

## **“16 years old, depressed and tortured in psychiatry”**

### **A testimony on forced psychiatric interventions constituting torture and ill-treatment**

10 December 2014, by Jolijn Santegoeds (Johanna Christina), founder of Mind Rights<sup>1</sup>,

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*It is my moral duty to stand up against injustice. As a citizen, I share in the joint responsibility to secure justice and human rights in the community. Therefore I feel morally obligated to expose the instances of injustice that I have experienced, which need to be recognized and remedied. My story is the story of other persons out there. Some of whom may not have survived.*

This paper contains my testimony on my personal experiences with forced psychiatric interventions, which in fact constitute torture and ill-treatment. It provides a chronological overview of what happened in my personal case during almost 3 years in psychiatry. The experiences described in this paper are a summarized yet detailed reproduction of the information, leading to the claims mentioned in the alarming letter sent to the Kingdom of the Netherlands<sup>3</sup> by the UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment and the UN Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health in October 2013.

In December 2013, the Kingdom of the Netherlands unfortunately responded that it was unwilling to investigate these allegations of human right violations, ill-treatment and torture<sup>4</sup>. This paper aims to provide transparency about my claims of torture and ill-treatment in psychiatry, and can provide useful information for further investigation of my case. This paper includes many references to the evidence that I have collected, mainly in the form of medical and psychiatric files and also my diary.

This paper seeks to appeal to the moral conscience of the community, in mental health care and justice systems, and on the political and human rights level, especially in the Netherlands, but also beyond since these practices may be occurring elsewhere. It is our joint responsibility to secure justice and human rights everywhere throughout the community, by giving all perspectives due weight.

My personal experiences clearly illustrate the harmful dynamics related to forced psychiatric interventions, and explain how forced psychiatric interventions can constitute torture and ill-treatment, and why an absolute ban on forced psychiatric interventions is necessary. This paper also explains the importance of the shift to supportive care practices in line with the UN Convention on the Rights of Persons with Disabilities. It aims to stimulate motivation and urgency to remedy the human rights violations caused by forced psychiatric interventions.

My experiences also illustrate a systematic lack of access to justice for complaints regarding psychiatric practices in the Netherlands, which is not only re-traumatizing for victims, but also leaves the present and future generation unprotected from this injustice. This paper aims to raise awareness of this gap in the Dutch justice system, and aims to advocate for remedies, including recognition and due reparations for all victims of forced psychiatric interventions.

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<sup>2</sup> World Network of Users and Survivors of Psychiatry (WNUSP), [www.wnusp.net](http://www.wnusp.net)

<sup>3</sup> AL Health (2002-7) G/SO 214 (53-24) NLD 2/2013 -letter sent to the Netherlands by the UN Special Rapporteur on Torture and UN Special Rapporteur on the Right to Health.  
[https://spdb.ohchr.org/hrdb/24th/public - AL Netherlands 08.10.13 \(2.2013\).pdf](https://spdb.ohchr.org/hrdb/24th/public - AL Netherlands 08.10.13 (2.2013).pdf)

<sup>4</sup> NV: GEV-PA 370/2013 – Response by the Kingdom of the Netherlands  
[https://spdb.ohchr.org/hrdb/24th/Netherlands\\_05.12.13\\_\(2.2013\).pdf](https://spdb.ohchr.org/hrdb/24th/Netherlands_05.12.13_(2.2013).pdf)

## **Overview of paper**

In the first chapters of this paper, I, the author, am sharing my personal, unspeakable experiences with forced psychiatric treatments, such as long-term solitary confinement, forced medication, restraint and forced body cavity search, which will illustrate that forced psychiatric interventions are the full opposite of mental health care, and in fact constitute torture and other cruel, inhuman and degrading treatment and punishment.

My countless efforts to find justice in the Netherlands, prior to disclosing this detailed testimony, are described in Chapter 7, "Searching for justice". The absence of any impartial research to my complaints again appeals to my sense of duty to stand up against injustice. This feeling is further enhanced by the testimonies of users, survivors and relatives<sup>5</sup>, and the national statistics, which illustrate that forced psychiatric interventions are still performed on a very large scale in the Netherlands<sup>6</sup>, resulting in the same kind of human rights violations as those I had to endure. These ongoing human right violations invoke a strong motivation to continue with due urgency to search for the pathway to legal and social justice.

Chapters 1 to 5 present my personal perspective of when I was 16 years old and growing up. In chapter 6 an Informal conclusion follows. After Chapter 7, "Searching for justice", a more extended reflection is written in Chapter 8.

The contents of this testimony may be disturbing to some readers. Names of locations are coded.

## **Summary**

When I was 16, I experienced psychosocial problems. I was depressed and suicidal, which eventually led to forced institutionalization in a psychiatric facility in September 1994. I was perceived as a "danger to myself" because of self-harm. A number of forced psychiatric interventions followed, such as long-term seclusion, forced medication, restraint and forced body cavity searches. These measures made me feel more desperate and helpless, and therefore my psychosocial problems increased, along with my self-harm. This eventually led to a chain of escalation and repression, which I barely survived.

The psychiatric interventions were done to prevent "danger" and to increase safety. However, these interventions did not make my situation safer, but resulted in more psychosocial problems which further escalated. The forced interventions did not improve my well-being, nor contribute to my recovery. They resulted in suffering, which is the opposite of care. These forced interventions left me helpless. They disabled meaningful contact with caregivers due to feelings of trauma, misunderstanding and distrust. The forced psychiatric interventions made me feel as if I was being punished for having psychosocial problems, and that took away my hope of inclusion and recovery.

A "miraculous recovery" at another psychiatric ward in 1996 shows that with a different attitude, my behaviour and my problems were not "unmanageable" as was said at the first institution.

## **Main conclusions:**

- Forced treatments cannot be considered care.  
Forced psychiatric treatments are torture and ill-treatment, and a full absolute ban on forced psychiatric interventions in mental health care should apply.
- All behaviour is for a reason. Every reaction has a cause.

More conclusions and reflections can be found in chapters 6 and 8.

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<sup>5</sup> Testimonies received by Actiegroep Tekeer tegen de isoleer! / Stichting Mind Rights [www.mindrighs.nl](http://www.mindrighs.nl)

<sup>6</sup> Torture and ill-treatment in mental health care in the Netherlands, 2013, Mind Rights, to CAT Committee [http://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/NLD/INT\\_CAT\\_NGO\\_NLD\\_12840\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/NLD/INT_CAT_NGO_NLD_12840_E.pdf)

## **1. Introduction**

Before describing my horrible experiences with psychiatry, it is useful to provide information on some aspects of my psychosocial problems, in order to understand what happened subsequently.

### **Changes in my life**

Up until 1993, I was a happy child and I had no big problems. Then in January 1994, when I was 15, my development was disrupted when my mother had another short episode of psychosocial problems. Since that time, the situation at home changed for me. Somehow, my role had changed from being a child into being a support person for my mother. However, I wasn't aware of that. I just felt lost and lonely. I didn't know why I felt so sad. By then I was almost 16 and I had started to feel insecure about myself. I felt confused about my feelings of sadness and loss. I thought I was "weird". I withdrew alone in my bedroom more and more, where I cried a lot, listened to sad music and wrote in my diary.

### **Struggle with myself**

In the first months of 1994 I started going downhill. I just did not understand what was "wrong" with me or how to change my mind-set to make these sad feelings go away. I felt like I wanted to disappear, and I started to think about running away. I asked for help, but despite contacts with the school counsellor and several teachers, I was feeling worse day by day. I ran away several times for half a day, but that didn't help me lose my despair. I was struggling with myself, and I feared that there was something really wrong with me.

### **"Imaginary friend Jeanny"**

I turned to writing in my diary. At that stage, my diary was the main place I could vent my deeper feelings. At the same time I found comfort in a song: Jeanny (by Falco). I played that song over and over again because I felt just as lost as that song sounded. I eventually named my diary "Jeanny" in May 1994. My concept of Jeanny was that she had become my "best friend". I found comfort in writing and listening to the music. I wrote every day, at every free moment. I shared my deepest feelings and mainly my fears. But unfortunately, I was bringing myself down with my writings. I felt increasingly lonely and lost.

### **Life or death dilemma**

I had a hard time. At some point I felt like I wasn't able to live anymore, but on the other hand I also didn't want to die. I was confused. I became completely preoccupied with the dilemma of whether I should live or die. I didn't know what to do. At the end of August 1994, I self-harmed in secret. I was struggling deeply with myself and the question of "how to get out of this situation". My feelings had cumulated in a supposed imminent choice between life and death. I couldn't think about anything else anymore. I had become scared of life, and I was afraid of death too. It was a huge dilemma for me, which resulted in a lot of writing in my diary.

### **Outplacement**

In September 1994 the situation at home became so tense, that the issue of institutionalization or possibly foster care was mentioned several times. I was very uncertain about what I wanted. It scared me to live somewhere else. I wanted to hide. I felt trapped. I lacked hope.

On 23 September 1994, I took an overdose of pills. After 2 days in a general hospital I was transferred to a psychiatric hospital. However, there was no room available in the child psychiatric ward, so they decided to put me in an adult psychiatric unit in R. in the Netherlands, under a legal measure (IBS<sup>7</sup>) for forced treatment in a closed psychiatric setting.

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<sup>7</sup> IBS: *In Bewaring Stelling*: short-term legal measure for forced psychiatric treatment/institutionalization enforced by a judge on 25-09-1994

## **2. The Chimes (adult psychiatry) – at Psychiatric Hospital the Waterfall in R.**

On 25 September 1994, I was transferred to a psychiatric ward called: The Chimes, which is a closed unit for adult psychiatric care at the Waterfall psychiatric hospital in R. in the Netherlands. I was numb when I arrived there. They showed me my room, and I was introduced. It all felt very strange. I was 16 and the next youngest person there was 36. Most of them were just sitting there. I didn't understand that. I didn't see any good in being there. It was a scary place. In fact, it felt like the end of my world. I felt like I was outside of my own life. I was now in a very weird place and I felt like the nurses were only guards and there was no personal contact. I felt horribly lost there. Even worse than before.

