On the Receiving End

The emotional and psychological impact of Psychiatric Assault

On the Receiving End was first published in 2008. It is being re-published to support the policy *Positive and Proactive Care – reducing the need for restrictive interventions - Department of Health April 2014.*

The mental health system is currently undergoing radical reform. Should the changes we called for in 2008 be implemented and maintained, then it is hoped that the following testimonies can be consigned to the history books.

Ingram, Rose, Shingler - 2015

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Signatories of the Kiss it! XX Petition

Cover design: Aidan Shingler

Human beings are so made that the ones who do the crushing feel nothing; it is the person crushed who feels what is happening. Unless one has placed oneself on the side of the oppressed, to feel with them, one cannot understand.

Simone Well

Introduction

On the Receiving End has been produced to raise awareness of the emotional and psychological impact of Compulsion and Forced Treatment in psychiatry. Such methods as Involuntary Drugging (Acuphase), Control and Restraint ('take downs' and 'therapeutic holding'), Four Point Restraint, Pain Compliance Techniques and Compulsory Electric Shock Treatment.

It is intended to inform the debate and generate dialogue. It is hoped that this document will encourage a re-evaluation of the effectiveness of such practices and highlight the consequences of Forced Treatment for both those subjected to it and those who implement it.

The authors: Catherine Ingram, Deb Rose and Aidan Shingler, have invited contributions from survivors and professionals, as well as sharing their direct experiences. Additional material was extracted from the *Kiss it! XX Petition Against Psychiatric Assault*, delivered to 10 Downing Street by the three in 2006. The petition contains over one thousand signatures and personal testimonies of abuse. Further material has been extracted from an ICSPP (*International Centre for the Study of Psychiatry and Psychology*) report titled *Principles for Elimination of Restraint* prepared by Peter R.Breggin.M.D. Director for *The Joint Commission on Accreditation of Health Organizations.*

Andrea Haley

A Mental Health Nurse Speaks Out

I worked as a mental health nurse for only a relatively short space of time and I feel like I have been through something, survived, and come out the other end. At first I felt I couldn't say the above statement; how can I say I've survived? I've not had to stay on a locked ward day after day with little to do, not been subjected to forced treatment. Surely the ownership of survival belongs to other people not me, but it isn't so. I do feel traumatised by some of the things I have either witnessed or felt I had no other choice than to be involved with. I have had an experience.

I have both witnessed and been a part of forced treatment… that takes some saying too.

These situations have occurred in my own experience often as a result of an individual refusing the depot injection, or as a quick sedation method when a 'situation has broken out', or when a person arrives at the hospital as an 'unknown quantity' and is amongst other things perhaps very angry and very fearful. I felt at the time and still feel that on a number of occasions I have been part of something that I believe is wrong. When trying to come to terms within myself and make sense of situations of forced treatment I've been involved with there is one thing that stands out in my mind. When a situation of forcibly treating a person has occurred it has confused me the way some nurses who have been involved have responded afterwards.

On a number of occasions I have witnessed nurses comforting the individual they have just held down, using terminology like ‘sweetheart’ and ‘love’, putting their arm around the person assuring them that it’s all over and would they like a cup of tea?

Who then is the nurse comforting? Is the nurse comforting the ‘patient’? Or is the nurse comforting the nurse? The thing is nurses do know how damaging forced treatment can be. On the ward nurses who are key workers for the individual often do not want to be seen as part of the forced treatment team because they know the damage and hostility it can provoke within the therapeutic relationship. This speaks volumes about the conflicting role many nurses find themselves in.

After a situation like this I would feel even more fragmented. Trying to remain as much myself as possible but being pushed even further into a ‘them’. In the ward environment there is no getting away from the ’them and us’ culture.

For myself the environment/system does not allow for different ways of nursing or being to take place. Constant staff shortages, locked wards, no safe open grounds and a constant pressure of beds mean the choices/alternatives are either limited or non-existent. All of this again, in my experience is mixed with fear.

It seemed to me that myself and others were not nursing but constantly ‘fire-fighting’; responding to ‘situations’ that in my experience appeared to be fuelled by boredom, anxiety, frustration and helplessness.

I’m probably speaking for hundreds of nurses when I say trying to sandwich nursing, talking, listening, being with a person in my care in between all of this, was virtually impossible and led me to feeling angry, frustrated and helpless also.

