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UN CONVENTION ON THE RIGHTS OF PEOPLE WITH DISABILITIES

GENERAL STATEMENT ON DETENTION AND COMPULSORY AND FORCIBLE TREATMENT

In February 2014 the UN CRPD adopted a general statement opposed to the compulsory or forcible treatment of people with a mental illness. It still has to turn this into a formal statement.

In Scotland none of the established groups of people with direct experience of mental illness were consulted on this issue.

Our reaction to this statement is as follows:

When we are compulsorily detained in Scotland this can only happen when we are mentally ill, have impaired judgement, are a risk to ourselves or others and will benefit from treatment.

Typically in these situations, though not in our general lives, we are psychotic and may believe that people are altering our thoughts or speaking about us. We may believe we are possessed by spirits or pursued by the Ministry of Defence, many of a range of delusions or hallucinations may be altering our judgement or perceptions. We may be suffering from mania where we may become confrontational argumentative and aggressive, we may indulge in sexually inappropriate behaviour we may not ordinarily engage in, we may spend all our savings in ways we would not normally wish to, we may feel we can do anything and achieve anything when in fact we are causing difficulties to those around us.

Alternatively we may be so depressed that we become convinced that we are worthless and valueless and a burden on all the people around us.

In these situations, our lives and health can be at risk as can the safety of those close to us or around us and, at present, if we clearly

demonstrate the criteria for detention, we may be detained for our own safety and compelled to undergo treatment against our will.

This intervention is obviously traumatic and can be done in ways that we greatly resist and this may be the reason that the UN CRPD has made its statements against detention.

Without the option of , in rare cases, detaining us the following articles of the UN Convention on the Rights of Disabled People will be breached:

Article 10 – the right to life;

Without intervention many of us will have our own lives put at immediate risk and in some rare circumstances other people will also be at risk.

Article 14 - Disabled people should be free and safe, the same as everyone else. Disabled people should not be locked up because they are disabled but only if the law says so for other reasons.

Without treatment, when extremely ill and lacking insight, whether in the hospital or the community, we are far more likely to come into contact with the criminal justice system. This may be through violence, breaches of the peace, and so on. (Often fuelled by alcohol and drugs that we take to deal with our distress.) In the current prison system around 90% of people already have a mental health problem, this percentage would be further swelled by those people with a severe and enduring illness who at present are dealt with, in the main, by the health service.

Article 15 not being tortured or treated cruelly.

Although most of us have capacity and can ,make informed decisions about treatment, some of us when severely ill lack the capacity to make such decisions. Leaving us without treatment exposes us to a life where suffering and alienation and our ability to live independently is often completely compromised. This amounts to cruel and inhumane treatment.

Article 18 Moving around. Being able to move between countries and live where you want without discrimination.

Without treatment and support at critical points in our lives we can swiftly become unable to look after our finances and our bills, our ability to cope with day to day life becomes limited. If this is not addressed and we are left without treatment because we have stated we do not want it, we will become an additional statistic to the already high number of people who are homeless or roofless.

Article 23 – respect for home and the family and making sure that disabled people have equal rights to marriage, a family and personal relationships.

If we have so little insight that we refuse treatment, we are likely to suffer increasing alienation, we may also become confrontational and aggressive and unable to use our daily living skills. This will inevitably lead to increased isolation amongst a community who are already isolated, family breakdown and in our children being taken into care.

Article 25 Health. Making sure disabled people have the right to the best possible health and access to health services including family planning.

When we are severely ill and lack the capacity to make an informed decision about treatment, the lack of intervention will lead to us being denied services we have a right to and to treatment that can ensure we have a good quality of life.

Article 26 Services to help you be independent. Making sure disabled people can lead an independent life as possible and providing support in health, work, education and social services to help that happen.

With no access to treatment because we have limited insight into our condition and do not realise that we are ill we are likely to become more severely ill and more incapacitated by our impairment. This acts against all the intentions of this article.

We believe these interventions should be kept to the absolute minimum but that in critical situations where all other sources of support have been exhausted, that compulsory treatment is sometimes needed.

However, despite the vast majority of our members agreeing with the need for detention, on rare occasions we are aware of members who would find the act of detention so horrific that they would find it hard to continue living and the issue of control so obnoxious that they would not be able to co- operate or engage in any form of treatment.

We also recognise that there are many different ways of viewing mental illness and one person's valid and creative response to life may be very different to another's. That for some people mental illness is itself a suspect reality that they resist being associated with or agreeing with.

In light of this we would say that compulsory treatment is essential for some people, and being forcibly taken to places of safety is also essential for others but we always need to strive to lessen the trauma and impact of compulsory treatment, to promote compassion in a hostile environment and to constantly seek alternatives to detention.

Yours

Graham Morgan