

House of Horrors, Tale of terror: Sadly, nothing new here

An opinion piece on the BBC Panorama undercover investigation of the Edenfield Mental Health Care unit,
UK



Everything in this place has made me worse.



Secret filming

They're doing this to break me.

Background

The *BBC Panorama* investigation (*Undercover hospitals: Patients at Risk*, 9 pm GMT, 28 September 2022)¹ of Edenfield Mental Health Care Unit starts off with a mix of screaming, crying, howling and then a mixed cacophony of laughing, ridiculing, exasperated sighs and abuses. This is a 57 minutes long film documenting harrowing and disturbing evidence of patients at the Edenfield centre being subjected to the worst kind of human rights violations. The world woke up to the release of this documentary during the Mental Health Month 2022 and social media was ablaze with mentions of *#BBCPanorama*. People were shocked at the findings but unfortunately, persons with lived experiences of being in these institutions, their families and activists were not surprised and confirmed that this was not an isolated event or exposé.

¹ Panorama - Undercover Hospital: Patients at Risk. (2022, September 9). <https://www.bbc.co.uk/iplayer/episode/m001ckxr/panorama-undercover-hospital-patients-at-risk>

The documentary showed traumatizing footage of the centre staff treating individuals staying in the wards in dehumanizing ways, subjecting them to violations of their dignity and rights. These individuals were physically restrained including a case where eight adults went up against one young female ('[W]e need more people for the legs'). Individuals were put in seclusion for as long as one year because the staff 'did not know what to do with her'; or using seclusion because the staff 'needed a break' from the patient. Their personal belongings were taken away and they were not even allowed the photo of a relative or other basic things that may have provided some semblance of comfort while restricted to the seclusion units. Individuals were called 'cancer of the ward', treated like cancerous growths, unwanted and needing to be 'cut out'.

A recent movie on Netflix, 'God's crooked lines'², showed not only the horrors but also the scams and frauds of institutionalization. The husband of a super wealthy woman cheats her into being incarcerated with the connivance of the institution's superintendent. Owing to the presence of incapacity laws, the woman is locked away in the asylum against her will and subjected to violent treatments. The psychiatric fraternity bemoans such movies as dramatic, but the BBC documentary, a real-life investigation documentary from a highly credible social media enterprise, shows that it is not dramatic or an exaggeration, rather the reality of the culture of institutionalization. In December 2022, the court adjudicating the Convention against Torture resolved a petition from 2019 by filed by older citizens, of torture committed against them as children and young people forcibly incarcerated in the Lake Alice asylum in New Zealand. The Royal Commission Abuse in Care Inquiry found solitary confinement, use of shock treatment and other abusive treatments, as well as sexual assaults in the asylum³. The doctor found incapacitated due to stand trial due to health reasons, was not punished.

The right questions to ask: What enables this environment?

One narrative repeated throughout the documentary was about staff behaviour, along with the condition of these institutions. The solutions suggested were then simple - sack the staff, get better staff, improve the working conditions for the staff and improve the infrastructure of these units. These are some of the traditional ways of reforming the mental health system, captured, for example, in the Quality Rights trainings or the more recent draft guidance issued by the WHO on Mental health, human rights and legislations, for consultative purposes⁴. TCI had opposed these reformist moves regarding 'making better institutions with high quality staff', better staff behaviour with the patients and better wards. Does this adequately identify and address the real cause? Does it address the main question i.e. what enables and emboldens staff to behave this way? Is it because of burn out and exhaustion or is it because of a broken system that still enforces its custodial mentality of building these 'museums of madness'⁵ and bundling people for 'therapeutic care' using the power of law? It is a system that still believes in violently taking away the dignity of an individual, because of archaic labels of 'lunatic', 'idiot' and 'unsound mind', which over the century has morphed legally into a disability or a psychiatric 'diagnosis'. In the colonial legal jurisprudence, 'unsound mind' was a legal

² Paulo, O. (2022). *Los renglones torcidos de Dios* (God's Crooked Lines) (Film). Available on Netflix.