For myself this led me to leave nursing, I simply could not work in a system I did not believe in, a system where I found it increasingly difficult to nurse in a different, alternative way. Once I remember I advised an individual to use the lift space to have a scream and shout, to get her anger and frustration out. On previous occasions such a display of emotion would cause the staff to think she was ‘kicking off’ and medication would be offered. A quick solution in a system where there is no time. The over - observed ward environment appears not to allow for normal emotional outbursts to take place.

Catherine Ingram's Experience

Sitting down to reflect on my experience and put into words what happened to me has not been an easy task. The time I spent on a psychiatric ward is something that I try not to bring to mind yet it regularly haunts me and was undoubtedly the most terrifying experience of my life. Being physically held down and having drugs put into my body against my will is something that still evokes in me great feelings of shame. I am ashamed that I was not strong enough to fight my way out of the situation and overcome being subjected. I am also concerned that others may make a judgement that in some way I deserved to be treated in this manner. There is an assumption that for involuntary treatment to be carried out a person must be a danger to themselves or others - this is a myth and in practice it occurs in a range of circumstances. It is often dependent on staffing levels and the judgement of very inexperienced practitioners.

My experience of restraint left me with severe bruising to my upper arms, breasts and legs and a broken toe. Those physical injuries have healed but the mental scars remain...

I guess I arrived at the psychiatric hospital just as much an unknown quantity to them as they were to me. Despite having worked as a manager in social care for my entire career I had not had any professional experience of the mental health system and had never sought any help or advice concerning my personal mental health.

After being very publicly removed from my little Derbyshire

cottage in full view of all of my neighbours I was driven through the dark to an unknown location. On arrival at an unfamiliar building I was questioned numerous times - they all wanted to know what the year was and the name of the current prime minister - I became concerned as to what this was all about. The only answer that came to mind was that I was being very badly recruited to work for MI5. A life of daring and espionage has never appealed to me so I demanded to see the manager.

'Of course you can see him,' a very kind woman with a softly spoken voice said to me. Taking me by the arm she said, 'follow me and I will take you to his room'. I walked with her down a long corridor laughing and joking, pleased that at last I could speak to someone with real authority and this farce would end.

She knocked, opened the door and it was immediately obvious to me that this was not the managers office. Six large men stood in the small room on either side of a hospital bed. They turned to look at me. My escort departed. The door closed loudly behind me and they all rushed towards me. I sunk to the floor pulling in my arms and legs in the hope they would have nothing to grab me by. But my limbs were pulled with force away from my body and I felt myself lifted into the air and laid face forwards onto the bed.

I struggled as much as I could but they held on to every part of me tighter and tighter forming a human cage around me. Male groins appeared to the left, right and in front of me. My head was then grasped tightly and I became immobilised. As my skirt was lifted and I felt a rough cold hand pull down my knickers my memory transported me back to being 21 and

the terrifying experience of being raped. This time there were six of them and I quickly surmised that fighting back would be futile. I submitted to their power physically and, even more devastatingly for me, mentally.

Then I felt the prick of a needle.

As they let go of me I heard two of them laughing with each other - loudly and almost mockingly. Face down on the bed, skirt around my waist and with a pair of knickers hanging on one ankle I turned to watch their backs as they left the room. Before the drugs took me into white oblivion I screamed:

‘Would you do this to your mother or your sister!?’

Deb Rose's Experience

'Bum on floor, bum on floor' is what I remember as the plea I made to remain connected to the earth, to a sense of safety, to ground myself, as I was dragged into the psychiatric unit. Hazy memories, interspersed with vivid recollections between spaces of nothingness - where was I then?

I wonder now what I was doing that seemed *so* bad, *so* out of control, *so* threatening that the staff thought it necessary to restrain me, forcibly inject me and lock me in a cell whilst I was actually in the most delicate, vulnerable state I had ever been in (with the exception of being new - born?)

The first time I was sectioned I remember standing by a window, wondering why my family had left me. I was in an altered state, being 'observed' by staff. Pacing round and round the seclusion room, over and over the blue plastic mattress, trying to retain consciousness, so scared and convinced I was going to be gassed, drumming intensely on the walls and door, singing a chant 'life is love and love is everything, life is love and love is all'. Here I was in this cell, where I pleaded with nurses on the other side of the door to let me out, while they turned away and returned to their chairs.

I remember one occasion being in my room when I was restrained. I ended up with a very badly bruised arm and a ripped dressing gown.

I didn’t know what I had done. They were on me, me on the floor, lots of hands on different parts of my body, a hand around my neck, forcing submission. I know at the time I had an intense need for privacy and to experience the reality that was manifesting inside my head.

Another time, in the corridor, many hands picking me up off the floor, fighting back, too many of them overpowering… POWERLESSNESS. I kicked out at one of the nurses, she recoiled.

