

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

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COMMITTEE ON BIOETHICS (DH-BIO)

Compendium of good practices in mental health care

- how to promote voluntary care and treatment practices -

Collection of examples

July 2020 – December 2020

Within the framework of its [Strategic Action Plan on Human Rights and Technologies in Biomedicine \(2020-2025\)](#), the Committee on Bioethics (DH-BIO) elaborates a compendium of good practices in mental health care - how to promote voluntary care and treatment practices. The collection phase is scheduled to take place from July to December 2020.

Contributors are kindly invited to submit relevant information on proposals for inclusion in the compendium using the form in the Addendum.

The concept takes into account the exchanges and the outcomes of a stakeholder consultation meeting which took place in Brussels on 26 November 2019 with the aim of refining the scope and the methodology of the elaboration of the compendium.

Scope

Practices carried out within COE member States which have contributed to reducing or ending recourse to involuntary measures in mental health care by either targeting the prevention of involuntary measures in mental health care or otherwise having such an impact.

The work should cover practices carried out with the aim of preventing recourse to involuntary measures; as well as practices aimed at (an)other purpose(s), which had also contributed to reducing/preventing recourse to involuntary measures. This twofold scope is devised to cover a variety of practices, provided these can be linked to a promotion of voluntary care practices, including voluntary treatment.

For the purposes of this compendium, “practices” are seen in a broad sense, and can include any action taken in the context of healthcare, employment, housing, training/education, social policies or in another context, with the aim or effect of reducing recourse to involuntary measures in mental healthcare. “Involuntary measure” refers to any measure taken in the context of mental health care without that person’s free and informed consent or against the will of the person, including placement and treatment, as well as specific measures such as seclusion or restraint.

Several stakeholders raised the issue that the diversity of cultural and legal frameworks sometimes made it challenging to provide culturally sensitive services with geographic and user profile variety. The study should therefore strive to achieve a geographical balance by including examples from all parts of Europe which reflect different cultural and legal situations.

Objective

Contributing to the promotion of voluntary care practices, including voluntary treatment, in mental health care by providing **practical examples** demonstrating what can be done (even on a small scale and with limited means).

The objective of this compendium is to provide practical examples, to serve as an inspiration for policymakers and service-providers. While not intended to serve as guidance in itself, the compendium should also be devised to serve as a first step towards developing practical guidance on how to reduce or end recourse to involuntary measures by reviewing the factors causing use of coercion and drawing on practical examples.

As had been observed during the stakeholder meeting, existing material was frequently not considered concrete enough to usefully guide a change of practices.

Criteria

The practice should have a **measurable impact** on recourse to involuntary measures. As had been highlighted by stakeholder representatives, it can be challenging to assess the impact of a practice in the absence of a full evaluation. In order not to exclude promising and innovative practices, this criterion **should be handled in a flexible way**; even individual cases could count as impact, provided there is some form of evaluation which allows to establish a link between the practice and the prevention of recourse to involuntary measures. Particular importance should be attached to positive feedback from service users, and also on assessments of health care professionals and family members of the service users, and by statistical data, if available.

Presentation of the compendium

The presentation of examples shall be **well structured** and provide a **sufficient level of information** to allow further analysis.

It would also be important to highlight the experiences of service users by collecting and presenting **testimony by service users**, along with that of health professionals, service providers and family members illustrating specific aspects of selected examples which may be of particular interest.