



## Universal Periodic Review of France 2023

### “Respecting human rights in the context of mental health”

During the Universal Periodic Review of 2018, France was the subject of only one recommendation concerning the respect of rights in mental health establishments: "Develop mental health services that do not lead to placement in institution, overmedication and practices that do not respect people's wishes and preferences" (145.192, Portugal).

"In distress", "damaged", "about to collapse", have become common expressions to describe the dramatic situation of mental health services, the poorest field of an already sinking public hospital: lack of psychiatrists and nurses, lack of training, increasing pressure in terms of security or medico-legal requirements, , all aggravated by the Covid-19 pandemic. Mental health problems affect one in five people, and the use of care without consent has increased between 2012 and 2021 despite a decrease since 2015. In the field, and through the referrals received, the violations of rights noted by the teams of the CGLPL are numerous:

- Appalling conditions in ER units and overloaded psychiatric wards
- Patients poorly informed about their rights
- Deprivation of liberty and unjustified restrictions on individual freedoms
- Extensive use of coercive measures, in particular seclusion and mechanical restraint
- Long-term hospitalizations due to lack of appropriate structures, leading to situations of institutionalization and degrading treatment.

The Special Rapporteur and the United Nations Committee on the Rights of Persons with Disabilities respectively exposed their concern in 2017 in 2021. Since then, no action plan has been designed to implement their recommendations, France has not translated into practice the paradigm shift required by the Convention on the Rights of Persons with Disabilities. A "mental health and psychiatry roadmap" was put in place in 2018, but, five years later, there is still no national plan for mental health up to the challenges.

The recommendations of the Controller General of places of deprivation of liberty have led to a positive development, namely protective legislative measures which aim at reducing the use of seclusion rooms and mechanical restraints:

- Since a law of 2016, seclusion and restraint must be traced on a specific register, in order to be able to analyze practices and define reduction policies.
- Since a law of 2022, involuntary patients can be secluded or restrained, and this decision must be subjected to the control of a judicial judge.

Yet, in practice, the traceability and control of these measures is not done properly. The CGLPL visits also show that the use of seclusion and restraint remains significant and for long periods of time, even

illegally for people who are hospitalized voluntarily. An academic study shows that in 2021, mechanical restraint affected 10,000 patients, i.e. more than one in ten involuntary patients.

#### **Focus on the situation of children**

The care is catastrophic: hospitalizations of children have doubled in fifteen years, mental disorders have exploded among young people since the covid-19 crisis. Yet, child psychiatrists are understaffed, and specialized units are closing down for lack of personnel. It takes an average of one year to have an appointment with a public child psychiatrist, and this lack of care leads to traumatic hospitalizations which could have otherwise been prevented. In child psychiatric departments, teams are poorly trained and powerless when faced with complex profiles with medical, social, family and school intricacies. Children (mostly cared for by social services) experience prolonged stays due to a lack of exit solutions, with very poor access to education, and unjustified restrictions to their individual freedom.

Children are forgotten by the legislator: they are legally hospitalized at the request of the parents, less often at the request of a judge, and therefore legally assimilated to voluntary care for adults. Consequently, they are not protected by procedural guarantees like adults hospitalized involuntarily, for whom a judge checks the legality of the placement within the first 12 days. Worse, when they are placed in a seclusion room, judges believe that they do not fall under their jurisdiction because they are in "free care".

The lack of beds for children leads to hospitalize them in adult wards : terrified, in contact with understaffed teams, without suitable activities, without access to education, and dependent on strict rules in terms of freedom of movement. They are subject to violence, including sexual violence. Sometimes children are placed in a seclusion room for their own protection or due to a lack of alternative. Autistic children can also be hospitalized in adult psychiatric wards.

#### **Recommendations:**

- 1. Implement a policy of deinstitutionalization by developing mental health services that are open and respectful of human rights, in line with the principles of the Convention on the Rights of Persons with Disabilities.**
- 2. Develop outpatient services as well as multi-purpose child psychiatric centers for children with psychosocial disabilities, allowing care that respects the rights of the child in line with the principles of the CRPD and the CRC.**
- 3. Develop protective safeguards governing the hospitalization of children with psychosocial disabilities and prohibit their placement in adult psychiatric services.**
- 4. Develop policies aiming at suppressing coercive measures such as seclusion and mechanical restraint for adults and prohibit their use for children.**