In seclusion, dragged in. No dignity. Enveloped by a many - peopled octopus. Males and females. Fighting, fighting, 'Don't make me go through this'. Polished techniques.

Too many of them despite my strength being magnified many - times over. Calling instructions to each other. Overpowered. The moment of realisation that the struggling is in vain. Enforced submission. Extinguishing the fire of the spirit. Needle in. Chemicals. Death...Annihilation.

Waking, to realise I’m back there, in that space, in that room. Bizarre, suspension in isolation, white eternity, completely alone. Powerless. Suspended. HELL. Degraded...When they let me out, I looked them in their eyes, head up, defiance.

Another time, in the smoke-room with others, we played, shared laughter, created joy. I ran into the male dorm to chase 'B', pulled at his leg, he was laughing (he told me

at a later date I had given him 'hope'), the nurses were on me, marched down the corridor to my room. Threats used to aid compliance, 'if you don't submit there are eight staff on another ward we can bring over to make you'...accept it, allow it, or be put in seclusion?!!! Allow the violence to yourself - VIOLATION. Submit or be violated.

SUBMISSION.…there is a moment when this occurs that is, yes, physical, but is also a switch in the mind. A point beyond choice. A point where the light goes out and you must give in. It goes beyond the physical violence. It is a violation of the spirit. I feel permanently scarred by that experience. I have yet to allow my inner fire to stoke back up, I am left in a state of fear of it, of myself, of the essence of me.

I do not wish to return to the institutional environment to go through that again, at times I feel I would rather die. The fear works, it contains me, it encourages me to take the drugs, rather than experience the highs and lows of my condition. And yet I feel I should have the right to experience the contact I have with reality, a truer reality than the acceptable everyday reality. The right to experience the one - to - one relationship I experience with nature, spirit, my ancestors, my sensitivity to energies, my awareness, my insights, my visions, the colours and sensations, *my* madness. At the end of the day it is mine, it belongs to me and also to humanity as a whole. I am denied this.

Aidan Shingler's Experience

April 1998**:** I had sent the doctor away. He had called to see me at my home to gauge my state of mind. I had withdrawn from neuroleptic drugs. For years I had been prescribed *Haloperidol;* the side effects had been intolerable and were close to causing *'Tardive dyskinesia'* - irreversible and uncontrollable involuntary movements of the face, neck, tongue, fingers and limbs. Now I was experiencing cold turkey and resisting psychiatric intervention.

Soon after they were hammering on the back door:

'Mr Shingler, Mr Shingler…open up!'

I was not going to let them in.

Then I heard the sound of wood splintering as the door was forced open. They charged in, four police officers, a team of paramedics, social workers and a psychiatrist.

The police escorted me to the institution. As I entered the building a surveillance camera tracked my movements.
I was ushered to an examination room where my physical and mental state was tested and assessed. The examining doctor asked if I was psychic, if I heard voices and had visions, I said 'yes.'

Six pink pills were placed in the palm of my hand: Haloperidol 60mg. I was instructed to swallow.

I was shown to a hospital bed; the bedclothes were indelibly imprinted with the words: **Health Authority**

Thus began a period of 8 weeks incarceration; detained under *Section 3* of the *Menta*l *Health Act.*

I attempted to orientate myself to a hostile and alien environment. I was placed on 'Ten-minute Obs', which meant I was confined to the ward, my behaviour observed and recorded around the clock at ten-minute intervals. Throughout the night my sleep was intermittently broken by a shadowy figure doing ward rounds who would enter and shine a torch directly in my face.

The shabby day-room was a communal space in which an endless stream of caffeine and nicotine were consumed (there was nothing else to do and nowhere else to go). Friendships formed between patients. There was a deep sense of connection between us in the face of adversity; a gallows humour prevailed.

Some of my fellow inmates had black circles the size of old pennies seared into their temples; marks caused by the high voltage current that ran to the terminals attached to the head during electric shock treatment. I learned that those undergoing such treatment were often forced to do so.

The 'Electro-Convulsive Therapy' chamber was located in the centre of the ward. Also situated on the ward, an 'Observation Room,' in which a two-way mirror was installed.

The rattle of pill bottles heralded 'Medication Time' as the drugs dispenser was routinely wheeled through the ward.

We were rounded up and regimented in queues to receive our prescribed dosage four times daily. The administering of drugs began at 8am and continued to 8pm. I refused to accept their tablets.

In the first week I witnessed three of my new friends being dragged to the ‘Isolation Room’ to be forcibly injected.