### **OCTOBER 1994**

#### **New hope**

People tried to convince me that being in a specialized psychiatric unit for young people would be better for me, and that I should be patient until this was possible. My placement was scheduled in the beginning of October 1994. I decided to wait and see. On 3 October 1994, the legal measure (IBS) I was subjected to was prolonged by 3 weeks<sup>8</sup>, which meant that I had to stay institutionalized in a mental hospital for at least 3 more weeks. Two days later, on 5 October 1994 I was transferred to The Yard, a specialized psychiatric institution for children and teens.

#### ***"Manipulative attitude"?***

Oddly, the files of Waterfall<sup>9</sup> for my transmission to The Yard on 05-10-1994 mentioned that my suicide attempts sprang from a so-called manipulative attitude towards my mother: *"Out of feelings of anger towards her mother and a feeling of loneliness and powerlessness, patient took medication. (...) Regarding suicidal thoughts, it seems that a manipulative attitude towards her mother plays an important role (based on the findings of RIAGG<sup>10</sup>)"*. This is a painful misinterpretation of my depression and struggle of "desperately wanting to hide from life but not really choosing death either". The misinterpretation of my despair, and my mother's despair, by the social worker of RIAGG, who interpreted my expressions as "manipulative attempts", seems to be one of the reasons why I was treated so badly by psychiatry during the following period of 2 entire years.

## **3. The Yard (child psychiatry) – at Phillippe Pinel Psychiatric Hospital in V.**

I was transferred to a psychiatric institution for children and teens: The Yard, located on the compound of Phillippe Pinel psychiatric hospital in V. in the Netherlands. The admission unit at The Yard was called The Bird.

#### ***"Let's give it a try"***

I felt very strange there. I was still scared. It was a group facility, and a lot of things were done together. I was scared by that, but they told me to give it a try. The nurses made efforts to make me feel welcome, but I also noticed that they didn't have much time for anything, just like in the adult ward. They were just managing to get by. They told me that the real help would come from therapies and talks with the psychiatrist and so on. The group was just a place to stay. I gave it a try. I tried to work with the programme, but it was hard. I still felt lost and I didn't see the use of being there. After 10 days, I reached a breaking point.

#### **Another attempt**

One day, when the cleaning closet was left open, I secretly took a poisonous cleaner (decalcifier) and hid it in my room. Several times when I was feeling sad, I sat with the decalcifier in front of me. Then on 14 October 1994, my breaking point came when a nurse told me *"be careful about what you say and do and so on. Nobody knows whether you mean things and if you continue like that, then in time,*

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<sup>8</sup> IBS: *In Bewaring Stelling*: short-term legal measure for forced psychiatric treatment/institutionalization, prolonged legal measure (IBS) is enforced by the judge on 3 October 1994

<sup>9</sup> 5 October 1994, Waterfall files for transmission to The Yard

<sup>10</sup> RIAGG: *Regionale Instelling voor Ambulante Geestelijke Gezondheidszorg*: regional institute for outpatient mental health care

*there will be nobody left to talk with you."*<sup>11</sup> I got very depressed by that, and I felt so hopeless again that I drank some of the poisonous cleaner (decalcifier). A bit later, I told the nurse what I had done and then I had to go to the hospital with the nurse.<sup>12</sup>

### **Seclusion cell**

After hospital treatment, they decided to put me in the seclusion cell (solitary confinement) for the night, for safety reasons, because they couldn't watch me 24/7. It was horrible. That night, 14 to 15 October 1994, I shall never forget. I got very upset in the seclusion cell and then they injected me against my will with a sedative (Valium)<sup>13</sup>. I felt very misunderstood and desperate. The cell itself made me feel rejected and unwelcome. I didn't understand why they didn't understand my signals of resistance and despair.

The files mention: *"patient is getting nervous, shows increasing resistance and hits and kicks against door of seclusion cell, which is getting increasingly intense. Situation is unsafe. Decided in consultation with doctor on duty to administer ... Valium 10 mg (which was done on 14/10 to 15/10)"*

### **Cry for help**

I banged on the door and I screamed that they were wrong. I had to give a sign. I was making noise in order to show that solitary confinement didn't work for me. Showing my panic, I really wanted out. I felt like my life was in a downward spiral, and I had hit the bottom of my very existence. I was in solitary confinement, wearing an ugly prison-dress. To me it was the deepest bottom then. And I felt like I couldn't stay there, it was "the end" of everything. The cell seemed to imprint on me that I had lost it all. I had lost my life, all contacts, everything joyful, except for the trouble, that seemed to only increase. I was even angrier at myself for being in that position. I thought that maybe I would get help when I showed my despair.

### **A way out?**

I didn't want to feel like that again. I interpreted the seclusion experience as a full rejection of my person and as a confirmation of my depressed idea of being "incompatible" and "not supposed to take part in life". The next night, 15 to 16 October 1994 I was secluded again. Secretly, I took some small mirror glass with me into the seclusion cell, which I eventually started to eat that night. Then: *"Seclusion-care followed"*.<sup>14</sup>

### **"Seclusion Care"**

"Seclusion care" meant full-time solitary confinement in the seclusion cell at the end of the corridor. I was only allowed to wear underpants and have a blanket around me. I felt like a prisoner, and totally misunderstood. During the day, I was sometimes allowed out of the cell under strict supervision (1-on-1 assistance). Then I had to stay within sight of the nurses. When there was no supervision possible, I had to stay in solitary confinement in the seclusion cell.

Since the nights of 14-16 October 1994, I hadn't slept in a real bedroom for many nights. There is a large series of registration forms of Compulsory "Means and Measures" dating from 15 October 1994 to 1 November 1994<sup>15</sup> taking note of compulsory measures: seclusion times (every night and sometimes extra "resting periods") and also the instances of forced medication.

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<sup>11</sup> Diary, Friday 14 October 1994

<sup>12</sup> Incident form, 14-10-1994

<sup>13</sup> Registration form, Compulsory Means and Measures, 15-10-1994 up to 21-10-1994, as at 15-10-1994 point f. medication: 1.45 Valium IM

<sup>14</sup> Incident form, 16-10-1994

<sup>15</sup> Registration form, Compulsory Means and Measures, 15-10-1994 up to 21-10-1994

Registration form, Compulsory Means and Measures, 21-10-1994 up to 27-10-1994

Registration form, Compulsory Means and Measures, 22-10-1994 up to 28-10-1994

Registration form, Compulsory Means and Measures, 27-10-1994 up to 01-11-1994

Registration form, Compulsory Means and Measures, 29-10-1994 up to 01-11-1994

As a 16-year old girl, I was much smaller than the nurses. Therefore, my resistance during the struggles to put me back in the seclusion cell consisted mainly of not cooperating by trying to block movement, trying to escape and verbal defences, such as "I don't want to live like this".

#### **NOVEMBER 1994**

##### **Hospitalized**

I felt terribly misunderstood, and my suicidal thoughts increased. Then, at times when nobody was watching, I started eating harmful materials, such as metal pins, spoons and even batteries. On 2 November 1994, I was hospitalized for 13 days for stomach surgery, to remove these materials.

##### **Unknown medication**

While I was in the hospital, the child psychiatrist of The Yard visited regularly, and he insisted that I had to take medication to be accepted for return at the Yard and "otherwise I maybe had to go to a prison unit". I refused the medication every time, because I was scared of it. At some point I got suspicious of the medication that the medical nurse was giving me. She then confessed I had been given an anti-depressant and a sedative all week long already (Anafranil and Dormicum)<sup>16</sup>. I felt poisoned and betrayed. However, after calming down, I decided to give up my resistance, and accept it. Basically, I had no real choice, and at that point it didn't seem to make so much difference after all.

On 15 November 1994, I returned to the child psychiatry unit The Bird at The Yard. In the meantime on 3 November 1994, a legal measure (RM)<sup>17</sup> for compulsory treatment for 3 months was enforced by a judge, so I wasn't allowed to leave the psychiatric institution before 3 February 1995. In November, I clearly started to write only shorter pieces in my diary, because I was feeling tired all the time due to the medication. I was too tired to write, dizzy and confused. I was still feeling bad. I felt like I could just not take it anymore.

#### **DECEMBER 1994**

And still I kept on having ups and downs. About 2 weeks after my return from the general hospital to the psychiatric ward, I experienced another breaking point. On 1 December 1994 in the morning, I almost tried to hang myself<sup>18</sup>. A week later, when I tried to take similar preparations on 8 December 1994, I was secluded again. So once again, for an even longer time it turned out. I still tried to eat harmful things. There were again some keys in my stomach.

On 8 December 1994, another series of Registration forms on Compulsory Means and Measures<sup>19</sup> was initiated for a period that eventually lasted up until 2 March 1995 (then a broad policy document replaced daily registration of compulsory measures from 21 February 1995 up to 5 May 1995<sup>20</sup>).

