

Why the European Network of (ex-) Users and Survivors of Psychiatry is engaging in action to prevent depression and/or suicide and other relevant contextual information

ENUSP-Statement at European Council thematic conference „Prevention of Depression and Suicide – Making it happen“, Budapest, December 10-11, 2009

Debra Shulkes in the name of the board of ENUSP

ENUSP is the only independent organisation led by and for mental health service users and survivors of psychiatry across Europe. We are committed to taking an active part in the European debate on suicide prevention as a matter of deepest concern to our members in 39 countries. Our national and regional organisations and individual members have direct and unique knowledge of crises, different professional interventions, self-help and recovery. Nevertheless, we have long been excluded from and derided in mental health policy forums – a tradition now widely seen as a cause for shame and regret for all involved professionals and institutions. Leading international researchers, lawyers and humanitarians have gone further, urging that those with lived experience must shape any credible and humane campaign to understand and prevent suicide

ENUSP welcomes the effort by some European policymakers to acknowledge the expertise of mental health service users. We are encouraged by parts of the European Pact for Mental Health and Well-being, which we understand to be a commitment to our meaningful role in the set-up, implementing and evaluation of all suicide prevention efforts:

„People who have experienced mental health problems have valuable expertise and need to play an active role in planning and implementing actions.“ (Art II.)

We also look with relief and expectation to the European Community’s recent ratification of the United Nations Convention on the Rights of Persons with Disabilities, which applies wholly to users and survivors of psychiatry. The move to bring human rights issues into mental health policy generally, and suicide prevention in particular, is long overdue. If the Convention is respected, then as a matter of international law, standard treatments practices based on discrimination and force – including limiting basic citizenship rights of people with a psychiatric diagnosis – must end.¹

While we commend these improvements in the EC’s public mental health documentation, ENUSP remains aware that the new rhetoric is not matched by concrete and enforceable commitments to empower service users and survivors. Similarly, we question whether the „service user-friendly“ language reflects any attitudinal shift away from the biomedical psychiatry model, which is still marketed as an essential and benign suicide prevention strategy – despite an astounding lack of evidence of its efficacy and safety.

We highlight the fact that this uncritical promotion of psychiatry and pharmacological treatment has come under international attack from academics, scholars, practitioners and human

¹ The international community is finally reforming suicide prevention policy to comply with the Convention, and ENUSP calls upon Europe to follow. We refer you to the recent statement of Suicide Prevention Australia chairman Michael Dudley that those who had either attempted suicide or had lost a loved one to the tragedy were „not treated as full human beings.“ He adds, „This needs to be ramped up as a major human rights issue, that is taken up by governments as well as the whole community.“ (<http://news.smh.com.au/breaking-news-national/suicide-prevention-needs-review-groups-20091123-iu93.html>)

rights officials and advocates.² More poignantly, **we draw your attention to the longstanding testimony and research of many service users and survivors linking harm (and in some cases suicidality) to mainstream treatment of the kind blithely supported by the EC.** These and other authors have pointed out the trauma – including a loss of self-worth and self-determination – that results for many people from aggressive programmes of individual labelling, drugging, confinement and coercion. They have also documented a range of safe, humane and effective options in mental health in their practice, research and training manuals.³

Many individuals who have survived crisis refer to the importance of environments and communities that help them to *want to live*. For these people, mental health services that focus solely on policing suicidal behaviours, are at best irrelevant; at worst, they are part of the problem. ENUSP asks that European policymakers listen at long last to the views of those who have survived suicidal feelings (and in many cases also survived psychiatric interventions). We are urgently waiting for the reflection of our experiences and opinions in suicide prevention programmes.

ENUSP position statement:

We require alternatives to prevailing psychiatric/pharmacological responses to suicidality as well as the active participation of mental health service users and survivors of psychiatry in the research, planning, implementation, and assessment of all suicide prevention efforts.

² See, for example, the comment of the UN Special Rapporteur on Torture Manfred Nowak: „The acceptance of involuntary confinement and involuntary treatment runs counter to the provisions of the Convention on the Rights of Persons with Disabilities.“ He concludes that these practices may constitute torture or ill-treatment in the recent Report on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: www2.ohchr.org/english/issues/disability/torture.htm

³ For a sample of the international literature, see:

Bloom, S. (1997). *Creating Sanctuary: Toward the evolution of sane societies*. New York, Routledge.

Mead, S. (2005). *Peer Support: An Alternative Approach*. Self-publication.

Mosher, L. R. (1999). *Soteria and Other Alternatives to Acute Psychiatric Hospitalisation: A Personal and Professional Review*. The Journal of Nervous and Mental Disease, 187, 142-149.

O’Hagan, M. (2006). *The Acute Crisis: Towards a recovery plan for acute mental health services in New Zealand*. Wellington, New Zealand: Mental Health Commission (Available from www.mhc.govt.nz/).

Podvoll, E. (1990). *The Seduction of Madness: Revolutionary Insights into the World of Psychosis and a Compassionate Approach to Recovery at Home*. New York: Harper Collins Publishers.

SAMHSA (2006). *Roadmap to Seclusion and Restraint Free Mental Health Services*. www.mentalhealth.samhsa.gov/publications/allpubs/sma06-4055/.

Stastny, P. & Lehmann, P. (2007) (Eds.). *Alternatives Beyond Psychiatry*. Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.