RIKSFÖRBUNDET FÖR SOCIAL OCH MENTAL HÄLSA

2016-05-16

Addressee:

Committee on Economic, Social and Cultural Rights

Concerning the List of issues in relation to the sixth periodic report of Sweden

The Swedish National Organisation for Social and Mental health (RSMH) statement of opinion on the convention regarding economical, social and cultural rights.

RSMH support and represent individuals who suffer from social and mental health-related issues. We work towards full access to human rights as well as patient participation in society at large.

RSMH are one of the signatories behind the alternative report presented by the Human rights foundation. However, would like to add some information and recommendation regarding the state's conformity to the convention in regard to people with psychosocial disabilities and in particular article 12.

1. Mental ill-health in Sweden

Mental ill-health is a significant issue in Sweden, where depending on the measurement, somewhere between 20-40% of the population suffer from some type of mental health issue.[1] The problem seems to be increasing, both amongst young people[2] and amongst the group of working age.[3]

2. Economical and social factors contributing to the problem

Housing is mainly to be provided for by the municipality under the provisions outlined in the Social Services Act. Need for good housing has been of increased importance since the deinstitutionalisation in Sweden. However, a lot of people with psychosocial disabilities are not aware of how to get help nor get the help they need. Furthermore, especially in the growing larger municipalities, there is a large shorting of housing overall which is effecting also the individuals with psychosocial

[1] Mental Health Analysis Profiles (MhAPs): Sweden, OECD Health Working Papers, Pauliina Patana, July 2015

[2] https://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19109/2013-5-43.pdf

[3] Statistics by diagnosis and numbers on work-leave by the Social Insurance Agency (Försäkringskassan) 2015,

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disabilities[4]. The work field is still very excluding for people with social or mental ill-health and as reported by the OECD, the area is in need for a plan to help people with psychosocial issues gain access to jobs and benefits on equal basis[5]. One such task that would help people gain access to work and proper living conditions would be to reduce the social stigma of psychosocial disabilities. The lack of access to work, effective benefits and social stigma means poorer economy than the average citizen.[6] Just as OECD points out, these are all factors that enhances social and mental ill-health.

The effect of poorer life conditions and more people experiencing psychosocial ill-health is an increasing need for available, effective quality care.

Sweden are of one the highest spending countries in the world when it comes to health care[7]. Sweden also have one of the worlds least hospital beds in comparison to its inhabitants. A lack of open care units means that personal have to prioritize amongst patients or patients wont be able to seek necessary treatment, hence leading to individuals needs increasing[8]. On the contrary, Swedish health care system is experiencing a downsizing of psychiatric services. Only half of the psychiatric beds since 1995[9] exist today and there is also an increased shortage of specialised psychiatric personnel[10]. This have resulted in patients having to wait an excessive amount of time before access can be gained to psychiatric care. In some part of the country another issue is long geographical distance to accessible care.

Its been estimated that 5 to 10% of the population need necessary psychiatric treatment but only 3-4% actually seek treatment.[11] The inequality of the health care system and other contributing factors

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[4] Mental Health Analysis Profiles (MhAPs): Sweden, OECD Health Working Papers, Pauiliina Patana, July 2015 p.121

[5] Mental Health and Work: Sweden, OECD conclusions and recommendations, Stefano Scarpetta and Shruti Singh, Directorate for Employment, Labour and Social Affairs, OECD, March 2013

[6] http://www.funkaportalen.se/upload/13966/Minuskontot_3_slutversion%20formsatt.pdf

[7] Mental Health and Work: Sweden, OECD conclusions and recommendations, Stefano Scarpetta and Shruti Singh, Directorate for Employment, Labour and Social Affairs, OECD, March 2013

[8] Committee on the Rights of Persons with Disabilities, latest review, *supra note* 5, paras 17, 35 and 36

[9] Mental Health Analysis Profiles (MhAPs): Sweden, OECD Health Working Papers, Pauiliina Patana, July 2015

[10] As an example the CPT found the psychiatrist/patient ratio at växjö forensic care treatment to be 1:60 at their latest visit

[11] Mental Health Analysis Profiles (MhAPs): Sweden, OECD Health Working Papers, Pauiliina Patana, July 2015

mentioned above show result in life expectancy statistics. A woman with mental ill-health have a 20 year less life expectancy than the average woman.

- We recommend the state to increase their measures in regard to give everyone the economy, housing and work they need in order to prevent social and mental ill-health.

3. questions specified under paragraph 24 concerning article 12.

3.1 Please provide information on the measures taken to offer forms of care that are alternatives to institutionalization for persons...