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<sup>16</sup> letter dated on 16-12-1994 from Medical Hospital- paediatrics (medical details)

<sup>17</sup> RM: *Rechterlijke Machtiging*: longer term legal measure for forced psychiatric treatment/institutionalization, enforced by a judge from 03 November 1994 to 03 February 1995

<sup>18</sup> Incident form, 01-12-1994

<sup>19</sup> Registration form, Compulsory Means and Measures, 08-12-1994 up to 09-12-1994

Registration form, Compulsory Means and Measures, 09-12-1994 up to 15-12-1994

Registration form, Compulsory Means and Measures, 15-12-1994 up to 21-12-1994

Registration form, Compulsory Means and Measures, 16-12-1994 up to 22-01-1994

Registration form, Compulsory Means and Measures, 22-12-1994 up to 28-12-1994

Registration form, Compulsory Means and Measures, 23-12-1994 up to 29-12-1994

Registration form, Compulsory Means and Measures, 29-12-1994 up to 04-01-1995

Registration form, Compulsory Means and Measures, 30-12-1994 up to 05-01-1995

Registration form, Compulsory Means and Measures, 06-01-1995 up to 12-01-1995

Registration form, Compulsory Means and Measures, 13-01-1995 up to 19-01-1995

Registration form, Compulsory Means and Measures, 20-01-1995 up to 26-01-1995

Registration form, Compulsory Means and Measures, 27-01-1995 up to 02-02-1995

Registration form, Compulsory Means and Measures, 03-02-1995 up to 09-02-1995

Registration form, Compulsory Means and Measures, 10-02-1995 up to 16-02-1995

Registration form, Compulsory Means and Measures, 17-02-1995 up to 23-02-1995

Registration form, Compulsory Means and Measures, 24-02-1995 up to 02-03-1995

### **Medicated**

I felt totally misunderstood. I was still severely drugged with sedatives (Oxazepam and Lorazepam) and an anti-depressant (Anafranil), which caused me to feel dizzy and confused and I had vision problems due to the medication. Writing in my diary was still hard. These effects made me fear that I was indeed losing my mind, and I felt like a "failure" again, becoming even more distressed.

### **Restraint belts**

On 15 December 1994, I became very upset in the seclusion cell, and they tied me to the seclusion bed with belts (restraint). I felt horrible, totally powerless and degraded, and very misunderstood. I became even more suicidal due to this treatment. I felt desperate. And I didn't cover up the fact that I was still feeling desperate and suicidal, saying repeatedly that "I didn't want to live like that".

### **Bite marks**

I still have scars from bite marks on my arms and hands from struggling against restraint. In my resistance I clamped my arms around myself, and bit myself to avoid the strapping, but the nurses pulled and pulled, while I held on. I didn't let go, and neither did they. It was an unbelievable struggle. I hoped to make them see that they were harming me, but it didn't work. Eventually nothing really changed.

### **Multi-restrained**

In December 1994, after about 2 months in this child and teen institution, I was being more and more restrained. Reason: *"patient tries to hurt herself by eating sharp objects and wants to end her life. She cannot promise to prevent this."*

I was often placed in solitary confinement in the seclusion cell, at times also strapped onto the bed, and overall drugged with several types of medication at the same time as well. On 18 December 1994, I was secluded, restrained and also drugged with an injection of neuroleptics (Cisordinol Acutard) on top of the medication that I had already been given. I was forced to become calm, but in reality I became more and more desperate. I felt horrible. I sometimes still tried to hurt myself by banging the wall, eating objects, or twisting in the straps. I felt like I had lost everything, and I blamed myself for it, which resulted in increasingly suicidal thoughts. I thought it couldn't get any worse, but I appeared to be very wrong about that. On 26 December 1994, a "seclusion policy" was launched.

### **"Seclusion policy"**

The seclusion policy<sup>21</sup> was an individual treatment guideline prescribing a set of very strict rules for seclusion, standardized forced body cavity searches (body checks), along with restraint and forced medication "whenever necessary". The policy concerning my case mentions for example:

- *"When Jolijn cannot be offered eye contact she is in closed seclusion"*
- *"standardized check for possession of dangerous materials (...) No underwear at night. In addition, to check for possible hidden objects, let her bend for inspection of body parts where something could possibly be hidden. This needs to be done by female personnel."*

### **Forced body cavity searches**

The forced body cavity searches were amongst the most horrible things I have ever experienced in my life. When I refused to cooperate, this was done by force. Then I was overpowered. I felt like I was being raped and then abandoned in a cell. I found it horrible that women and men did this to me. I felt stuck in a horrible place, and I saw no way out, except by "leaving life", which in my experience had slipped away already.

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<sup>20</sup> Compulsory Means and Measures form: seclusion and forced medication (time-bound), from 21-02-1995 to 15-05-1995

<sup>21</sup> Seclusion policy / "separatiebeleid" Jolijn per 26-12-1994

Seclusion policy per 26-12-1994 (separatiebeleid Jolijn per 26-12-1994)

This is a full translation of the "seclusion policy per 26-12-1994" as attached in the psychiatric files concerning my case:

**"Seclusion-policy Jolijn**

*per 26-12-1994*

To prevent running away, suicide, and the eating of dangerous objects:

- Jolijn now has 1-on-1 supervision.
- **There needs to be eye contact at all times.** Be alert to the fact that she collects inedible materials to swallow them (cutlery, pins, jewellery, belt parts, buckles and so on)
- When there is too much going on or restlessness in the group which causes in turn stress and agitation for Jolijn, then choose to use the pre-room, of course with supervision.
- Always have her eat food in the pre-room (for checks)
- Jolijn uses the toilet and shower in the pre-room (door cannot be closed for supervision).
- **When Jolijn cannot be offered eye contact she is in closed seclusion.** During the day she can wear her own clothes, but perform **standardized checks for possession of dangerous materials** as described above.
- She sleeps in closed seclusion: **in seclusion clothes.**
- The assistance is being performed by staff with diplomas or under their supervision and preferably women (no students).
- In the morning hours, in certain cases when Jolijn is very tired, she can sleep a maximum of 1 hour. Keep awake during afternoon and evening. When she needs her duvet for that, always check this for hidden materials. When duvet is not in use put it back in the pre-room, so nobody can hide something in it.
- During the day and evening, when Jolijn is angry and upset and when pointed out she can tear the newspaper apart in the pre-room and not on the ward.
- During the day and evening Jolijn is allowed when angry and agitated and when pointed at, to play soccer in the gym room.

**ATTITUDE REGARDING COMMUNICATION:**

- We are severely worried about Jolijn.
- We offer limits for safety.

**NIGHT SHIFT PRESCRIPTIONS:**

- No duvet for the night. Maintain seclusion blanket.
- No toilet paper or cup in seclusion. During the night she can go to the toilet under supervision.
- During restlessness at night (esp. destructive behaviour) the doctor on duty needs to be asked permission to **restrain** her. The doctor will also need authorization of the night-supervisor (the back-guard).
- When restraint is needed, the door needs to be open combined with continuous presence and control by someone in the seclusion or pre-room (for observation and direct intervention in the event of suffocation/strangulation/throwing up, etc.) = prescription of national inspection!
- **No underwear at night. In addition, to check for possible hidden objects, let her bend for inspection of body parts where something could possibly be hidden. This needs to be done by female personnel.**
- In case of severe and unstoppable agitation, doctor on duty may consider **injecting Cisordinol Acutard 50 mg i.m.**
- At night time, when not restrained, visit Jolijn every 15 minutes.

The seclusion policy was a so-called protection measure supposedly for my own safety, based on "danger to self". However, this policy was only focussed on the symptoms of my behaviour, and not on my experience and motives. I felt absolutely miserable, and the seclusion policy made it worse, which in turn only stimulated my despair and suicidal thoughts.

In reality, the seclusion policy didn't provide safety at all, but only caused more struggle, distance, trauma, and more problems, and increased escalation. This approach was counter-productive.



## **JANUARY 1995**

Since Christmas 1994, the seclusion policy had lasted. I was only allowed out of seclusion when there was enough personnel to provide 1 on 1 assistance. I felt bad about the start of a new year. I lacked hope.

### **I felt like a beast**

I didn't want to feel anything anymore. I couldn't bear to see myself in that position. I felt like a beast, not like a human anymore. I realized that I hadn't had a haircut for a long time, and my nails were uncut, only torn. I was confined in a cage, degraded, tied up. I really felt like I was living the life of a caged animal in a test farm.

### **Nobody but "Jeanny"**

I still very much clung on to my concept of Jeanny, my diary, which in my perspective by then equalled unconditional understanding and a certain liberation by death. I was still mainly occupied with the question of whether I should take my own life, or whether there was another way to end my misery. I was still feeling hopelessly stuck in the life I was in. I felt unable to relate to my surroundings and therefore my concept of Jeanny became more important to me in fact. I felt like I couldn't talk to the nurses or anyone else. I felt very misunderstood by everyone. I was closing myself off. I only expressed that I was really on the edge of feeling suicidal. Yet I really hoped someone would understand my feelings eventually. However, there was no meaningful relationship between the caregivers and me. In my experience, these nurses were more like enemies than caregivers to me. I only had "Jeanny" to express myself to. When I wasn't allowed to write, I imagined a connection in my mind to access this comfort zone. I had 'her' on my side. I knew there wasn't a real connection, but I thought that I had found a clever and useful way to feel stronger on my own: I could imagine "Jeanny" beside me.

### **Treatment plan**

On 26 January 1995 a treatment plan<sup>22</sup> was designed, which again confirmed the use of seclusion schemes, forced restraint and forced medication "whenever considered needed".

Partial translation of the treatment plan of 26 January 1995:

Once admitted a regressive image formed, where patient developed behavioural disorders of a manipulative nature, and on top of that, pica-behaviour (eating objects). On the basis of danger-criteria, and at the partial request of the parents, an RM (legal measure) is requested and by now enforced by a judge.

(...) in the last week of October 1994, patient had found opportunities to eat quite a lot of small materials in one week's time, after which the paediatrician was consulted. This resulted in a surgery. In the meantime, the judge authorized a legal measure (RM). In consultation with patient -once admitted to The Yard- a treatment contract was made in which her freedoms were expanded gradually and a desirable treatment climate was created. Unfortunately, our patient again found an opportunity to consume materials during the course of admission (December 1994). After this, 1-on-1 control-assistance was started, and she is also secluded at night for safety reasons, combined with sedative and antidepressant medication. Moreover, this was done at the urgent request of and in consultation with patient herself.

