

Symposium

📅 2025年9月28日(日) 10:40 ~ 12:10 🏛️ Session Room 2 (Main Hall B)

[Symposium 85] Coercion in mental health care: Working with partners to implement alternatives

Moderator: Helen Herrman (University of Melbourne)

[SY-85]

Coercion in mental health care: Working with partners to implement alternatives

Kanna Sugiura¹, Helen Herrman², Samuel Law³, Yoshikazu Ikehara⁴ (1.National Center of Neurology and Psychiatry(Japan), 2.University of Melbourne(Australia), 3.Unity Health Toronto(Canada), 4.Tokyo Advocacy Law Office(Japan))

[SY-85-01]

Do involuntarily treated psychiatric patients become accepting of treatment afterwards? - A scoping review

*Samuel F. Law¹, Deandra Osayande¹, Waverly Chan² (1.University of Toronto(Canada), 2.McMaster University(Canada))

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キーワード : coercion、mental health care、alternatives、shared decision-making、collaboration、patient empowerment、policy reform

Coercive practices such as involuntary treatment, restraint, and seclusion remain common in mental health care and are often used to manage crises and ensure safety. However, these interventions can have long-lasting adverse effects, contributing to trauma, loss of autonomy, diminished sense of dignity and a distrust of services among service users. This symposium explores strategies that support alternatives to coercion in mental health care by fostering partnerships among mental health professionals, lawyers, service users, families, policymakers and communities.

Presenters will discuss emerging care models prioritising respect for rights and preferences. These models include shared or supported decision-making, peer support, staff training and safeguards built into the system. These approaches empower individuals to participate actively in their care and emphasise non-coercive, recovery-oriented practices. The symposium will feature case studies, research and organizational work demonstrating how collaboration across different sectors—mental health services, policymakers, and communities—can help create environments where alternatives to coercion are implemented and individuals are treated with greater compassion and respect.

Sessions will highlight the perspectives of mental health professionals, lawyers, and individuals with lived experience. They will show how training, support and new care models can promote healing without resorting to force or control. The sessions will also focus on policy reforms, community-driven solutions, and the need for cultural competence in responding to diverse needs.

This symposium aims to inspire fresh approaches to mental health care by showcasing successful alternatives to coercion and offering practical strategies that can be implemented in real-world settings. Attendees will leave with a deeper understanding of creating more person-centred care environments that emphasise empowerment, trust, and recovery.

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キーワード : Convention on rights of people with disability (CRPD)、 involuntary hospitalization、 involuntary treatment、 capacity for treatment decisions、 treatment acceptance

BackgroundThe UN Convention for the Rights of Persons with Disabilities (CRPD) - focusing on rights and not on capacity - advocates for the complete elimination of current mental health practices such as involuntary hospitalization, compulsory treatment, and substitute decision making. Controversies exist, as opponents believe this approach would render individuals, particularly those with severe mental illnesses who lack the capacity to make informed treatment decisions, much vulnerable as many of them would lack appreciation of their illness and necessity of treatment and elect to avoid treatment. Understanding how these patients view their involuntary treatment experience, outcomes, their long-term impacts, and if they later come to appreciate the treatment will help inform the reform mandated by the CRPD. This scoping review examines in particular the change in patients' views about their involuntary treatment. **Methods**The scoping review was conducted in accordance with the PRISMA ScR framework. Multiple platforms, including OVID, Embase, Journals@Ovid Full Text, PubMed, and Google Scholar, were utilized to search for pertinent articles. A total of 346 articles were retrieved across all databases using the keywords “(“Involuntary admission” OR “Involuntary treatment”) AND (“Retrospective views” OR “Retrospective Attitudes” OR “Patient Views” OR “Patient Attitudes”)” and “(“Involuntary admission” OR “Involuntary treatment”) AND (“Retrospective views” OR “Retrospective Attitudes” OR “Patient Views” OR “Patient Attitudes”)”. After thorough full-text screening, 19 articles were selected. **Results**Research shows that, after initially found to be incapable and given involuntary treatment, 40 to 77% of these patients had positive attitudes toward their treatment afterwards. They came to appreciate their treatment and felt it was necessary once they regained their capacity. While many studies indicate that participants changed their views, there is limited research on the factors associated with these changes. **Conclusions**There is a diverse range of views about involuntary treatment, and such views do change after treatment, depending on factors such as capacity and overall experiences. Eliminating involuntary hospitalization and treatment may lead to missing needed treatment for those who could benefit from it the most.