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Like fire and water: Mainstream psychiatry and the World Health Organisation

New WHO guidance on mental health policy clarifies extreme positions of mainstream psychiatry

In March 2025, German electroshock enthusiasts published a so-called consensus paper, which is supported by the German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology (DGPPN). As in other statements by mainstream psychiatrists, that declare the forced administration of psychotropic drugs to be ethically justified, the German psychiatrists' interest group is now insisting on the right to administer electroshock against the wishes of those affected, even when using force. They want to force so-called maintenance ECT on them, i.e. electroshocks every month in the long term. In January 2020, the German Federal Court of Justice (BGH), the highest court of civil and criminal jurisdiction in Germany. denied them the right to administer electroshock by force on the grounds that electroshock does not correspond to the necessary 'medical-scientific consensus' (1).

The situation is probably similar or even worse in other countries. In general, the requirements of the UN Convention on the Rights of Persons with Disabilities (CRPD) are also ignored; this group also includes people with psychiatric diagnoses. Treatment is carried out without informed consent, information about the risks of physical dependence and help with withdrawal is withheld from those affected before treatment begins; carers are appointed by the court who decide against the patient's will, support in withdrawal is denied, etc. (2).

The current DGPPN consensus paper – exemplary for the approach of mainstream psychiatry worldwide – now attempts to paint the picture of a medical-scientific consensus by presenting the consensus within the DGPPN as the unanimous view of medical science. Their statement can be read on the Internet in German (3). The new 'Guidance on mental health policy and strategic action plans' of the WHO, consisting of five modules, was also published in March 2025. It illustrates how little the position corresponds to a medical-scientific consensus (4). The following detailed excerpts from the guidance – not just using the example of electroshock – exemplify how mainstream psychiatry has lost its way with its psychiatric policy and is now taking extreme positions far removed from any medical and scientific consensus.

Foreword of the WHO Director-General

In his foreword, WHO Director-General Dr Tedros Adhanom Ghebreyesus emphasises the value of contributions from people with lived experience of crises:

> "This Guidance on mental health policy and strategic action plans provides countries with a comprehensive pathway to mental health policy reform. This is in line with an increasing consensus on the importance of embracing rights-based, person-centered, and recovery-oriented approaches that emphasize autonomy and dignity, while also engaging people with lived experience in planning and decision-making.
>
> Our collective vision is for a world where mental health is integrated into primary health care, and where services are accessible, respectful, and empowering. Mental health planning should

> also take into account the social and structural factors such as poverty, housing, education, and employment, as well as the negative impact of stigma, discrimination, and other systemic barriers. Addressing these interconnected issues is fundamental to achieving holistic and sustainable outcomes. Collaboration across sectors is essential to implement equitable and effective community-based services.
>
> This publication is a testament to the invaluable contributions of people with lived experience whose voices and insights are central to this transformative agenda. It is their stories, resilience, and advocacy that underpin the urgency of this work and inspire us towards a more inclusive and compassionate world. This Guidance is a vital resource for policymakers, practitioners, and advocates alike, providing practical and actionable strategies to accelerate progress, while helping to protect the rights and dignity of those seeking care" (Module 1, p. VI).

The new WHO guidance

"Momentum is growing globally for rights-based, person-centered, and recovery-oriented mental health policies and action plans, ensuring equitable access to quality services within Universal Health Coverage", writes the WHO in its introduction. The CRPD plays an important role in this. In Module 1 ("Introduction, purpose and use of the guidance"), the WHO emphasises its importance and explains the principle of patient-oriented supported decision-making:

> "The CRPD describes supported decision-making as regimes that provide various support options enabling a person to exercise legal capacity and make decisions with support. Supported decision-making can take many forms but does not remove or restrict legal capacity. A supporter cannot be appointed by a third party without the person's consent, and support must align with the individual's will and preferences. (…)
>
> In response there is growing momentum for policies to adopt a rights-based, person-centred, and recovery-oriented approach, in line with international human rights commitments, such as the Convention on the Rights of Persons with Disabilities and the WHO Comprehensive mental health action plan 2013–2030. These approaches emphasize addressing stigma and discrimination and ensuring people's autonomy, dignity, and rights are respected. They also stress that mental health should be integrated as a core component of Universal Health Coverage and the universal need for equitable access to comprehensive, quality mental health services, regardless of people's socioeconomic status or geographical location" (pp. VIII / XIV).