#### **Treatment plan:**

- 1. Extended nursing measures have been taken (1-on-1 supervision, seclusion schemes), based on vital danger-criteria, to prevent patient from undertaking action to hurt herself or to end her life. Keep "Crisis-control" as a danger-criterion, if necessary by forced restraint.** Where and when possible, aim for reduction of the strict and controlling nursing climate by using a detailed step-programme in combination with ego-empowering and -supportive treatment.
- 2. Try to make it possible to prolong the drug therapy.**
- 3. Conversations led by the system therapist with mother and father to gain more information concerning the life and experience of Jolijn and family members.**

### **Deterioration is noticed**

The nurses and psychiatrist noticed that my self-destructive behaviour got worse within a few weeks after my admission: "*once admitted a regressive image formed, where patient developed ... disorders*". Yet, the approach wasn't changed.

<sup>22</sup> Treatment Plan, 26 January 1995

On 30 January 1995, it was decided to prolong the legal measure (RM)<sup>23</sup> for 6 months, from 02 February 1995 to 02 August 1995.

### **FEBRUARY 1995**

The lack of reflection and evaluation of the interventions was in itself again illustrated on 14 February 1995, when several therapeutic reports were issued on psycho-diagnostics and system research. The latter mentions: *"Because suicidality refers to massive influence I am constantly occupied with structuring and analysing influences. Whether the steering of influences (on what is sound for Jolijn and what is not) can be handled by the parents is highly questionable. For now protection for her relief is necessary."*<sup>24</sup> Yet again, there appeared to be a total absence of reflection and evaluation on the impact of their interventions on me.

In the meantime, the Registration forms of Compulsory Means and Measures were still following each other in sequence, mentioning seclusion (every night and extra resting periods in 'closed seclusion'), with seclusion linen and medication. Reason: *"patient tries to hurt herself by eating sharp objects and wants to end her life. She cannot promise to prevent this."*

### **Rough physical struggle**

I had never been exposed to physical struggle in my life before my admission in psychiatry, certainly not with adults. However, in psychiatry, it was almost a daily practice. It was a very absurd situation. The physical struggle could get very rough. On 16 February 1995, I had to eat my meal in the pre-room of the seclusion cell, and I became agitated over an argument. I put my food in the sink and opened the tap fully, in order to flood the sink on purpose, as a protest against the unfairness of such a restricted life. Then there was a struggle, a nurse tried to pull me away, and she accidentally broke her hand.<sup>25</sup> This was not caused by my actions, and I wasn't accused, but the violence in these struggles was notable. I had countless bruises myself during the 2 years I was subjected to this rough physical treatment. I didn't use violence, but I also didn't cooperate with the forced interventions. In my opinion, I was only attempting to stay true to myself and my moral values.

### **Birthday night alone in seclusion**

At the end of February 1995 a paper was signed that allowed for several months of seclusion and forced medication (time-bound) from 21 February 1995 to 15 May 1995.<sup>26</sup> It hit me hard to be in seclusion on the night of my birthday, 27<sup>th</sup> of February. I was turning 17 in such a position. I didn't see a future anymore. I didn't know what was ahead of me and how long it would take. Normally I would have been extra happy on my birthday, but now I was extra sad. That was very hard. It felt truly hopeless.

### **MARCH AND APRIL 1995**

I was severely drugged. For the month of March 1995, there are basically no medical files or incident forms concerning my case, nor any diary entries of my hand.

In April 1995, I was in a "step programme" and gradually getting more freedoms. However, whenever I refused to take the oral neuroleptic medication (Semap) I got an injection of the neuroleptic Cisordinol under force. These inter-muscular injections hurt a lot, and made me feel very dizzy and tired again. It happened several times within a few weeks. By the end of April 1995, I was in "step 4", which meant I was allowed to sleep in "open seclusion" at nights. On day time I could join parts of the activity programme under supervision. I still had to stay in the cell for several "resting periods" every day and every night, but the door would not be locked.

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<sup>23</sup> RM: *Rechterlijke Machtiging*: longer term legal measure for forced psychiatric treatment/institutionalization, at 30-01-1995 prolonged by a judge from 02-02-1995 to 02-08-1995.

<sup>24</sup> Report on system research 14-02-1995

<sup>25</sup> Incident form 16-02-1995, ARBO form 16-02-1995

<sup>26</sup> Compulsory Means and Measures Form: seclusion and medication (time-bound), 21-02-1995 to 15-05-1995

On 20 April 1995, I tried to run away from the institution. I went to my family. Eventually I was brought back to the institution, in compliance with the BOPZ law.<sup>27</sup>

### **MAY 1995**

I was still severely drugged. In the notes of the Treatment Plan Meeting of May 1995, it is written: *"Sharp edges are gone. Medication comprises: 2x 15 mg Cisordinol<sup>28</sup>, 3x2,5 mg Temesta<sup>29</sup>, 4x 2mg Akineton<sup>30</sup>, Prozac<sup>31</sup>"* and from the therapeutic side is the note: *"A lot of hindrance by medication"*.<sup>32</sup> I had become physically inactive and so then my behaviour was found to be less problematic.

### **JUNE 1995**

#### **The Pitch**

On 13 June 1995 I was transferred to a neighbouring ward called: **The Pitch**. This residential unit was also a part of The Yard, the child psychiatric institution in V. It was an "open" ward, meaning the doors were not locked. However, I was not allowed to leave, due to the house-rules and the legal measure for compulsory treatment in a closed setting.

#### **Strict rules instead of care**

Upon admission, it was pointed out to me that I had my "own responsibility" over my freedom and I was told that I needed strict rules. I remember that they said "what I had done to my mother was disgusting, and such things were not acceptable here". They made clear to me that self-harm was strictly forbidden, and they told me that I had to behave myself. I felt miserable. I really felt criminalized for my despair. I would be facing nasty measures if I self-harmed again. It felt like punishment, which made me feel misunderstood in itself. I had hoped for help, real understanding, but that hope had vanished more and more. I felt powerless, because I seemed to have this bad reputation all over the child psychiatric institution for being a trouble-maker with bad intentions. But I didn't have bad intentions towards others. This misunderstanding made me feel terrible and desperate. I had to try to keep up. However, I couldn't manage to get along. I still felt out of place, sad and desperate. I was still not doing well, and I struggled to find my way. My concept of Jeanny was still my only real comfort zone. I still questioned myself about whether I should live or die.

#### **Resorting to self-harm again**

Then again, or rather, still, I resorted to self-harm and running away, which is generally reported as "incidents". On 21, 22 and 27 July 1995 I ran away and asked for help from several authorities such as at police stations and the general hospital. But unfortunately, this only resulted in being brought back to be locked up in the institution. Most of these so-called "incidents" were followed by some 'shorter' seclusion episodes.<sup>33</sup>

### **JULY 1995**

#### **Hospitalized again**

In the beginning of July 1995, I felt hopeless again and I became more severe with my self-harming practices. At that point, I ate some partial razor blades.<sup>34</sup> On 5 July 1995, I got a high fever and I was

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<sup>27</sup> law BOPZ: *Bijzondere Opnamen in Psychiatrische Ziekenhuizen*: Dutch Law on (compulsory) Special Admissions in Psychiatric Hospitals

<sup>28</sup> neuroleptic

<sup>29</sup> sedative

<sup>30</sup> against side-effects

<sup>31</sup> anti-depressant

<sup>32</sup> Treatment plan meeting 09-05-1995 handnotes team

<sup>33</sup> Compulsory Means and Measures form – seclusion (variable times), from 22-06-1995 to 23-06-1995

Compulsory Means and Measures form – seclusion (variable times), from 23-06-1995 to 23-06-1995

Compulsory Means and Measures Form- seclusion (variable times), from 25-06-1995 to 26-06-1995

Compulsory Means and Measures form- seclusion (time-bound, only nights), from 26-06-1995 to 30-06-1995

Compulsory Means and Measures form: seclusion (variable times), from 29-06-1995 to 29-06-1995,

Compulsory Means and Measures form: seclusion (variable times), from 30-06-1995 to 30-06-1995

<sup>34</sup> Incident form 02-07-1995, Incident form 04-07-1995

brought to the hospital.<sup>35</sup> The razor blades were surgically removed and I stayed 16 days in the hospital. After the medical treatment, on 22 July 1995 I was transferred back to The Yard, the child psychiatric institution in V.

### Crisis-intervention programme

I was regarded as a "very problematic case". On 21 July 1995, one day before my return from the hospital, another Treatment plan<sup>36</sup> was designed, which contained several "seclusion policies"<sup>37</sup> corresponding with a "step-programme" from 0 to 2, in which I would gradually gain more freedoms.

After my return from the hospital on 22 July 1995, I had to start with step 0 / the Crisis-intervention programme, which was a very strict seclusion programme (executed at another ward: the Climber). After that came step 1, the Seclusion Policy, which meant seclusion with some brief periods out. And then came step 2, the Policy, which meant only seclusion for the night and extra resting periods.

Fully translated attachment of treatment plan 21 July 1995 - Crisis intervention programme (**step 0**):

### **Crisis-intervention/ seclusion programme Jolijn Santegoeds**

Start with seclusion programme as soon as Jolijn comes out of medical hospital.