³ McRae, A. (2022, December 16). Royal Commission accepts torture was used at notorious Lake Alice Psychiatric Hospital. *RNZ*. Accessed on January 04 at <https://www.rnz.co.nz/news/national/480893/royal-commission-accepts-torture-was-used-at-notorious-lake-alice-psychiatric-hospital>

⁴ OHCHR | *Call for inputs: Draft guidance on Mental Health, Human Rights, and Legislation published jointly by WHO and OHCHR*. (2022). OHCHR. <https://www.ohchr.org/en/calls-for-input/calls-input/draft-guidance-mental-health-human-rights-legislation-who-ohchr>

⁵ Scull, A (1979). *Museums of Madness: Social Organization of Insanity in 19th Century England*.

procedure for adjudicating capacity for various functions in life and living life in the community. Over the decades, this has been subverted to 'mental illness' and now, in some countries, 'persons with psychosocial disabilities'.

Institutions: A colonial remnant

Several erstwhile colonial governments including the UK, France, Belgium, Netherlands etc. were responsible for ushering in asylums in the early 19th century, as a way of maintaining their public image by incarcerating the 'lunatics', 'idiots', 'infirm', 'paupers', 'vagrants', 'infirm', 'simple minded', 'feeble minded', 'leprosy affected', and other peoples⁶. Towards the 1960s, it also became a hotbed for deinstitutionalization^{7,8}. The public, economic and moral arguments for shutting down institutions, ushered with the propaganda of a new era of medications enabling treatment in communities, and an active user survivor movement resulted in closure of asylums in these parts of the world. Asylum based care started being replaced with community-based services and establishment of acute psychiatric wards at the local hospitals. Force entered into community spaces and households with this shift. These wards and community spaces transformed into *asylums*, resembling the structures, the mentality and attitude of segregating and isolating 'mad persons' in the garb of curative interventions. During the war and after, several experiments were done, in a series of gruesome and improbable methods, and politically motivated incarceration was not rare. The bathwater (involuntary admissions) was not thrown out after the imperialist period and the baby ('mental health care') choked too many times, turning blue (with human rights violations through the century).

The ordeals of being locked up in institutions have been clearly documented and vocalized for decades by various movements of persons with psychosocial disabilities, user and survivors of psychiatry, persons with mad identities, persons with intersectional and neurodiverse identities. Drawing from decades old survivor movements, the UN (United Nations) bodies have taken cognizance and called out 'forced institutionalization' as deprivation of liberty of persons with psychosocial disabilities⁹ and terming it as violence and a form of torture^{10,11}. There is no dearth of UN documents that clearly provide guidance on how to further elaborate and implement Articles of CRPD to ensure persons with psychosocial disabilities are treated as rights holders (General comment 1) and supported to live in communities and be included (General Comment 5). A number of reports from the Special Rapporteur Office^{12,13,14} (of right to health, of disability) and Human Rights Council resolutions^{15,16} have clearly outlined the archaic and derogatory conditions of these facilities, outlining the violations faced by locked up individuals and suggested community inclusion of persons

⁶ Ernst, W. (2010). *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58*. South Asian Studies. Anthem, UK.

⁷ Taylor, B. (2011). THE DEMISE OF THE ASYLUM IN LATE TWENTIETH-CENTURY BRITAIN: A PERSONAL HISTORY*. *Transactions of the Royal Historical Society*, 21, 193–215. <https://doi.org/10.1017/S0080440111000090>

⁸ Grob, G. N. (2016). Community Mental Health Policy in America: Lessons Learned. *The Israel Journal of Psychiatry and Related Sciences*, 53(1), 6–13.

⁹ A/HRC/40/54

¹⁰ /HRC/47/L.18/Rev.1

¹¹ A/HRC/43/49

¹² A/HRC/35/21

¹³ A/HRC/40/54

¹⁴ A/HRC/37/56

¹⁵ A/HRC/RES/43/13

¹⁶ A/HRC/RES/36/13

with psychosocial disabilities as the way forward. Other officers of the UN Human rights mechanisms, such as the Special Rapporteur on the Convention on Torture, on Arbitrary Detention, on Violence against Women, etc. have reported on the use of force as a violence and torture. Most recently, the guidelines on deinstitutionalization, including in emergencies¹⁷ were formally adopted by the UN CRPD committee to provide practical guidance to the State and all stakeholders on how to implement the process of deinstitutionalization. Global actors are taking up community inclusion on their political agendas and organizations of persons with psychosocial disabilities have been advocating good practices for the steps to ensure and embrace community living.