At the same time, the WHO calls on psychiatric institutions to abandon the use of coercion:

> "Grounding policy in a human rights-based approach requires explicit reference to the rights and principles laid out in the CRPD, including equality, legal capacity, noncoercion, participation, community inclusion and a recovery approach. These should influence every aspect of reform, from the overarching vision and values to specific policy areas, directives, strategies, and actions. A rights-based approach should not be confined to a separate section of the policy but should be integrated throughout. (…)
>
> Coercive practices such as involuntary admission, involuntary treatment, seclusion, and the use of physical, mechanical, or chemical restraints are widespread in mental health services globally. However, there is no evidence that these practices offer any benefits, while significant evidence shows they cause physical and psychological harm, dehumanization,

> trauma, and worsening mental health, as well as eroding trust in services. These practices can also negatively impact family members as well as mental health practitioners, discouraging young professionals from entering the field and demotivating those already working in it" (pp. 4-5).

Strategies for implementation

In the introduction to Module 2, the WHO identifies the next steps to be taken:

> "Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans details five key policy areas for reform, starting each discussion with an overview of key challenges and providing a menu of policy directives, strategies for achieving them, and potential actions for implementation."

Roles and functions for agencies and bodies tasked with monitoring and implementing the law should include

> "ensuring that major, invasive or irreversible interventions (for example, psychosurgery, electroconvulsive therapy) are not practised, or are only permitted with free and informed consent..." (p. 26).

The WHO sees person-centred, recovery-oriented and a rights-based support as a central challenge. This is characterised by a move away from the dominance of the biological approach in psychiatry and includes information about treatment risks, including the risk of physical dependence on psychotropic drugs, as well as support when discontinuing treatment:

> "Over-reliance on biomedical approaches to mental health care and support. Worldwide, mental health services primarily rely on psychotropic drugs and biomedical interventions. Although these can be important for recovery, there is an overemphasis on them, and studies have raised major concerns about the over reliance on psychotropic drugs and problematic aspects including: incomplete information on adverse effects (including the serious withdrawal syndrome that can occur when some people stop taking psychotropic drugs); potential drug interactions where people are taking many medicines (polypharmacy); lack of safe monitoring, and prescription without informed consent; and high prescription rates; amongst others. Services should prescribe psychotropic drugs cautiously, support safe tapering, and provide effective lifestyle, physical, psychological, social, and economic interventions to improve mental well-being" (p. 86).

New curricula are required

In order to enable mental health services to respond to the needs of those affected in a human rights-based and appropriate manner, curricula should be customized, considering the specific roles and tasks of each profession. The WHO lists the following essential topics, among others

> "*Human rights, community inclusion and recovery approaches*. Using human rights frameworks to underpin care and support, including to combat stigma and discrimination, eliminate coercive practices, ensure respect for legal capacity, and meet the needs of people with disabilities. (…)
>
> *Physical health, lifestyle, psychological, social, and economic interventions*. Understanding how to deliver and refer people to a range of interventions that are evidence- and rights-based in order to provide a comprehensive approach to addressing mental health.

> *Drug interventions*. Including safe prescribing, use, discontinuation, and management of withdrawal and adverse effects. (…)
>
> *Understanding and responding to the social and structural determinants of mental health in clinical and community settings*. These determinants include: stigma and discrimination; exclusion; marginalization; poverty; gender (for example, inequality and harmful gender norms); lack or lower levels of education; unemployment; housing instability; food insecurity; health emergencies; climate change; pollution; humanitarian crises; forced displacement and migration; violence and abuse; and loneliness and social isolation. (…)
>
> *Participatory approaches*. Collaborating with people who have lived experience, families, professionals from different sectors, and other relevant groups in order to value and capitalize on stakeholders' knowledge and expertise" (p. 81).