#### **Target: offering safety and reducing fear**

Times	Care moments	By whom
8.15-8.45	Morning care (Shower + breakfast)	1 nurse of Climber 1 nurse of The Yard
10.30-10.45	Beverage	2 nurses of Climber
12.00-12.15	Contact with psychiatric doctor 1st week 10 to 14 July: Mr. A 2nd week 17 to 21 July: Mr. B 3rd week 24 to 28 July: Mrs. C.	1 nurse Climber
12.30-13.00	Lunch	1 nurse of The Yard 1 nurse of Climber
15.30-16.00	Beverage + walking Internal yard (patio)	1 nurse of The Yard 1 nurse of Climber
18.00-18.30	Dinner	1 nurse of The Yard 1 nurse of Climber
20.00-20.15	Beverage	2 nurses of Climber
At latest 22.00-22.15	Night care	2 nurses of Climber

#### Points of attention:

- \* Seclusion blankets
- \* Seclusion dress
- \* No glasses *contact lens? Allowed*
- \* Cutlery (count before and after)
- \* TV and music on appointment
- \* Check: every 15 minutes

<sup>35</sup> Incident form 05-07-1995

<sup>36</sup> Treatment plan 21-07-1995

<sup>37</sup> Policy Jolijn Santegoeds from 22-07-1995 (*Beleid Jolijn Santegoeds*) attached to Treatment Plan 21-07-1995  
Seclusion-policy (*separeerbeleid Jolijn Santegoeds*) attached to Treatment Plan 21-07-1995  
Crisis-intervention / seclusion programme attached to Treatment Plan 21-07-1995

So after being discharged from the hospital on 22 July 1995, I was immediately fully secluded with this Crisis-intervention programme (step 0), and then gradually released to Step 2 (nightly seclusion).

### **More problems instead of safety**

The seclusion programmes were expected to result in a safer situation. However, this was not the case. I felt increasingly powerless, helpless and desperate about myself and my life. I felt as if I had been punished for having problems. My hope for understanding was largely gone, and meaningful contact with the nurses had become impossible for me because of the ongoing misunderstanding and the degrading interventions. I was facing a miserable continuous struggle fully on my own. Life seemed very meaningless. The seclusion programmes were not stimulating safety, but stimulating despair, which increased my psychosocial problems and led to more self-destructive feelings. I completely lacked hope.

### **Prolonged forced stay**

On 27 July 1995, I had the next legal meeting about the legal measures. I was still in the seclusion programmes. My lawyer persuaded me to file a "Personal Request" for a legal measure to the judge, to be able to negotiate a shorter time span. Eventually my lawyer wrote the request himself, and I only signed it.<sup>38</sup> On 27 July 1995 the legal measure (RM) at my Personal Request was enforced for 9 months from 03 August 1995 to 03 May 1996.<sup>39</sup>

### **AUGUST 1995**

In early August 1995, I was again at The Bird unit (admission ward of the child psychiatric institution).

### **"Untreatable"**

In the Policy (step 2) it is written: "*Jolijn is for crisis intervention at The Bird and shall NOT participate in the holiday programme!*" I was separated from the group at The Bird. I was said to be "untreatable" and "unmanageable" in child psychiatry. Also, since I had a history at that place, I didn't get along well with the nurses anymore. It was clear that they didn't want me there anymore. They were already looking for another place for me, supposedly in adult psychiatry. I found that scary. I still felt desperate, stuck and hopeless. I was still several hours a day and at nights in seclusion. Only under supervision I was allowed to do or join activities.

### **Continuous fight**

Again I felt like I had nothing to lose, and consequently my behaviour became troublesome again. I was "acting-out" by being somewhat disobedient, such as throwing around shredded newspapers and refusing to clean it up. Often this resulted in extra time in seclusion<sup>40</sup>, reason: "*Unchangeable acting-out behaviour*". I was basically in a continuous fight with the nurses. I would soon leave anyway. And a part of me hoped that maybe if I showed enough resistance, the new ward would understand my panic and stop the seclusion policies.

## **4. Transfer to adult psychiatry: The Elm Tree – at Phillippe Pinel Psychiatric Hospital in V.**

On 22 August 1995, I was transferred to an adult ward called: The Elm Tree, located in the Phillippe Pinel psychiatric hospital in V. in the Netherlands. It was a "closed ward" (with locked doors), located just about 100 metres away from the block devoted to child psychiatry. I was 17 by then. I was transported in a van, while restrained. Of course I was scared to go to a new place again. But you never know. Maybe these new people would be different. I couldn't know.

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<sup>38</sup> Personal Request letter 26-07-1995

<sup>39</sup> RM: *Rechterlijke Machtiging*: longer term legal measure for forced psychiatric treatment/institutionalization, at 27-07-1995 RM on personal request – enforced by a judge for 9 months from 03-08-1995 to 03-05-1996.

<sup>40</sup> Compulsory Means and Measures form: seclusion (time-bound), from 06-08-1995 to 08-08-1995

Compulsory Means and Measures form: seclusion (time-bound), from 09-08-1995 to 10-08-1995

Compulsory Means and Measures form: seclusion (continuous), from 18-08-1995 to 22-08-1995, Reason: *Eating ("pica") of dangerous materials*

I arrived at The Elm Tree. I didn't know this ward, nor what would happen. I had hopes and fears. But unfortunately, at the adult ward (The Elm Tree), I encountered the same situation as the one I was in at The Yard (child psychiatry). The files mention that I was admitted at The Elm Tree because of "unhandleable behaviour at The Yard. During the first week, the policy from The Yard shall be copied, sleeps in closed seclusion at nights until 28 August 1995." <sup>41</sup> The reason for seclusion was given as: "Danger. Self-harm with life-threatening ending".<sup>42</sup>

Just after a few hours of being at this new ward, I again felt very bad, and I ate ant poison. I was still desperate about my life that had gone so wrong. Several days later, I had an argument with the nurses, I got upset and I smashed a glass, and then I started eating the glass out of protest and despair. I also resorted to eating teaspoons and other objects again.

### **SEPTEMBER 1995**

My files from The Elm Tree mention that they chose a "neutral approach", meaning they didn't want to answer a so-called negative cry for attention. On a number of forms it is mentioned: "Was the incident discussed with the patient or relatives: no". Also, after an overdose of pills it is recorded: "Incident hasn't been discussed with Ms. according to agreed attitude in treatment plan."<sup>43</sup> Since the policy of The Yard was replicated, seclusion was still regular. Special incidents are registered.<sup>44</sup>

### **Staying within sight**

I was not allowed to move out of the sight of the nurses. Whenever I did go out of their sight, I risked "losing my freedoms", which happened on 21 September 1995<sup>45</sup>. All my freedoms were restricted after I moved out of sight. I got really upset and started to throw things, and a fellow patient/friend started to do the same thing. The window broke unexpectedly, and then immediately I tried to get away. After this I was put in the seclusion cell.

I wasn't feeling better since I was at the adult ward The Elm Tree. I still showed some quite problematic behaviour, which was registered as "incidents": I smashed a plate, broke a vase, blocked the door, ran away, and self-harmed. The term "*Threatening Destructive Behaviour (DDG)*" was introduced.

### **OCTOBER 1995**

In the beginning of October 1995, it is again registered repeatedly that an injection of neuroleptics (Cisordinol) was given whenever I refused oral neuroleptic medication<sup>46</sup>.

### **Thumb injury**

On 19 October 1995, I injured my thumb by self-harm and I couldn't stretch my thumb anymore. The nurses didn't believe me, and neither did the psychologist or the doctor who examined me. They didn't give permission for my thumb to be treated. They said I was faking it and trying to draw attention. Together with a fellow patient/friend I escaped from the institution and went straight to a hospital. In fact, that same day we escaped 3 times (with the help of fellow patients). We were forced to leave 3 hospitals even after the injury on my thumb had been diagnosed. The medical staff in the hospital was not allowed to treat me without the permission of my psychiatrist. And the psychiatrist didn't give his permission.

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<sup>41</sup> 22-08-1995 Status Notes E.S (1)

<sup>42</sup> Compulsory Means and Measures form: seclusion (time bound) 22-08-1995 up to 28-08-1995

<sup>43</sup> Incident form 16-09-1995

<sup>44</sup> Compulsory Means and Measures form: forced medication: 31-08-1995 up to 31-08-1995

Compulsory Means and Measures form: seclusion (time bound, 22.00-23.00) : 31-08-1995 up to 31-08-1995

Compulsory Means and Measures form: seclusion (continuous): 21-09-1995 up to 21-09-1995

Compulsory Means and Measures form: forced medication 09-10-1995

Incident form 09-10-1995 (22.45 PM): injection of medication with force

<sup>45</sup> 21-09-1995 Status Notes E.S.

<sup>46</sup> 09-10-1995 Status Notes E.S.

### **The struggle over my thumb injury**

The psychiatric staff didn't believe I had suffered a thumb injury. I felt as if they weren't listening to a word I said. Back then, I smuggled a letter out of the institution, to keep as evidence of this practice: a letter from Medical Doctor: V.E., to colleague, expressing his doubts as to whether there is any thumb injury and requesting a second opinion, dated 19-10-1995.

Their disbelief was confusing me. I didn't know what to do anymore. When I was harming myself it was wrong, but when I wanted health, I also got in trouble for it. I was confused by the fact that they didn't believe I had suffered this injury, and that they didn't give permission for me to be treated. I felt like I was still stuck in a really miserable place. I had no perspective that it would ever become right again. I was still sad, lost and suicidal, and my concept of Jeanny was still the only way for me to find comfort.

### **Horrible psychotherapy sessions**

Horrible memories I have of the psychologists S.Y. and E.S., who tried to convince me that I could move my thumb if I wanted to, and who accused me of faking it, or that my brain was just tricking me. Both of them pushed me to say out loud that I was able to move my thumb. I refused that. I got very angry and upset. My thumb injury wasn't a fantasy, it was real.

Sometimes, I really started to doubt my own perceptions. It almost drove me crazy, so confusing it was. These sessions with these psychologists are amongst the hardest things I have ever been exposed to. They actually urged me to leave my own senses. I doubted myself for real at that point, I wondered whether I was indeed crazy. "Maybe I was so crazy that I didn't realize how crazy I was..?" That was a really scary thought. It was a struggle.