We, as TCI, a global OPD of persons with psychosocial disabilities along with our members, have been rallying our advocacy using the Bali Declaration¹⁸, which was created with the participation of 21 countries and 75 participants at the Bali plenary. Such declarations need to be put at the centre of decision making tables. In accordance with Article 4.3 of CRPD and General Comment 7¹⁹, persons with psychosocial disabilities and our representative organizations should be meaningfully included and engaged in these processes. There is no lack of such resources, such voices; but there is only the lack of will of the State, the power lobbies reinforced by a colonial mindset, and a political economy around psychiatry, its psychopharmacy and institutions upholding that mindset.

With a growing awareness of concepts of ‘zero coercion’, ‘circles of support’, ‘independent living’ and ‘transforming communities for inclusion’, the policy makers cannot be still talking about improving these places and making them safe for the ‘incarcerated’ individuals. Globally, the governments need to widen their horizon and vision of working for persons with psychosocial disabilities by not viewing them through the lens of the reductionist custodial model or as subjects of charity. They need to embrace and adopt the wider door of human rights model, treating persons with psychosocial disabilities as rights holders. That is the entry worth looking at, not the mental health or mentally ill door²⁰. #WhatWENeed is deinstitutionalization and repeal of violative laws. We confirm that institutions, in any shape, size or form, are not places of residence or care for us and they will never be our ‘choice’. None of the individuals featured in the video appeared to be there by choice or consent or appeared to be getting ‘better’. #WhatWENeed is independent living, living in our communities, with adequate and appropriate community based supports and systems, we need to be included in our communities and be a part of them, on an equal basis with others.

Detention based on actual or perceived impairment

The United Kingdom ratified United Nation Convention on the Rights of Persons with Disabilities in 2009 and maintained adherence to its Mental Health Act (MHA) formulated in 1983²¹. The CRPD is an international legally binding instrument that aims to ‘promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities’.²² Countries

¹⁷ CRPD/C/5

¹⁸ Bali Declaration (2018). Accessed on December 22 at <https://tci-global.org/wp-content/uploads/2022/12/Bali-Declaration-English.pdf>

¹⁹ CRPD/C/GC/7

²⁰ TCI (2022). TCI positionality on Community Inclusion. TCI Global, Geneva. Accessed on December 22 at <https://whatweneed.tci-global.org/tci-positionality-on-community-inclusion-2022/>

²¹ UK Mental Health Act (1983). Accessed on December 22 at <https://www.legislation.gov.uk/ukpga/1983/20/contents>

²² A/RES/61/106. Accessed on December 22 at <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

which have ratified the CRPD are obligated to follow the articles enshrined in the Convention. The concluding observations for UK (2017) painted a rather bleak picture of the situation of rights of persons with disabilities.²³ In light of the concerns noted by the Committee, the recommendations made were to abolish and repeal legislations that restrict the legal capacity of persons with disabilities; abolish substituted decision making and repeal legislations that authorize involuntary and compulsory treatment, detention and forced interventions. The concluding observations also highlighted the need to recognize living independently in the community and being included as a basic human right along with developing a comprehensive plan for de-institutionalization and promotion of community based independent living schemes.

Being 'sectioned', or involuntary detention and the resulting human rights abuse suffered by persons with psychosocial disabilities is in clear violation of Article 14 (Liberty and security of person), Article 12 (Equal recognition before the law), Article 15 (Freedom of torture or cruel, inhuman or degrading treatment or punishment), Article 16 (Freedom from exploitation, violence and abuse), Article 17 (Protecting the integrity of the person) and Article 19 (Living independently and being included in the community).