By the end of that week I was convinced every mirror in the hospital was a two-way mirror and that everywhere eyes were looking at me. I feared I was next in line to have my brain wired up and be electrocuted. I felt threatened by the imminence of being forcibly drugged. I perceived the institution as a Nazi concentration camp and the staff as camp guards. I was also incensed at the inhumanity of a system that was cruelly failing my compatriots, and myself, at a time when our vulnerability and volatility should have been cradled and protected.

It was at this point the head of the Department of Psychiatry analysed me and insisted I take the drugs. I enquired: ‘why?’

‘Because I think you are ill’ came the reply.

At this point clinically induced paranoia and fury collided; I lashed out and punched the psychiatrist in the face. Immediately eight or so staff descended upon me. I was put in head and arm locks, ‘Pain Compliance Techniques’ where implemented and I was marched through a corridor to a cell, forced to the ground, stripped naked, my arse pierced with needles, injected with a massive dose of neuroleptic drugs, and left, locked in the cell, utterly alone, terrified and traumatised as I began to lose consciousness … Medication Time …

Dr. Rufus May
A Compassionate Approach

Can we work towards a force - free mental health service? As a society I believe we have a moral obligation to struggle for this ideal.

As a Society we have to see the use of force as a failure of our abilities to carry out a compassionate approach to emotional distress. Where someone is actively violent restraint of some kind is at times necessary. However in my experience the use of force in the psychiatric system is often unnecessary and there lacks a culture of accountability when it is used.

At what point force is used on a psychiatric ward depends on the staff involved and the dominant ethos on the ward. In every hospital there are ‘hawks’ and ‘doves’. The often high numbers of agency staff tends to make the situation worse, as these staff are often less interested in establishing rapport with the people they are paid to care for. How force is used varies from hospital to hospital and ward to ward, and is influenced by which staff team members are involved on a particular shift and leadership styles. As someone detained in a secure ward recently described to his mother ‘At night the bouncers come on’.

My experience, conversations with other people who have been in-patients and practice as a clinical psychologist, tells

me that the use of force has two main negative effects. Firstly, it can set up in the person inflicted with force, a deep resentment toward health care workers. A fundamental trust is broken and the person is likely to be reluctant to seek mental health care support in future crises. Hence we have *Assertive Outreach*; whole teams set up to work with this group of disaffected people and a growing market for secure hospital provision, to take the use of force to its logical conclusion, long-term internment.

The second effect of the use of coercion if it doesn't provoke outward anger and mistrust is these feelings can be internalised so that the person learns not to trust themselves. They give up on their right to an active role in their life assuming a dependent 'sick role'. One becomes institutionalised. Both scenarios have a negative effect not just on the person but also on the community as a whole. We blame all the passivity or challenging behaviour on the 'mental illness'.

One of my clients talks about her 'secondary mental illness'; this is the one created by mental health services and the forced drugging she has endured. She describes it as a shadow in her mind.

We need to listen to these testimonies.

Force denies the individual dignity and it damages the spirit.

The Reality of Psychiatric Assault:

1. Forced Treatment possesses no therapeutic benefit because paradoxically it produces the problems it is designed to solve.

2. Forced Treatment disturbs and traumatises those who are emotionally vulnerable and volatile. This is compounded by the invalidation of anecdotal evidence; the very people who are most qualified to testify to the effects of Forced Treatment (those on the receiving end) are viewed as unreliable and incapable by clinicians.

3. Forced Treatment has an immediate and long-term negative impact on the emotional well-being and mental health of those subjected to it. Individuals who are subjected to Forced Treatment are left to endure an overwhelming sense of victimhood, seriously impaired self-confidence, insecurity and mistrust of others.

4. Forced Treatment disturbs not only those who are subjected to it but also those who witness it. This is true of both patients and staff.

5. Forced Treatment produces a climate of fear and mistrust within the clinical setting and creates a conflict of interest between psychiatric staff and patient, producing a 'them and us' regime and climate. Hostility to, and resentment of, psychiatric staff is the inevitable outcome of Forced Treatment.

6. Forced Treatment and the threat of Forced Treatment, induces, exacerbates and accentuates paranoia. It simply legitimises an confirms patients' worst fears and only serves to make their nightmares a reality.

7. Forced Treatment or the threat of forced treatment aggravates and agitates those of an angry or disturbed disposition thus provoking aggression…violence breeds violence, producing a vicious circle.

8. Forced Treatment is the antithesis of compassionate and sensitive care. A setting and regime that incorporates force and control at its core is not a conducive environment to enable empathy, sensitivity, kindness or compassion - qualities that are essential to aid the healing process.