## **NOVEMBER 1995**

### **Proving my injury with a physiotherapist**

After about 3 weeks (on 08-11-1995)<sup>47</sup>, and with the help of the local ombudsman (PVP<sup>48</sup>), I managed to get permission to go to a physiotherapist. The physiotherapist used electrodes on my arm. This is how there was finally evidence of my injury on 17 November 1995.

### **No treatment for 'non-life-threatening self-harm' anymore**

Then I was told that the tendon would not be restored because I kept on self-harming. So they had decided to stop helping me for injuries that weren't life-threatening. They said to me that if I would not self-harm for a while, they would consider the surgery to have it fixed. Of course I considered to not self-harm again, but it was hard, because I felt so miserable there.

### **Dying slowly?**

When they said they weren't going to treat 'non-life-threatening injuries' anymore, it made me feel very afraid of the future. I was scared that there was a long road of suffering ahead of me. Being kept half-alive and half-dead (injured and disabled). It felt so much like a dead end. It was all slipping away. A part of me thought that maybe it would be better if I died before experiencing such suffering. It was a very confusing time. Sometimes, I really didn't know what to think of it. Were they pushing me towards successful suicide? Or keeping me miserable? Or just teaching me a lesson? All of this made me feel more miserable. And I was angry at myself for being in such a horrible position, and this all actually increased my desire to self-harm and commit suicide more and more. This was not helping me.

### **Clinging to myself**

Again I realized I had to stay true to myself. And just stick to myself, and my resistance. Inside me was a little girl, who knew what was right and wrong, and I knew they were all wrong. They were harming me. Once again, I felt so clearly that I really needed to cling on to myself, and not let them take my spirit away. I knew I couldn't let them get into my head.

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<sup>47</sup> 08-11-1995 Status Notes E.S

<sup>48</sup> PVP: *Patienten Vertrouwens Persoon*: patient advocate for dispute resolution

Because of all of this, I took another overdose of pills on 23 October 1995, and I was hospitalized for 1 night. The files mention: *"Nursing staff of medical hospital mentioned that Jolijn's thumb was hanging rather loosely, but doctor of medical hospital didn't identify abnormalities."*<sup>49</sup>

### **I stopped expressing pain**

Since I was having a huge disagreement about whether I was injured or not, and since the nurses seemed to know everything better than me, I decided to stop expressing pain at all, even when I had set fire to my trouser leg and got a burn wound on 26 October 1995.<sup>50</sup> In my opinion, everything that I said or did clearly didn't seem to matter. Needless to say that I was feeling very lost, misunderstood, stuck, miserably depressed and suicidal. Again I took pills.

### **Letting it go**

In the end, I struggled to have recognition of my thumb injury for several months until I had exhausted all possibilities and there was no hope left. And then, I knew I had to eventually let it go. It was such a disturbing experience. I had to stop thinking about it. In fact, whenever I thought about it, I just wanted to get rid of myself, my life and everything. I really became very suicidal when I thought about my thumb. The fact that I couldn't give a "thumbs up" anymore was very symbolic.

Whatever I did seemed to be wrong, pursuing health treatment or active self-harming. It made no difference anymore. I didn't understand what they expected of me. I was stuck. A 'normal life' seemed really out of reach. I really felt like I had nothing to lose.

### **Breach of contact**

Then, after some more arguments, it all escalated horribly. On 12 November 1995, I severely injured my foot by self-harm<sup>51</sup>. The psychologist notes: *"Jolijn didn't want to say much about what had happened on Sunday. Just that she felt disappointed. When I wanted to go deeper into her feelings and talk about her feelings, she shut down the conversation."* After the thumb-issue, I just didn't want to talk to her anymore, especially not about feelings. I only wanted to talk to people when there was a chance of being understood. In my opinion, there was no chance of being understood by any of the nursing staff any longer.

### **DECEMBER 1995**

On 7 December 1995, I ran away together with several fellow patients, and I got my nose pierced. All freedoms were restricted afterwards, but it was "worth it". Generally I was still stuck at that ward, in an endless struggle and disagreement. After about 14 months of being involuntarily institutionalized and subjected to so many forced treatments, it all seemed hopeless. I started "acting-out" again. On 18 December 1995, I set a paper on fire in the internal phone booth, no damage.

### **Another year ahead**

By the end of December 1995, I had gotten very depressed again because another new year was coming up. I didn't see any future for me. I felt again so lost, that I self-harmed again on 27 December 1995. The following day, I again did some severe self-harm and I set fire in the phone booth where I had locked myself in. Later, I did the same in the toilet. I was secluded, explicitly including forced body cavity searches<sup>52</sup>.

On 28-12-1995 a Registration form on Compulsory Means and Measures was issued, mentioning seclusion (at variable times), from 28 December 1995 up to 14-05-1996. Reason: *"Patient set fire in the phone booth and on toilet after having self-harmed earlier in the day"*

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<sup>49</sup> Status Notes E.S. 23-10-1995

<sup>50</sup> Incident form 26-10-1995

Status Notes E.S. 26-10-1995

<sup>51</sup> Incident form 12-11-1995

Status Notes E.S. 12-11-1995

<sup>52</sup> Incident form 28-12-1995



The next day, on 29 December 1995 again I ate a blade<sup>53</sup>, and after confessing I was hospitalized again. They took the blade out of me by gastroscopy (via a tube through my mouth). A day later I was dismissed from the hospital, and brought back to The Elm Tree.

### **JANUARY 1996**

On 2 January 1996, I ate mice poison together with a fellow patient/friend. On 5 January 1996, I self-harmed again quite severely my arm, for which I needed surgery. At that point I hoped they would also be able to fix my thumb in the same surgery, but that didn't get solved. To me, it was again very confusing that the one tendon was restored, while the other tendon wasn't. On 15 January 1996, I cut myself in the throat quite severely. This incident was traumatizing to my fellow patient, who walked in. She was very shocked and upset. Then, a week later, on 28 January 1996, I took pills and on 29 January 1996, I again ate razor blades.

### **FEBRUARY 1996**

By that time, I couldn't stand to look at myself. My body was full of scars. I felt like there was no return. I felt like it would never become right again. The same struggles kept on continuing. I was still feeling really hopeless, and I thought I would never get out alive. On 13 February 1996, I self-harmed and on 23 February 1996, I ate a dangerous metal pin, for which I was briefly hospitalized.

My birthday was coming up again. I would be turning 18. On 26 February 1996, the day before my birthday, I self-harmed severely. The day afterwards, I was "acting-out" again, and I used the fire hose and sprayed the ward with water. Some nurses got wet (without any harm). I was secluded afterwards.

### **MARCH 1996**

In March 1996, the physical struggles on forced body cavity searches became rougher.<sup>54</sup> I still did harmful things to myself, and I resumed eating teaspoons. Eating objects was also regarded as 'non-life-threatening' (until there were signs that said otherwise, like signs of shock). I swallowed all the teaspoons I could find (50).

Seclusion was still common. The nursing plan<sup>55</sup> mentions:

- *"Seclusion with 4 persons (minimum 1 female)."*
- *"When she is not laying in sight, request this, if not, than the mattress will be removed from seclusion for the entire night."*
- *"The seclusion dress will only be removed when she uses this to strangulate. She will get a new one then. If this happens again, then fixation in wrist/ankle straps, Swedish belt, with seclusion dress (a whole one). When she gets out of this, she will be secluded naked."*
- *"In refuses Orap, inject Cisordinol Acutard because of danger criteria. Pay attention to a minimum of 3 days between 2 injections!"*

There seemed to be no end to the negative spiral that I found myself in. On 20 March 1996 I self-harmed again inside the seclusion cell. After that, the forced body cavity searches increased<sup>56</sup>. Simultaneously, my behaviour also became more destructive, both towards myself and towards material objects.

On 29 March 1996, there was another Treatment Plan Meeting. The evaluation of the treatment so far is described in the files: *"Our neutral ward-attitude/policy has so far not yet resulted in a significant reduction of the incidents.(...) it appears hard for her to accept the attachment that is growing."*<sup>57</sup> In my experience, I was not "growing attachment" at all. There was growing distance.

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<sup>53</sup> Incident form 29-12-1995

<sup>54</sup> Incident form 08-03-1996

<sup>55</sup> Nursing plan 4A The Elm Tree - Page 2 19/03

<sup>56</sup> Incident form 25-03-1996

<sup>57</sup> 29-03-1996 Status of execution treatment plan

In the Treatment Plan another seclusion policy<sup>58</sup> was included, to be used in case of "Threatening Destructive Behaviour" (to prevent self-harm or acting out).

Full translation of "individual seclusion policy", attachment of treatment plan, 29 March 1996:

### **Attachment of treatment plan**

### **Individual Seclusion policy Jolijn Santegoeds**

Contact moments during seclusion

8.30-8.45 Washing in pre-room, medication, luxaflex open, breakfast with 2 milks in seclusion

10.45-10.50 2 milks OR 2 teas in seclusion

13.15-13.20 Eating, 2 milks and medication in seclusion

14.45-14.50 2 milks OR 2 teas in seclusion

18.15-18.20 Dinner, 2 milks, medication in seclusion

20.00-20.05 2 milks OR teas in seclusion

21.00-21.15 Evening care, medication, luxaflex closed

The above times and appointments **can be changed at any time by nurses**, based on the situation.

Further appointments:

- Per contact there shall be 1 spokesperson

- **No conversations**

- **No music, reading or chalk in seclusion**

- No hand out of extra food and/or drink

- **Let clean potty only when full**

- **Normal procedure regarding checks**

- When Mrs. has any wishes or questions during checks, refer her to a contact moment.