Multidisciplinary teams and a focus on strengths

The WHO considers it important to move away from focusing on disease insight and compliance and to adopt a holistic approach that considers the full range of people's support needs.

> "This policy directive shifts from the biomedical model to a holistic, person-centred, recovery-oriented, and rights-based approach, with informed consent and the person's right to decide at its core. A new framework will be established for assessing people with mental health conditions and distress, focusing on their support needs and challenges. Assessments will adopt a strengths-based approach, focusing on individuals' abilities, skills, and resources rather than just their challenges. They will prioritize important life areas such as relationships, work, education, housing, and community inclusion while also evaluating any discrimination or barriers people may face. The framework will avoid pathologizing and over-medicalizing mental health conditions and distress" (p. 87).

Checklists for situational analyses

Module 3 ("Process for developing, implementing, and evaluating mental health policy and strategic action plans") contains checklists for the key components of policy and strategic action plans and the process used to develop them. This includes a situational analysis of the context, priorities, challenges and opportunities:

> "International human rights standards emphasize the right to evidence-based and human rights-based interventions, including lifestyle, psychological, social, economic interventions, and psychotropic drugs. The assessment should identify the types of interventions offered in each service category. It should describe whether the assessment of support needs meets the requirements of full and informed consent and how services ensure that interventions, including psychotropic drugs, align with the individual's will and preferences" (p. 14).

Electroshock

Regarding the administration of electroshock, the WHO recommends:

> "In countries where electroconvulsive therapy (ECT) is used, this intervention must only be administered with the written or documented, free and informed consent of the person concerned. ECT should only be administered in modified form: with anaesthesia and muscle relaxants. Using ECT for children is not recommended and should be prohibited through legislation" (p. 15).

Urgent need for reforms

"Mental health policy reform is urgent", we read in Module 4 ("Country case scenarios"), and it continues:

> "Mental health has become a global priority, recognized as influencing every aspect of life — from emotional and social well-being to physical health, relationships, and community involvement. It is a vital asset that should be protected and nurtured for individuals and societies to thrive. To achieve this, governments need to establish robust policies and approaches to address the mental health needs of their populations, while continually acting to protect and promote mental well-being. In response there is growing momentum for policies to adopt a rights-based, person-centred, and recovery oriented approach, in line with international human rights commitments, such as the Convention on the Rights of Persons with Disabilities and the WHO Comprehensive mental health action plan 2013–2030. These approaches emphasize addressing stigma and discrimination and ensuring people's autonomy, dignity, and rights are respected. They also stress that mental health should be integrated as a core component of Universal Health Coverage (UHC) and the universal need for equitable access to comprehensive, quality mental health services, regardless of people's socioeconomic status or geographical location.
>
> Despite these global commitments, many countries still lack mental health policies and plans that fully align with international human rights standards or address the broader societal factors affecting mental health. All countries having endorsed WHO's Comprehensive mental health action plan 2013–2030 are committed to developing, updating, and implementing national policies and strategies…" (p. XIV).

List of measures

In Module 5, the WHO justifies the need for comprehensive directory of policy areas, directives, strategies and actions for mental health:

> "It can facilitate discussions on policy reform and planning with staff and key stakeholders. Its summary approach helps policymakers quickly assess key elements that may be present, missing, or need strengthening in their mental health system or policies."