9. Forced Treatment and the threat of Forced Treatment increases the likelihood of suicides because the negative impact upon its victims produces susceptibility. In addition those who are suicidal and in desperate need of help will often avoid a mental health system that invalidates their experience and imposes treatments that are inhuman and counter - therapeutic, consequently there is no safety net to catch them when they fall.

10. Forced Treatment is the direct cause of many fatalities each year. Records of the names, circumstances and numbers of those who are killed in this way are not catalogued or retained in a comprehensive and coherent form, inquests rare and accountability negligible.

11. Forced Treatment is endemic and epidemic, within, and throughout, the mental health system. This fact is a constant reminder to those who are calling for urgent reform that their concerns are being ignored.

12. Forced Treatment dissuades people from seeking assistance from the mental health system; the result is that a crisis that may have been averted is created.

13. Forced Treatment demonstrates the defectiveness rather than the effectiveness of the mental health system and of psychiatric methods.

14. Forced Treatment violates the Universal Declaration of Human Rights:

Universal Declaration of Human Rights

Article 5.

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

1. Forced Treatment possesses no therapeutic benefit because paradoxically it produces the problems it is designed to solve:

Mental health professionals must acknowledge the paradox of care vs. coercion in their work.
Prof. Phil Thomas

Forced treatment may also result in a feeling of shame. Individuals may not wish family and friends to be aware of this treatment leading to a breakdown in support systems.
Dr. Joanna Bennett

The notion of forced 'treatment' contradicts the accepted definition of (medical) 'treatment': i.e. something that seeks to help reduce pain or suffering.
Prof. Philip J. Barker

I have never recovered from what was done to me and live everyday with the trauma of what happened.
Signatory of the Kiss it! XX Petition

Assault, not only on the patients, but also on their families and relatives who suffer irreparable damage as a result.
Signatory of the Kiss it! XX Petition

2. Forced Treatment disturbs and traumatises those who are emotionally vulnerable and volatile. This is compounded by the invalidation of anecdotal evidence; the very people who are most qualified to testify to the effects of Forced Treatment (those on the receiving end) are viewed as unreliable and incapable by clinicians:

This relates to lack of insight. To say someone has no insight is not to state a fact, but an opinion. Too often the expression is used in situations where patients disagree with doctors as to how best to understand the patient's experiences. It is a powerful way of invalidating someone's experiences and an abuse of power.
Prof. Phil Thomas

Forced treatment creates vulnerability and volatility. Forced treatment also reinforces the feeling of oppression and powerlessness experienced by black, minority and ethnic sections of the population (BME groups) within wider society, particularly African and Caribbean men. Often complaints of their experience of racist attitudes and behaviours are ignored or viewed as paranoia, a reflection of their illness.
Dr. Joanna Bennett

The reality of the 'Catch 22' situation in mental health is overwhelming. Anyone who is able to comment, critically, is not mentally 'ill'; anyone who is mentally ill is unable to comment, by virtue of their putative 'mental illness'. Scientists (sic) of all persuasions forget the overwhelming reality that we live in an anecdotal universe. We talk about ourselves and our lives and only by so doing do we realise that we are alive. All such existential truths are invalidated by the notion that science can only study truths are invalidated by the notion that science can only study 'subjects' (with no attached stories) as opposed to real, living human beings (who are composed entirely of their stories).
Prof. Philip J. Barker

Open your ears and listen, open your hearts and care please.
Signatory of the Kiss it! XX Petition

3. Forced Treatment has an immediate and long-term negative impact on the emotional well-being and mental health of those subjected to it. Individuals who are subjected to Forced Treatment are left to endure an overwhelming sense of victimhood, seriously impaired self-confidence, insecurity and mistrust of others:

How is recovery possible in such circumstances. Also medical explanations of psychosis make stigma worse. There is overwhelming evidence that this is the case.
Prof. Phil Thomas

Almost all the 'battles' being fought in the 21st Century (like most of those in earlier times) are being fought to preserve people's ability to exercise 'free speech' and to 'speak for themselves'. Deprived of this facility, people are recognised as being downtrodden, oppressed and under the heel of the metaphorical jackboot - unless they are 'mentally ill'.
Prof. Philip J. Barker

Spending time in any of our current psychiatric facilities is living hell. If you are feeling bad before you go in then it only gets worse once you are there. If anybody objective did a proper study of the people who have been treated against their will then I am sure that most of us would be diagnosed with post traumatic stress disorder.
Signatory of the Kiss it! XX Petition