It´s correct that there are no mental institutions for people with psychosocial disabilities in fact Sweden was one of the frontrunners when it comes to deinstitutionalisation when it comes to persons with psychosocial disabilities. Patients at the former mental institutions are instead supposed to receive adequate care from open care units under the supervision of local and regional municipalities. However, there is still possible to involuntarily treat someone against his or her will under the Compulsory Mental Care (1991:1128) and the Act on Forensic Mental Care (1991:1129). People subjected to involuntarily psychiatric care are treated at specialised psychiatric clinics. Individuals can also be subjected to open compulsory treatment under some conditions.

3.2 Please inform the Committee about the procedure leading to the institutionalization of persons...

There is a lack of possibilities for individuals to access good health care within reasonable time. The effect is a risk of suffering more emotional and physical distress/damage. When a person in acute emotional distress can't access care the risk of the persons well being escalating to the state were involuntarily treatment eventually is the only way out, is apparent. We, as an organisation, are critical against the fact that few psychiatric care centres, closed or open, offer alternative forms of treatment nor inform the patient of his or hers right to a second opinion.

- We would recommend the state to increase their efforts to make sure that there is enough psychiatric beds available to all individual who experience the need for such care and not only patients who receive involuntarily treatment.
- We would recommend the state to increase their efforts to make sure there is enough specialised personnel to treat people with psychosocial disabilities.
- We would recommend the state to increase their efforts to make sure access to effective psychiatric care is not unnecessarily hindered by distance and/or long waiting times.
- We would recommend the state to enhance the right of a patient to choose from different forms of treatment as well as gain access to a second opinion.

3.3 ...and whether a placement review is regularly conducted in care institutions.

A person who no longer fulfill the requirements for involuntary care under the Compulsory Mental Care or Forensic Mental Care Act are to be immediately released or released into open compulsory treatment.

The court regularly reviews the decision to have someone under compulsory care and a individual can also appeal to the court to have the involuntary care decision reviewed. The decision to have someone submitted to compulsory treatment have to be repeatedly renewed.

When the patients doctor apply to the court for a renewal, it is most likely the same doctor that submitted the person to involuntary treatment that will ask for an renewal. There is no requirements of impartiality and the patient have no rights to a second opinion.[12] It can not be ruled out if interests, beside the patients well-being, might be taking part in the doctors decision and if the decision is well-founded.

- Considering staying longer in an institution leads to institutionalisation e recommend that the laws are amended so as to specifically provide for an obligatory psychiatric expert opinion (independent of the establishment in which the patient is placed) in the context of the review of the measure of involuntary hospitalisation.

Official statistics show that during the year 2014, approximately approximately 13 percent[13] of all patients in forensic psychiatric care were delayed from their release due to insufficient support and coordination by the local and regional municipalities.

- Considering staying longer in an institution leads to institutionalisation we recommend the state to take more effective measures to reduce this problem.

3.4 Please also indicate whether use of force is prohibited in such institutions

Compulsory psychiatric care centres as well as compulsory forensic care centres also practice seclusion, isolation, restraint and the patient may be forcibly strained to a bed temporarily. Under the provision stated in law it is also possible to use involuntary treatment in forms of medication and ECT. The treatment have to be a last measure in order to treat an acute health situation threatening to the patients life and should only be used so the purpose of the compulsory care may be achieved[14]. When possible the treatment should be used in consensus with the patient.

[12] http://www.cpt.coe.int/documents/swe/2016-01-inf-eng.pdf para 122

[13] http://www.psykiatriregister.se/sites/default/files/documents/rattspsyk_arsrapport_2014.pdf sid 24

[14] paragraph 17, the Compulsory care Act

A lot of use of force, as well as forced treatments are in fact preventable and avoidable[15]. RSMH consider ECT-treatment as a form of treatment that is highly avoidable which should only be used when there is a free informed consent. ECT should only be considered if the patient receive information about the potential risks, can evaluate those risks contra possible benefits and thereafter freely consent to the treatment. Not only because it is one of the most invasive forms of treatment but because the effect of the treatment varies and most often causes memory loss. Despite this, ECT-use against a person´s consent, or where consent cannot be given, seems to be used rather routinely.

The use of ECT is increasingly performed in the open care units which stipulates consent[16]. However, members to the signatory organisation reports that use of informal involuntary treatment is often used. Informal involuntary treatment is when the caregiver will give you the option of accepting the treatment or else being submitted to compulsory treatment. This undermines patients trust to the care system hence damaging the likeability of them turning to a caregiver when needed.

- We encourage the state to take further actions to rule out unnecessary use of force within compulsory care.
- We encourage the state to abolish all ECT-treatments performed against a persons free and informed consent. To ensure this ECT-treatments should only be performed when there is written consent.
- We encourage the state to immediate fund and conduct an impartial investigation into the use of informal use of force in the Swedish health care system.

The National Organisation for Social and Mental Health

President

Jimmie Trevett

[15] http://www.socialstyrelsen.se/publikationer2013/2013-11-27

[16] http://www.psykiatriregister.se/sites/default/files/documents/ect_prel._resultat_2015.pdf