- **Ask Mrs. to clean the seclusion cell when she is allowed to go out**

### **Prohibiting everything**

In this seclusion programme, they forbade music, reading and writing in the seclusion cell. They also prohibited "conversations", but they did appoint spokesperson to communicate with me.

At this point, I really felt like I was treated like a criminal. Basically, they only rejected my behaviour, and they didn't help me. I was only being punished.

By that time, I had arrived at my own limits. I didn't have bad intentions, but it all felt unfair to me. "They were not respecting my limits, so why should I respect their rules". I was damaging material objects more often ("acting out"), and during physical struggles I got wilder and more careless.

### **APRIL 1996**

On 1 April 1996, I was secluded by force. This time I kicked wildly in the air during the struggle and I kicked one nurse between his legs (not full force, because I realized what I was doing, and it was more symbolic). My resistance was regarded as unacceptable behaviour, and "the incident will be discussed with the psychiatrist".<sup>59</sup> This was the first time after one and a half years of being degraded by them, that I resorted to 'violence to others' to defend myself.

Then on 4 April 1996, the legal measure for forced treatment (RM) was prolonged for a full year, from 25 April 1996 until 25 April 1997.

At that point, I felt so sad, that I started to feel a dangerous kind of indifference. In my diary, I wrote that I didn't even want to self-harm anymore, and that I felt like "I should succeed with suicide". On

<sup>58</sup> Individual Seclusion policy - Attachment of Treatment Plan 29-03-1996

<sup>59</sup> Incident form 01-04-1996

2x ARBO injury form 01-04-1996 (1 kick in cross, injury: pain / 2. kicking in the air, injury: none)

15 April 1996, I started looking for the contact details of the Dutch Organization for Euthanasia, which I found on 20 April 1996. On 19 April 1996, I self-harmed again, and on 22 April 1996, I broke a glass while "acting-out" (I had to pay for the glass).

Then on 28 April 1996, the situation fully escalated again. I was secluded with a lot of force and resistance. Three nurses claim to have been injured: *"bit a finger, punched and kicked"*. Then, inside the seclusion cell, I tried to strangle myself with my underwear. The incident form of 28 April 1996 mentions, after noticing the strangulation attempt: *"Because we thought the situation wasn't safe, we decided to call in assistance from another ward. Informed Ms. that we would wait for this. After 5 minutes, we entered and cut the underpants and removed them (with in total 3 male nurses and 2 female nurses). Ms. was looking cyanoid by then."*<sup>60</sup>

## **MAY 1996**

### **Running away: attempt failed**

On 30 April 1996, I ran away again. This time, I saw it as my last chance of freedom, and I was convinced that I would go away as far as I could, and stay away. The next day I was in Maastricht, with the intention to go to Belgium. The police stopped me, and took me to the police station. I explained that I didn't want to go back to the institution. They made a phone call and informed me that a nurse would come and pick me up. I had to wait in a police cell. I self-harmed severely there, and after hospital treatment, I was brought back to the psychiatric institution in V.

For transport back to V., I was tied on an ambulance-stretcher, face down, because of my resistance. During the drive I was injected with sedatives (maximum dose), but I kept on fighting everything. The ambulance nurses were sitting on top of me, restraining me. It was a big impossible fight. I arrived back at the ward on 1 May 1996 around 16.40, still tied up, face down, full of resistance. A few hours later, some fellow patients helped me to escape again.

### **Running away: a very empowering experience**

So on that very day on 1 May 1996, I ran away again. This time I was heading to Germany. I spent three nights outside in Nijmegen, Klebe (G) and Krefeld (G). I felt great when I was outside. It was much better than being detained. I felt strong and proud of myself. I wanted to succeed in staying away from the institution. I even considered that I could maybe make it on my own in life. I felt that maybe I had finally found a way to move on. I had perspective and hope again. I noticed that sad moments disappear very quickly when you are in the community. I had a goal. I was learning a lot by this running-away experience. In my diary I write: "I am really an advocate of pro-runaway-therapy". I really felt very good about myself and my freedom.

Then on 4 May 1996, I had run out of money, I was feeling sick, it was cold and rainy, and I started to get scared. Eventually I called my mother, who came to pick me up all the way in Germany. I then insisted on taking a detour via Belgium, to see a particular area there. My mother took me there, and afterwards she was legally obligated to return me to the psychiatric institution.

### **Return to the struggle**

The next day, back at the ward, I felt terrible again. It was very hard to be confined again. My freedoms were restricted. And after having had the taste of freedom, I couldn't bear it. I immediately realized I had to get away from there again. No matter what. On 5 May 1996, I tried to run away again. Then I was caught, secluded, including the forced body cavity search. Subsequently, I self-harmed inside the seclusion cell.<sup>61</sup> The next day I started "acting out" again. On 6 May 1996 I made the fire alarm go off and I broke 5 plates, with several hours of seclusion as a consequence.

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<sup>60</sup> 3x ARBO injury form 28-04-1996

Incident form 28-04-1996

<sup>61</sup> Incident form 05-05-1996

### **Trying to escape**

Since 7 May 1996, I had found a way to disassemble the locks with cutlery or any small object. I made again several attempts to escape. Several locks were damaged and needed repairing, and all my freedoms were restricted. I had to stay inside under supervision till further notice.

### **Horrible body checks**

On 12 May 1996, the situation escalated again. I was acting-out again, together with some fellow patients. We were all making a mess. I took the fire hose to spray the ward with water. I was secluded with a huge struggle and forced body cavity search. Inside the seclusion cell, I tried to strangle myself, and I got body searched again. Eventually, that night I had four body-checks, and the doctor injured her finger while inside my intimate parts<sup>62</sup>. I felt horrified that the doctor's blood could be inside of me. The doctor was regarded as the victim<sup>63</sup>. And I was left degraded in the seclusion cell. That night in seclusion, I made a lot of strangulation attempts, and damaged everything (mattresses, blankets, the seclusion dress), leading to more Incident Forms and Damage Forms.

### **Severe action**

I became so desperate, that two days later, on 14 May 1996 I set a fire in the sanitary department where I had locked myself in. I barred all doors of the sanitary department, and set the (institutional) laundry on fire. The nurses and the fire brigade eventually got me out of there. There was significant damage. The staff said that it was unacceptable and criminal to set the fire, and as a consequence, I was secluded for 10 full days. A Registration form of Compulsory Means and Measures with no end date was issued<sup>64</sup>. Eventually, the end date was registered on a similar form as 1 July 1996, "*due to transfer to another psychiatric hospital*". Inside the seclusion cell I continued to tear everything apart, and tried to strangle myself, again leading to more Damage/Incident Forms (14, 15, 16, 18 May 1996)

### **Naked in an empty cell**

On 20 May 1996 at night, it fully escalated again. Inside the seclusion cell, I made 5 strangulation attempts (at 21.30 23.00, 0.00, 0.45, 1.20). Then everything was removed from the seclusion cell and I sat there naked in an empty cell. On 25 May 1996, the same struggle of seclusion, body check, attempted strangulation, and removal of everything from the cell happened. On 27 May 1995, I only damaged the materials inside the cell, and not myself. And eventually, I became a little calmer again, and was allowed onto the ward again.

### **JUNE 1996**

In June 1996, I was still secluded every night, including forced body cavity search. I was still desperate. On 1 June 1996, I self-harmed my throat inside the seclusion cell, and I was brought to the hospital by ambulance. The next day I remained agitated and "acted-out". On 5 June 1996, I ran away again, but I still had no place to go to. I went to my mother's home and was brought back to the institution afterwards.

On 7 June 1996, another Treatment Plan Meeting was held. The previous Treatment Plan (as from March 1996) was re-adapted, including the seclusion policy. Out of total indifference, I signed for agreement to show "goodwill". I still felt miserable. It didn't change a thing.

Then on 8 June 1996 I self-harmed twice. During the struggle towards the seclusion cell, I still had an open wound (medical treatment was generally performed in the seclusion cell). A nurse had a blister, which opened, resulting in body fluid contact. The nurse was regarded as the victim<sup>65</sup>, and I was told that my wound probably was clean due to the bleeding already.

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<sup>62</sup> Incident form 12-05-1996/13-05-1996

<sup>63</sup> ARBO form 12-05-1996

<sup>64</sup> Compulsory Means and Measures form seclusion and medication (continuous) from 14-05-1996- no end date  
Compulsory Means and Measures form seclusion and medication (continuous) from 14-05-1996- 01-07-1996

<sup>65</sup> ARBO form 08-06-1996

### **An endless chain reaction**

The situation didn't change. It kept on being a chain of escalations and incidents. A chain of seclusion, forced body cavity searches and forced medication. In June 1996, I still self-harmed regularly and sometimes made a mess again, such as when I triggered the fire alarm and several times turned on the fire hose, sometimes secretly, sometimes publicly. I felt like I had nothing to lose, and it was another form of protest. Some people said acting-out was better than self-harm.

### **Not expecting to survive**

After everything I had been through, I thought I would never get out of there, except dead. I had no other perspective. I couldn't see a way out. And supposedly I wasn't going to get old. I was having such a rough life, and it seemed to be rather logical that I would die of my self-harm at some point. I lacked hope. And since the struggle went on so long, eventually basically everyone lacked hope.

Instead of hope, there was only fear. It was a situation of mutual panic.

### **Accident: broken Achilles tendon**

On 16 June 1996, I accidentally broke my Achilles tendon playing a game of soccer in the internal yard. The nurses themselves diagnosed it as "no broken bones, so it must be bruised". They insisted that I should walk, but I couldn't. Then the doctor came and gave me a pressure bandage, which I took off immediately, because it hurt terribly. Again, a few nurses falsely accused me of faking a "very strange and unbelievable injury". The next day, on 17 June 1996, I got a prescription for physiotherapy, where I went on 18 June 1996. The physiotherapist referred me to the hospital. On 19 June 1996, I was allowed to go to a hospital, where they diagnosed a severe injury with a broken Achilles tendon. On 21 June 1996, I had to undergo surgery, and on 22 June 1996 I was back at the ward.