The mental health system has destroyed my life.
Signatory of the Kiss it! XX Petition

Psychiatry has left me an empty shell and shadow of the person I was.
Signatory of the Kiss it! XX Petition

4. Forced Treatment disturbs not only those who are subjected to it but also those who witness it. This is true of both patients and staff:

I think compulsion is one reason why professionals leave mental health services. It was certainly a contributing factor in my own decision to leave psychiatry.
Prof. Phil Thomas

Forced treatment may also be disturbing for visitors reinforcing the fear and stigma associated with mental health problems. Some members of staff find it difficult to challenge the culture of violent forced treatment that exists in some units and will eventually adapt and reinforce that culture.
Dr. Joanna Bennett

There is a lot of emergent evidence that staff are traumatised by their implication in coercive 'treatment'. It seems reasonable to ask questions about the motives and personality characteristics of anyone who is NOT disturbed by being drawn into such practices.
Prof. Philip J. Barker

Many nurses do not want compulsion either and are individually disturbed by the way some of our colleagues treat human beings. Please wake up and see what abuses go on behind closed doors.
Signatory of the Kiss it! XX Petition

The 'mental health' system is a system which is replete with human rights abuses. It is inhumane, unjust and abusive and is in urgent need of reform. I speak as a professional working in the system, as well as an Expert by Experience (a person with experience of mental health problems). My own mental health has and continues to be compromised by having to witness the ongoing human rights abuse which the system perpetuates. I hope and pray that we will soon be able to put an end to this ongoing abuse.
Signatory of the Kiss it! XX Petition

5. Forced Treatment produces a climate of fear and mistrust within the clinical setting and creates a conflict of interest between psychiatric staff and patient, producing a 'them and us' regime and climate. Hostility to, and resentment of, psychiatric staff is the inevitable out come of Forced Treatment:

How can you be therapeutic when you are forcing someone to have treatment for 'disorders' that have little if any scientific or medical basis. It is far better if we are honest with everyone and say - these are not medical conditions; there is little if any scientific medical evidence to support the interventions we make in the name of 'treatment', we are really doing these things to you either because we mistakenly and beneficently believe that we are doing this in your best interests, or because we are managing risk.
Prof. Phil Thomas

The 'them and us' climate may lead to excessive force being used if 'one of us' has been assaulted. The question of the practitioners' role in an incident is rarely asked although there is significant evidence to suggest that provocation is a central factor in aggressive and violent responses from service receivers.
Dr. Joanna Bennett

This is the antithesis of the 'therapeutic milieu'. Even in prison settings there is an acknowledgement that staff need to work 'with' those in their charge. Abandon this notion of 'collaborative caring' and we risk slipping back into slavery models.
Prof. Philip J. Barker

Forced treatment ruptures trust and trust is the cornerstone of recovery.
Signatory of the Kiss it! XX Petition

6. Forced Treatment and the threat of Forced Treatment, induces, exacerbates and accentuates paranoia. It simply legitimises and confirms patients' worst fears and only serves to make their nightmares a reality:

From a BME (black minority ethnic) perspective forced treatment reinforces their fear of death and over-medication in psychiatric services and possibly their previous experience with the police.
Dr. Joanna Bennett

If people are assailed by threats (actual or imaginary) in their 'private worlds' then any hint of threat operating within their 'actual' existential reality will, in all likelihood, compound any such fears. One does not need a mental health 'qualification' to understand this. I would say it is 'common sense', but fear that such an observation would suggest that such an understanding is simple. It is not so much 'simple' as human, empathic, compassionate or sympathetic - none of which are emotions easily come by.
Prof. Philip J. Barker

In 1812 Benjamin Rush said 'Terror acts powerfully upon the body, through the medium of the mind and should be employed in the cure of madness'. Why oh why are our health professionals and elected representatives still believing that this is the way to help people?
Signatory of the Kiss it! XX Petition

The whole way the psychiatric system functions serves to do little other than make people who fall into its clutches paranoid, crazy and unsettled then dependent.
Signatory of the Kiss it! XX Petition

My two weeks stay in a psychiatric hospital was the worst time in my life and shocked me to the point where I still have nightmares about the abuse I saw happening on a daily basis.
Signatory of the Kiss it! XX Petition

7. Forced Treatment or the threat of forced treatment aggravates and agitates those of an angry or disturbed disposition thus provoking aggression…violence breeds violence, producing a vicious circle:

The threat of forced treatment can create fear, anger and resentment of being treated unfairly. This can lead to the individual responding with violence which results in the enforcement of the forced treatment that was the impetus for the situation. This could be seen to have been the case with the incident that led to the restraint of David Bennett, which resulted in his death. Professionals should recognise the need to give information, explanations and involve service users in decisions on particular actions/treatments.