Limits of the WHO guidance

While the WHO guidance emphasises the importance of the UN CRPD, an insight into the CRPD *Guidelines on Deinstitutionalization, Including Emergencies* published by the office of the United Nations High Commissioner for Human Rights in 2022 (5) shows what further steps still lie ahead for the WHO. According to Tina Minkowitz from the Center for the Human Rights of Users and Survivors of Psychiatry (6), these include the complete renunciation of medicalisation of individual crises (Directive 10), moratoria on new admissions and on the construction of new institutions and wards (Directive 13), the omission of admission to facilities for purposes such as observation, care or treatment (Directive 15), the repeal of all legislative provisions that authorize the deprivation of liberty or other restrictions on liberty and security of person based on impairment, including involuntary commitment or treatment based on "mental illness or disorder" (Directive 58), and the development of rights-based and person-centred assistance outside the health-care system, that fully respects the individual's self-knowledge (Directive 76).

Conclusion

The WHO guidance is convincing and clear: they demand a global medical-scientific consensus on human rights-based services, holistic assessments and treatment approaches, overcoming the biomedical model of disease, incorporating the experience and knowledge of those affected, interdisciplinary teams, legally compliant information about treatment harm, supported decision-making, refraining from coercion, etc,. The WHO guidance has no legal force. It concerns merely recommendations for governments, administrations, clinics and organisations with decision-making powers.

Although the WHO guideline has no legal force, its recommendations to governments, administrations, clinics and organisations with decision-making power are of immense importance.

The WHO guidance is clear: they demand a global medical-scientific consensus on human rights-based services, holistic assessments and treatment approaches, overcoming the biomedical model of disease, incorporating the experience and knowledge of those affected, interdisciplinary teams, legally compliant information about treatment harm, supported decision-making, refraining from coercion, etc,. The WHO guidance has no legal force. It concerns merely recommendations for governments, administrations, clinics and organisations with decision-making powers.

This makes it even more important that organisations active in the psychiatric field still paying homage to the biomedical model and not yet committed themselves to the demands of the CRPD, the WHO and the United Nations High Commissioner for Human Rights, should move beyond vested interest: that they

- are prepared to pursue ways of implementing the WHO guidance in cooperation with like-minded individuals and associations,
- take measures against the structural administration of psychotropic drugs without informed consent,
- set up structural support when discontinuing psychotropic drugs,
- take the suffering associated with severe withdrawal syndromes seriously and
- introduce verifiable educational formats.

It will be interesting to see what stance health ministries, psychiatric and other organisations take on the new WHO guidance and what concrete steps they take for implementation. And, of course, it will also be interesting to see what pressure the associations of (ex-) users and survivors of psychiatry exert on these organisations. Without such pressure, the extreme attitudes of mainstream psychiatry and the resulting inhumane practices will continue.

Note

Thanks to Dr Martin Zinkler for the support in choosing the text passages.

Source

(1) BGH (January 15, 2020). Decision XII ZB 381/19. Retrieved May 3, 2025 from https://juris.bundesgerichtshof.de/cgi-bin/rechtsprechung/document.py?Gericht=bgh&Art=pm&Datum=2020-2&nr=103742&linked=bes&Blank=1&file=dokument.pdf

(2) Lehmann, Peter (2024). Psychiatry stripped naked: Current human rights violations in psychiatry in Germany, Greece and the rest of the world. *Journal of Critical Psychology, Counselling and Psychotherapy*, Vol. 24, No. 1, pp. 16-37. Retrieved May 3, 2025 from http://www.peter-lehmann-

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(4) WHO – World Health Organization (March 24, 2025). *Guidance on mental health policy and strategic action plans*. Geneva: WHO. Retrieved May 3, 2025 from https://www.who.int/publications/i/item/9789240106796

(5) UN Human Rights Office of the High Commissioner (September 9, 2022). *Legal standards and guidelines, CRPD/C/5. Guidelines on deinstitutionalization, including emergencies (2022).* Retrieved May 3, 2025 from https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpdc5-guidelines-deinstitutionalization-including

(6) Minkowitz, Tina (April 15, 2025). Comment on Mad in America. Retrieved May 3, 2025 from https://www.madinamerica.com/2025/04/who-paradigm-shift-mental-health-policy/#comment-312655

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