

MH- consultation High commissioner of human rights 14 -15 may 2018

Statement about medication-free services in Norway

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I welcome this opportunity to inform about a project that we have in Norway on medication-free services.

Norway have a wide-spread practice of forced drugging, and also medication is to a great extent understood as a pre-condition to receive other types of treatment if you are diagnosed with especially psychosis, but also other diagnosis.

What we have seen over years is that people that are diagnosed with «serious mental illness» often is left with no options except to accept medication, being forced to take it, or receive no treatment at all.

This led to an initiative from 4 national user/ survivor DPOs and 1 family organization that came together in a joint action for medication free alternatives in 2010. Its been a great success for our organizations that we gained political support, and medication-free wards is now established in Norway in all 5 health-regions. It is part of the state health-care system, and the fact that this is not an initiative from the professional health-workers but from the user/survivor movement, has led to quite strong resistance and hesitance from parts of the healthcare- system.

Treatment was defined by the joint action-group as basic support, getting a safe place to be, a bed to sleep in, regular meals and people to talk with. We were not advocating a specific type of treatment, as some people don't want to be treated for problems, but want acceptance to be allowed to live with it, but they need safety.

We chose medication-free wards, but this is not in opposition to community-based support. But we recognized this as a bottleneck for people that want to live without medication, when they needed 24 hour support in crises. We still think its important to have the support as close to where you live as possible.

Even though the quality so far is mixed, it is still a better alternative where people are more listened to about what they want.

The most significant is the acknowledgment that people in extreme states, that is often diagnosed with serious mental illness, continue to have a right to choose what support they think will help them, and that they not automatically lose their agency and right to self-determination.

But what we see is that it is not possible to develop a fully human-rights based practice within a system and a law that is not complying with human-rights standards. If this good initiative stands alone, without being followed by legal rights to non-discrimination, respect for autonomy, self-determination and legal capacity on an equal basis with others, and as a consequence the abolition of forced treatment, it will be no more than a better treatment option for the people allowed to choose.

We see so far that it is not accessible for everybody, due to the requirement that you need a recommendation from your psychiatrist, that depends on what he/she finds to be justifiable treatment and not on the persons own choice.

Likewise people subjected to forced medication is often not given the opportunity to choose at all, and fear of being subjected to forced out-patient treatment or other reprisals stops people from even voicing their wishes for medication-free treatment.

Creating good practises is not enough. We must be guaranteed our fundamental rights, and only then we can talk about real human-rights based practises. But, hopefully, this can be part of changing the mind-set, expanding the understanding of the needs of people in crises, and clearing the path for fundamental changes in law and practice.