Dr. Joanna Bennett

Most violence perpetrated by patients and inmates in psychiatric settings is the direct result of actions initiated by health care staff, including the use or threat of force, ridicule and humiliation, lack of respect and rights, and especially the failure to make a meaningful relationship with the individual. Before resorting to restraint, the staff should immediately examine the aggravating role of its own omissions or commissions and especially focus on factors disrupting the relationship with the individual. Patience is an antidote to the use of restraint. In most cases, avoiding direct conflict or confrontation with an individual who is upset or angry will reduce the likelihood of an adverse outcome.

Peter R. Breggin M.D.

8. Forced Treatment is the antithesis of compassionate and sensitive care. A setting and regime that incorporates force and control at its core is not a conducive environment to enable empathy, sensitivity, kindness or compassion - qualities that are essential to aid the healing process:

Forced treatment may be used as a first rather than a last resort, thus the practitioners do not develop the skills necessary to provide compassionate recovery orientated care.
Dr. Joanna Bennett

If only there was a 'Trades Description Act' in 'mental health' care!
Prof. Philip J. Barker

Most violence in any care setting is motivated by feelings of humiliation. To avoid the use of restraint, to create a therapeutic environment and to maintain a high standard of ethics, all health care settings should aim at eliminating humiliation and encouraging respect. This requires empathic attention to feelings and needs of clients or patients.
Peter R. Breggin M.D.

Ghandi remarked that the way we treat minorities is the measure of civilisation in society. Please treat this minority with compassion.
Signatory of the Kiss it! XX Petition

I am ashamed of the things that have happened or I have seen happening to people in psychiatric care.
Signatory of the Kiss it! XX Petition

I have been held down, undressed, bruised, threatened and ridiculed and this was all within a few minutes of arrival at my so - called 'place of safety'. They decide we are a risk to ourselves or others but we are more at risk from both emotional and physical harm when we are put under psychiatric care.
Signatory of the Kiss it! XX Petition

9. Forced Treatment and the threat of Forced Treatment increases the likelihood of suicides because the negative impact upon its victims produces susceptibility. In addition those who are suicidal and in desperate need of help will often avoid a mental health system that invalidates their experience and imposes treatments that are inhuman and counter therapeutic, consequently there is no safety net to catch them when they fall:

There is every reason to assume that many, if not most, of those people who venture to the edges of their lives or their sanity do so because they can, for one reason or another, find no respite or comfort for whatever ails them in their world. What is obviously required, is that someone attempts to offer respite and actively proffers comfort. This is human nature in action.
Prof. Philip J. Barker

At times I feel like I want everything and everyone to die, I've only felt this way since psychiatric treatment.
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My brother never got over what happened to him during his time in hospital and took his own life as the only way of escaping psychiatry and family who handed him over.
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On the night of February 7th my son ingested 250 mg of morphine and peacefully drifted to heaven. My son made a choice between allowing the mental health system to control his life and taking his life.
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Look at this countries suicide figures - the system is not working. Lets create therapeutic, loving and recovery orientated environments where people can flourish rather than be punished.
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10. Forced Treatment is the direct cause of many fatalities each year. Records of the names, circumstances and numbers of those who are killed in this way are not catalogued or retained in a comprehensive and coherent form, inquests rare and accountability negligible:

Investigation of deaths resulting from forced treatment is often internal and inadequate. The process is not given the same level of seriousness as similar sudden unexplained deaths by other members of the public.
The service user is often seen to be the cause of their deaths. Families are often marginalised and face a wall of silence when they enquire about the circumstances.
Dr. Joanna Bennett

I am in no doubt that forced 'treatment' does make a massive contribution to such deaths and if we do not actively oppose such practices we should hold ourselves culpable.
Prof. Philip J. Barker

In memory of my sister whose life was made shorter by those that were paid to help her.
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11. Forced Treatment is endemic and epidemic, within, and throughout, the mental health system. This fact is a constant reminder to those who are calling for urgent reform that their concerns are being ignored:

This highlights the need to change the way psychiatrists and other mental health professionals are educated. There needs to be a much greater emphasis on the use of narrative, and negotiated approaches that recognise the importance of multiple realities/perspectives/truths on psychosis. There is some talk of this in the World Psychiatric Association around 'comprehensive assessment'.
Prof. Phil Thomas

