



Parliamentary Assembly
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Recommendation 818 (1977) [See related documents](#)

Situation of the mentally ill

Author(s): Parliamentary Assembly

Origin - Assembly debate on 7 and 8 October 1977 (11th and 12th Sittings) (see [Doc. 4014](#), report of the Committee on Social and Health Questions). Text adopted by the Assembly on 8 October 1977 (12th Sitting).

- The Assembly,
1. Emphasising the importance it attaches to the aims of maintaining the health, the well-being and also the personal rights of the sick on one hand, while protecting the well-being of democratic societies as a whole on the other ;
 2. Considering that the definition of mental illness is extremely difficult, since criteria change with time and from place to place, and since a whole new range of psychological disturbances have emerged, linked with the working rhythm, stresses, and the sociological patterns of modern life ;
 3. Noting that, in the thirty year period since World War II, profound changes have taken place in Europe in attitudes towards mental illness from both the medical and social points of view ;
 4. Aware, however, that serious lack of staff as well as insufficient or out-dated training of staff that psychiatric services are experiencing is prejudicial to proper treatment of the mentally ill ;
 5. Convinced that the situation of the mentally ill and, in particular, the conditions governing the internment of mental patients and their discharge from psychiatric hospitals are matters of concern to a broad section of public opinion in member countries, and that the occurrence of errors and abuses in this regard causes human tragedies in some cases ;
 6. Noting that several applications have been addressed to the European Commission on Human Rights concerning allegations of such error or abuse, which demonstrate how unsatisfactory or unclear the present position is, and the possible need to redefine some legal and medical guidelines ;
 7. Convinced that the concept of the criminally insane implies a contradiction in terms in that an insane person cannot be considered responsible for criminal actions ;
 8. Noting that the improved medical and psycho-therapeutic technology can sometimes constitute a threat to the right of patients to their physical and psychic integrity ;
 - 9.
 10. Believing that abnormalities of behaviour in the province of morals or the law do not by themselves constitute mental disturbance ;
 11. Condemning the abuse of psychiatry for political purposes and for the elimination of dissidence whatever its form ;
 12. Commending the decision of the 6th World Psychiatry Congress at Hawaii condemning the abuse of psychiatry for the suppression of dissent, and welcoming the decision to establish an international code of ethics for the practice of psychiatry ;
 13. Welcoming the resolution on the organisation of preventive services in mental illness, adopted by the Committee of Ministers of the Council of Europe in 1976 and which covers a large variety of preventive features relating to mental health,
 14. Recommends that the Committee of Ministers invite the governments of the member states :
 15. I. i. to review their legislation and administrative rules on the confinement of the mentally ill, by redefining some basic concepts such as "dangerous", by reducing to the minimum the practice of compulsory detention for an "indeterminate period", by stopping the practice of censoring correspondence, by placing under the jurisdiction of the medical authorities all those declared by the courts to have been insane at the time of committing a crime or at the time of the trial, and by establishing procedures for the hearing of appeals against detention measures ;
 16. ii. to set up independent special mental welfare tribunals or commissions, with a duty to exercise protective functions by investigating complaints, or by intervening on their own initiative in any case, with power to discharge patients where they find that confinement is no longer necessary ;
 17. iii. to ensure that court decisions are not taken on the basis of medical reports only, but that the mental patient, like any other person, is fully given the right to be heard, and that in cases where an offence is alleged a lawyer is also present throughout the proceedings ;
 18. iv. to modify the civil capacity rules applied to the mentally ill, in order to ensure that any hospitalisation does not necessarily result in an automatic determination of legal incapacity, thus creating problems concerning property and other economic rights ;

19. v. to implement the right to vote for those mental patients able to understand the meaning of the vote by taking the necessary steps with a view to facilitating the exercise of it, by ensuring that information on public affairs is made available, by informing the patients about the procedures, deadlines and registration, etc. and by offering material assistance to those who are physically handicapped ; mental patients declared unfit to vote should have the possibility of appeal ;
20. vi. to set up, in the Council of Europe, a working party composed of government experts and criminologists to redefine insanity and mental abnormality and to reassess the implications thereof for civil and criminal law, taking into account the latest findings of psychology and psychiatry, and experience in this field in the Council of Europe member states ;
21. II. i. to take measures, as a long term policy, to reduce dependence on large institutions and to develop wide-spread community based services, with conditions approximating to the normal environment of individuals, provided, however, that this objective should not lead to a higher rate of early discharge from hospital before an effective network of community care is established ;
22. ii. to seek new ways of humanising the care of the mentally ill by emphasising the humanitarian elements and the quality of the care as opposed to sophisticated technology, and by considering in this context the appropriateness, the conditions and control of utilisation of certain therapies which may leave permanent brain damage or change of personality ;
23. iii. to take measures to stimulate and harmonise, within the Council of Europe, studies on the training and working conditions of care-giving staff in the psychiatric field, in association with international trade union organisations representing these staff, with a view to preparing a European agreement applicable to them, and, given the shortage of qualified care-giving professional staff in most member countries, to develop the psychiatric knowledge and skill of the members of other public health and social services, thus creating community-based teams working in close co-operation with professionals ;
24. III. i. to encourage local authorities and communities to be more involved in the socio-professional rehabilitation of ex-patients by creating selective placement programmes, workshops and accommodation, and in particular by setting up information programmes aimed at modifying attitudes towards those who are, or were, mentally ill ;
25. ii. to ensure that the registers kept in psychiatric institutions on ex-patients, or any other documentation on their case, should be considered as a strict medical professional secret and cannot be used in such a way as to constitute an unfair handicap for ex-patients entering on a new occupation.