinkering. We want and need institutional and cultural change. 'Coercive practice is unacceptable' and 'Coercive practice doesn't work' were two very important comments from members which I think I can say evoked strong agreement within the forum.

Main themes to emerge from Question 3

Collecting evidence
Data, statistics, numbers, getting 'informed and trusted facts'

Listening to the voices and experiences of service users/people with lived experience and their families and advocates. 'stories are data with soul 'Berene Brown'

Preventing and stopping abuse.
Whistle blowers need protection. Patients need the support of trusted friends, relatives and or appointed advocates. Patient councils to be supported to operate effectively in the evaluation and monitoring process. Anybody concerned about coercive practice and abuse needs to be listened to, not silenced.
Creating the right environments where people are treated with care, respect and compassion. Good ward managers essential. Needs to be overseen by health boards.
Surprise visits
Knowing where to go to report concerns. There needs to be fewer obstacles to reporting concerns. The complaints process can be overwhelming and daunting.
Strong peer action

Partnership/co production SU leadership
Monitoring needs to be co-ordinated throughout Wales. Local partnership boards need to be effective.
Service users to take a lead in monitoring and evaluating the impact of services on their lives.
Less red tape
Improve cross party liaisons and communication.
police/justice system

Question 4 – What do we want from Welsh Government?

'Welsh government must lead and take responsibility'(group1)
All the wonderful reports, programmes, strategies, feasibility studies etc count for less if coercive practice and abuse is still happening. Ending coercive practice needs to be prioritised by government. We want government to send the right messages and for them to be heard by those who run services
The forum would like Welsh Government to understand and convey that 'Coercive practice doesn't work'
How language and communication is used by Health Boards and government is important to members of the forum
'Consistency of action in a timely manner at critical stages' (group 4)
It is no good all the resources being spent when things reach crisis stage.

We are encouraged by any moves made towards a genuinely more person-centred approach by Welsh government, however we want more radical action on the ground to be promoted by Welsh Government. Many progressive initiatives are blocked because of legislation like the Mental Health Act which legalises practices which forum members have experienced as coercive. We want serious change, not just words. It must be made clear and enforced that physical restraint should only be used in a genuine emergency (danger to life) and not just because someone is being 'lippy' or perceived as 'challenging' or a 'nuisance' Abuse is never acceptable.
The law needs to be clearer/ fewer loopholes?
It needs to be easy to know where to go to report concerns

Transparency and a say in the way money is spent in mental health services
More money and resources into prevention/early intervention
We need communities who understand and care – health, local authorities, voluntary sector, counselling, Welsh Government. (group 4)

Main themes emerging from Question 4

Accountability
Welsh government to lead and take more responsibility
Transparency
Looking at and changing legislation that endorses coercive practice
Making reporting of concerns much easier and removing bureaucratic obstacles in the complaints process.

Community
Helping develop mental health friendly villages, towns and neighbourhoods
Education to reduce fear and stigma and increase tolerance of difference
Communities who understand and care

Resources
Transparency and a say in the way money is spent in mental health services
More money and resources into prevention/early intervention

I would also add that it is important for Welsh Government to look at our answers to the first three questions as well and take them on board.

There are crucial points being made about what we consider to be coercive practice, the alternatives we want to see and how we want monitoring to take place.

We cannot have faith in 'Transforming Mental Health' and 'Mental Health Together' strategies if coercive practice, including non-consensual ECT which is one of the most coercive practices of all, are still part of government and health board agendas. Apart from the traumatic effect it has on patients and their families, it destroys any chance of healthy therapeutic relationships being built between health workers, people with lived experience of mental distress and their families. There are numerous examples throughout the world and in Wales which show that humane practice where people experiencing mental illness are treated with respect and compassion has much more long-term sustainable benefits. We must work together to reduce and ultimately eliminate all practices which violate human rights. (See the report for the Joint Commission on Accreditation of Care Organisations in the appendix '**Principles for the Elimination of Restraint' by Peter R Breggin MD)**

Service User Story

I wanted to express how this report had impacted me. It really hits home reading it and I felt quite damaged after my own experience. It took me a long time to get over. The report really conveys what it's like to go through that and the consequences of carrying out coercive practice. Personally, it's made me realise that feeling so worthless and broken for a long period of time after, is not uncommon and is due to coercive practice, I thought it was my fault for not being able to pick up the pieces and simply move on with my life. It makes me quite frustrated that the repercussions of this practice is not well known or discussed amongst professionals. I would like to thank the Topic Group and every person who participated in this report for putting it together so thoroughly. It's an excellent report and reveals the truth of the matter

Question for LMHPB's

'What plans and actions have the LMHPB taken to reduce coercive practice?'