Policy initiatives are needed that redirects the focus from safer use of forced treatment to prevention and alternatives. The goal should be to prevent, reduce and eventually eliminate the use of forced treatment. This will require a culture change from one in which forced treatment is viewed as positive and therapeutic to one in which it is regarded as a violent act that can result in death and traumatisation of service users, staff, observers and others. Individuals with mental health problems should not have to fear the very persons who should be there to help them.
Dr. Joanna Bennett

It is part of the proverbial 'line of least resistance'. People are lazy, assuming that it would take too much work, effort and ingenuity to come up with an alternative. They are, in my view, misguided. Caring for people - even those whom we may not 'like' - for one reason or another - is easy by comparison. Perhaps, many of the people who find themselves in 'caring' roles, have not been the beneficiaries of good caring themselves and do not appreciate its power and value. I know that my advocacy of caring derives from my own life experiences of being cared for - as a child and as an adult. I KNOW the value of caring, which is why I am vigorously opposed to coercion.
Prof. Philip J. Barker

12. Forced Treatment dissuades people from seeking assistance from the mental health system; the result is that a crisis that may have been averted is created:

Coercion is likely to turn people away from seeking help from mental health services. It means that people will not be honest with others about their experiences and the way they feel.
Prof. Phil Thomas

People from BME groups are viewed by mental health services as difficult to engage and 'non-compliant' with treatment. This is not surprising as they are the group that are most likely to experience forced treatments in terms of the use of restraint and admission under a section of the Mental Health Act. Dissatisfaction with forced treatment leads to individuals avoiding contact with services.
Dr. Joanna Bennett

If one is lost (however metaphorically) in the dead of night and one turns a corner to be confronted by a 'threatening' group, only the fool would not turn and flee (blindly) in the opposite direction.
Prof. Philip J. Barker

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 the mental heath services.
Peter R. Breggin M.D.

13. Forced Treatment demonstrates the defectiveness rather than the effectiveness of the mental health system and of psychiatric methods.

Forced treatment should be viewed as a failure of mental health services to effectively engage individuals in the treatment process.
Dr. Joanna Bennett

The use of restraint should be viewed as a therapeutic failure. Conversely, it should never be viewed as ‘therapeutic’. The attempt to impose ’Treatment’ by force is always counter - productive. All Psychiatric and health facilities should conduct regular training programs on the handling of emotional crises of psychological emergencies through empathic, caring relationship and conflict resolution without the use of restraint.
Peter R. Breggin M.D.

Forcing drugs into people is stupidity and sets up patients to rightly have no trust in the nurses that are there to care for them. What results is a group of severely disempowered people who live in fear of their safety and freedom. What an absolutely stupid, stupid system.
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14. Forced Treatment violates the Universal Declaration of Human Rights:

Universal Declaration of Human Rights

Article 5.

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Read Bob Whittaker's book, *Mad in America.* He details the history of the dehumanising, abusive and degrading things done to psychiatric patients over the last 100 years in the name of 'treatment' - more like punishment. Also see Foucault's lectures 1973-1974 at the College de France – recently published by Palgrave. He clearly described how the early treatments were in fact used punitively rather than therapeutically.
Prof. Phil Thomas

We must defend human rights of people falling into the clutches of psychiatry, where such dangerous and permanently damaging 'treatments' are imposed. It must be stopped. Patients must be empowered and encouraged to be party to decision making in their own recovery.
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Being unwilling to renounce the use of force, violence and coercion, psychiatry is guilty of crimes against humanity.
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The way people who experience severe mental distress are treated in our society is nothing short of scandalous and a breach of human rights.
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Outlaw this cruel and barbaric practice and set an example to the world!
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Stop the Torture!
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The benefits for a Mental Health Service that desists from Force:

- Diminished threat of violence towards staff.
- Improved relations between patients and staff; the establishment of trust and mutual respect.
- Better working conditions.
- Conducive conditions for a healing environment.
- Improved mental health and emotional well-being for patients and staff.
- Increased recovery rates.
- A willingness by those ‘on the receiving end’ to re-engage with mental health services.
- Reduced stigma associated with psychiatric treatment.
- The fostering of ethical practice.
- Cessation of fatalities within mental health facilities.
- Reduction of suicides in the community and in Psychiatric Units.
- Radical shift from the negative image of a mental health system that controls, threatens and abuses to a positive image - a mental health service that cares with compassion and treats with respect.
- A mental health service to be proud of, that is fit for the 21st century, and that sets an example to rest of the world.
- Adherence to, and compliance with, the Universal Declaration of Human Rights.