Sectioning, according to the MHA, is to be done as a last resort, in exceptions or when you are a risk to yourself or to others. It is the 'responsible' professional who gets to decide this criteria. And the 'responsible professional' listens to the staff, family, neighbours, themselves, everybody else but the person being detained. Within the institutions, persons with psychosocial disabilities are subjected to numerous violations, exposed to neglect, abuse, torture including chemical, mechanical, and physical restraints. The survivor movement in the UK has been documenting their tribulations and using their own lived experiences to speak truth to power. They narrate the harrowing ordeals they were subjected to while being detained^{24, 25}, how they were treated as persons with diminished capacity and insight in the wards²⁶, locked up in a solitary confinement unit and subjected to demeaning and dehumanising behaviour from the staff²⁷ and how they have been harmed and not healed by psychiatric care.²⁸

Institutions and forceful violations of human rights are not just concrete structures or physical actions, it is also the mentality of denying identity, autonomy, dignity and personhood to persons with psychosocial disabilities by a more powerful group. The professionals featured in the documentary are sincerely appalled by the video evidence, but they call for safe restraint and for 'non-chaotic' use of force. We affirm that any use of force can never be safe or non-chaotic or therapeutic.

²³ CRPD/C/GBR/CO/1

²⁴ Lewis, J. (2019, November 8). On Admission To Wrekin. *Recovery in the Bin*. Accessed on December 22 at <https://recoveryinthebin.org/2019/11/08/on-admission-to-wrekin/>

²⁵ Edge, J. (2019, September 10). I Want People To Be Aware Of How Scared I Am Of Getting Ill Again. *Recovery in the Bin*. Accessed on December 22 at <https://recoveryinthebin.org/2019/09/10/i-want-people-to-be-aware-of-how-scared-i-am-of-getting-ill-again/>

²⁶ AM, A. D. (2013, April 24). Liberation Day...and I woke up singing... *Asylum Magazine*. Accessed on December 22 at <https://asylummagazine.org/2013/04/liberation-day-and-i-woke-up-singing-today/>

²⁷ Edwards, C. (2022, December 2). The summer I was sectioned twice. *Mad in the UK*. Accessed on December 22 at <https://www.madintheuk.com/2022/12/summer-sectioned-twice-mental-health-act/>

²⁸ Reese, J. (2022, July 14). Psychiatric Hospital Left Me Suicidal and Homeless – We Need a Human Rights-Based Approach to Mental Health Care—NSUN website. *National Survivor User Network (NSUN)*. Accessed on December 22 at <https://www.nsun.org.uk/psychiatric-hospital-left-me-suicidal-and-homeless-we-need-a-human-rights-based-approach-to-mental-health-care/>

#WhatWENeed is restoring our dignity, our identity, our autonomy, our choice over our lives. Our movement of persons with psychosocial disabilities have been a historically oppressed, targeted and persecuted group. The mental health care system is named as a perpetrator in many of these testimonies and policy guidance documents. #WhatWENeed are reparations²⁹, access to justice for challenging these terrible violations and an unconditional, truly meaningful redress process from the government, from psychiatric fraternity and from all stakeholders involved³⁰ (refer to Section IX, page 17 & 18 of UN guidelines on deinstitutionalization, including in emergencies³¹). None of these are covered in the statements issued by authorities responsible for managing the centre. All they call for is extensive investigation into the allegations and all they did was sacking the featured staff.³²

Remove the legal barriers: Scrap mental health laws!

There has been an attempt to uphold ‘patient’s’ viewpoints and focus on choice and autonomy of persons with psychosocial disabilities as stated in the White paper on reforming the Mental Health Act³³. However, involuntary detention is now only bound by additional new criteria and procedural safeguards, and not abolished. These legislative pieces are in a direct contradiction to the Convention. These laws, in complete violation of Article 12 of the CRPD, takes away the ‘right to have rights’³⁴ and ignore persons with psychosocial disabilities as right holders.

Organizations for persons with psychosocial disabilities in the UK have been active in submitting their responses and sharing their views on the proposed Reforming Mental Health Act White Paper published by the government. The increased focus on choice and autonomy of person with psychosocial disabilities in the White Paper has been acknowledged and appreciated by the groups. However, multiple concerns have also been raised. The reform does not explicitly follow a rights based approach.³⁵ It has also been highlighted that the reform falls short of the UNCRPD, is being seen as a missed opportunity to give full rights to persons with psychosocial disabilities after ‘being treated as second class citizens’³⁶ and of retaining a dominant medical model focus with the aim of reducing but not abolishing involuntary detention and forced treatments.³⁷

International agencies like WHO have publicly withdrawn their earlier guidance on mental health legislation. These resources led to countries adopting mental health laws as a sign of modernity further adding to the institutional culture, number and imagination. There are ongoing efforts by

²⁹ CHRUSP, TCI Global and Validity Foundation (Organizers). (2022, June 28). COSP15 Side Event on Remedy and Reparation for Institutionalization. Accessed on December 22 at <https://www.youtube.com/watch?v=UOSp7I9z0Nk>

³⁰ Minkowitz, T. (2021). Reparation for Psychiatric Violence: A Call to Justice. In C. Sunkel, F. Mahomed, M. A. Stein, & V. Patel (Eds.), *Mental Health, Legal Capacity, and Human Rights* (pp. 44–55). Cambridge University Press. <https://doi.org/10.1017/9781108979016.006>

³¹ CRPD/C/5

³² Edenfield Centre: Staff sacked over abuse at hospital. (2022, October 14). *BBC News*. Accessed on December 22 at <https://www.bbc.com/news/uk-england-manchester-63261476>

³³ *Reforming the Mental Health Act (White Paper)*. (2021). <https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act>

³⁴ A/HRC/37/56

³⁵ NSUN. (2021, April 21). Response to the MHA White Paper. *NSUN Website*. Accessed on December 22 at <https://www.nsun.org.uk/news/response-to-the-mha-white-paper/>

³⁶ Gould, D. (2022, December 15). *TCI #WhatWENeed Spotlight Interview*. Accessed on December 22 at <https://whatweneed.tci-global.org/spotlight-interview-of-dorothy-gould/>

³⁷ Pring. (2021, January 14). Rights concerns over major Mental Health Act reforms. *Disability News Service*. Accessed on December 22 at <https://www.disabilitynewsservice.com/rights-concerns-over-major-mental-health-act-reforms/>

WHO to introduce new guidance document for countries to reform their mental health legislation. There has been a strong opposition from our movement calling for its rightful withdrawal.³⁸

#WhatWENeed is the repeal of these discriminatory and legal incapacity laws. #WhatWENeed is inclusion in disability law or general health legislation. #WhatWENeed is to enjoy legal capacity on an equal basis with others in all aspects of life.

To conclude,

The findings from Edenfield are not the first and unfortunately, not the last. This is not limited to one country but is a global reality. We urge the Government, concerned stakeholders and communities to move beyond institutional imagination of improving staff behaviour or redoing the facilities or pumping billions of pounds into these structures. Rather, we demand, in solidarity with the survivor movements from UK, that the government harmonizes its existing practices, laws, policies in line with CRPD; repeals stand-alone Mental Health Act, abolishes and dismantles these institutions, provides a reparations framework for all who have been institutionalized, support and facilitate community living of persons with psychosocial disabilities and meaningfully engage persons with psychosocial disabilities and their representative organizations at decision making tables.

Everyone has a right to see the blue sky, dance in the rain, take long walks in nature, laugh with family and friends, marry the one they love, work for themselves and feel the warmth and safety of one's home and space. That is what our movement has ever wanted: Our rightful inclusion in our communities, in our own lives and in all development agendas.

³⁸ TCI Global. (2022). *TCI RESPONSE & STATEMENT WITHDRAW the Proposed WHO & OHCHR Guidance on MH, Human Rights and Legislation*. Accessed on December 22 at <https://whatweneed.tci-global.org/tci-response-statement-withdraw-the-proposed-who-ohchr-guidance-on-mh-human-rights-and-legislation/>