### **Ward closing as of 1 August 1996**

We received an announcement that the ward The Elm Tree was going to be closed down as of 1 August 1996, because there was disagreement between the staff of The Elm Tree and the Board of the institution about certain treatments being used at The Elm Tree. This was leading to a major organizational argument/disagreement, and the ward would be closed.

I was about to be moved to an unknown place, and that again really scared me. I assumed it could only get worse. The ward was being emptied, and everyone was going to be moved due to the closure. The vibe was down. Again, I self-harmed and attempted suicide by setting fire in a closed toilet where I had locked myself in.

### **Seclusion programme**

From 23 June 1996 on, I was again put in a seclusion programme because of the fire-incident and the overall "chaos" due to the closure. During that week, I also had an intake conversation with people from The Tip (a psychiatric intensive care unit located in E. ). It was decided that I would be transferred to the psychiatric institution in E. on the date of 1 July 1996. I had hopes and fears inside me at the same time.

## **5. Transfer to intensive care psychiatry: The Tip – at the Hill Fields Psychiatric Hospital in E.**

### **JULY 1996**

On 1 July 1996, I was transferred to the ward called: **The Tip**, a unit for intensive psychiatric care located at the Hill Fields psychiatric hospital in E. in the Netherlands. This was initially supposed to be a temporary placement, after which I was supposed to go back to the Phillippe Pinel psychiatric hospital in V. Fortunately I was never sent back.

### **At The Tip my recovery process started**

In the beginning of my stay at The Tip, I continued with the same behaviour and I took an overdose of pills (Paracetamol<sup>66</sup>) and was hospitalized from 5 to 8 July 1996. But already in the first week, I noticed that something was different here. Nurses from the new ward (The Tip) were sitting at my bedside in the hospital during this week. They had to supervise me, but also they were trying to be nice, they talked to me, introduced themselves and the ward. Through these small gestures, they opened the way to another part of me. A part of life that I hadn't lived for a long time. I experienced human contact. They were not only there for repression. Something was different.

### **Human beings**

At this ward I was approached with more respect, more equality and the rules were significantly fairer. That made me feel like the nurses weren't my enemies, but they were really trying to help me. They generally had the time for me, and they were fair enough. That caused a big change in me. The people from The Tip were more like 'people'. I think that was the one and only thing I needed. I could recognize human beings in them, I could relate to that, and that made me feel human too (*Ubuntu* as they say in South Africa). It was very important for me to be able to relate to the world around me. I felt like I could understand these people, so unlike what had happened at the other institution in V. for 2 years.

### **AUGUST 1996**

#### **"A normal life"**

On 9 August 1996, I went to the movies with a nurse. Not with a group, but just the nurse and me. He said "then nobody will see where you come from, and we will pretend to be normal friends". It was a wonderful experience. For once, after so long, I felt like "a normal person in a normal life". That gave me a new perspective. I also vividly remember standing in front of a rack filled with candy, after being detained for about 2 years. Seeing these candies brought back a very happy feeling which I had lost long ago.

### **No more seclusion programmes**

I no longer had a seclusion programme. And slowly I started changing. I found more and more positive things to occupy myself with. Sometimes I still had some moments of self-harm, but less and less. I was allowed to go outside. At first I had no clue where to go or what to do, but then I found some nice people, who became my friends. We had fun together. I started to get my life back. And slowly my mind became more occupied with my new social life than with self-harm.

I was not in a continuous fight anymore. These nurses showed much understanding, and I even could have meaningful conversations with them. Even about feelings.

### **SEPTEMBER 1996**

On 09 September 1996, I had a surgery to remove the teaspoons and some other materials, which I had eaten several months earlier while I was confined in the other institution in V. I spent 8 days in the hospital and on 17 September 1996, I was released from the hospital again, back to The Tip. I didn't start eating new materials. I had no reason to do so.

### **NOVEMBER 1996**

On 14 November 1996, I had a surgery to restore my thumb, which was a very big issue for me. It was finally solved after more than a year. That made me feel increasingly good.

### **Miraculous recovery**

In November 1996, I spent more and more time with some new friends. We listened to music, we laughed, we ate candy, made ourselves look cool, and played guitar. We really had fun. I loved it. Then the psychiatrist made me aware that something notable had changed: There were no more incident forms or damage forms. No more suicide attempts or self-harm. I realized that he was right. Somehow the need for self-harm had passed.

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<sup>66</sup> common painkiller without prescription

I had stopped fighting my life, and I had started to look for nice things to make my life pleasant now. I had actually "forgotten my depression", because I was too busy with pleasant things. It felt like some kind of miraculous recovery.

### **DECEMBER 1996**

In December 1996, I wrote in my diary for the last time. I no longer needed the concept of Jeanny in my life. All of a sudden, it seemed useless to spend so much time writing in solitude, when I could also go outside and have fun with real friends.

### **1997**

In March 1997, I requested permission to live on my own in a small abandoned house at the institution. This was refused. Later in 1997, I appealed against the legal measure and I was no longer legally obligated to stay there. Then I decided to leave the institution on 27 May 1997<sup>67</sup>. Unfortunately, this choice was not supported by the psychiatrist, which meant that I received no support or care when I left. I was on my own. And despite the fact that I had no place to go, I left.

For more information on my recovery process outside of psychiatry, see the article attached in Annex 1: *"My freedom to walk away from coercive psychiatry"*, which was published in FEANTSA magazine "Homeless in Europe" in the Summer of 2013.<sup>68</sup>

## **6. Informal conclusion**

I have survived a horrible episode of being subjected to forced psychiatric treatment, and I have survived only because of respect, and not because of the use of forced psychiatric interventions.

The solitary confinement, restraint, forced medication and forced body cavity searches only made me feel more miserable, and more suicidal, and this almost cost me my life. I was harmed by the forced psychiatric interventions to an extent that nobody should have to go through. It isn't right. It is injustice.

The psychiatric staff could have known that these forced psychiatric interventions were harmful. That would seem to be just common sense. Practices such as solitary confinement and forced body cavity searches are unmistakably very harmful. In addition, I protested loudly. On top of that, the treatment at The Tip in 1996 shows that a different attitude based on contact, dignity and support was possible, and put an end to the continuous struggle. This means that forced psychiatric interventions were proven superfluous when good care was available. I realized that I had suffered abuse for almost 2 years, when quality mental health care could have been possible.

Forced psychiatric interventions result in trauma and suffering, and the fact that this is being called "mental health care", and that these harmful degrading interventions are considered "for your own good", "in your best interest" and are "legal" under Dutch laws hurts even more. Forced psychiatric interventions are not care, but result only in suffering, and constitute abuse. This huge injustice must be remedied.

## **7. Searching for justice**

When I was institutionalized, I did not manage to find access to justice, since I was not allowed to leave, and the authorities did not act upon my complaints, resistance and protests, which were often falsely perceived as so-called symptoms of mental illness.

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<sup>67</sup> 27-05-1997 Hill Fields form end of treatment

<sup>68</sup> page 14-17 magazine Homeless in Europe by FEANTSA [www.feantsa.org/spip.php?article1813&lang=en](http://www.feantsa.org/spip.php?article1813&lang=en)

When I was homeless, I also didn't succeed in finding any legal support to pursue complaints against the forced psychiatric treatments, for reasons such as: no address for formal communication, disbelief, prejudice against homeless persons with psychosocial disabilities such as “inadequate judgement”, and the argument that there would be “too little chance of success in court”.

### **Lawyer**

In 2002, when I started university studies in Sustainability, I finally found a lawyer who was willing to help me with my case. I asked if we could challenge the law, but the lawyer said that would involve political actions. This led me to found a protest group, Mind Rights. The lawyer and I went to the complaint board of the institution, which found the complaints unjustified. Then we decided to proceed with court action (civil, criminal and medical professions court). Unfortunately, in 2008, my lawyer had a very serious illness, and was therefore unable to assist me anymore. I tried to find another lawyer, but I didn't succeed. Even professional lawyers themselves could not advise me on where to find legal support. I have been without legal representation since then.

The legal system in the Netherlands appears to be largely inaccessible for complaints involving psychiatry<sup>69</sup>. A separate 10-page paper is available on request<sup>70</sup>, with a long list of emails and letters in my search for justice, sent between 2002 and 2010. This list includes communications with many lawyers, the complaint board of the institution in V., the national Ombudsman, employees of several Ministries, publications, and also several communications between 2008 and 2010 on an “offer for compensation” by the institution in V., followed by their rejection for mediation on this issue.

### **Protest against seclusion: Actiegroep Tekeer tegen de isoleer! / Stichting Mind Rights**

As mentioned, in order to stop the ongoing human rights violations in mental health care, I founded a protest group against isolation cells, called: *Actiegroep Tekeer tegen de isoleer!* in 2003. In 2006, this initiative grew into an official foundation, *Stichting Mind Rights*, a Dutch NGO/DPO against forced psychiatric interventions. The testimonies of users, survivors and relatives<sup>71</sup>, and the national statistics illustrate that forced psychiatric interventions still exist on a large scale in the Netherlands<sup>72</sup>, resulting in the same kind of human rights violations as those I had to endure between 1994 and 1996. Also see Chapter 8. Reflection.

### **UN Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment**

Since 1994, I have made many efforts to find justice, including campaigning with Mind Rights. Eventually in 2010, I filed an allegation at the United Nations Special Rapporteur on Torture and Other Cruel Inhuman or Degrading Treatment or Punishment<sup>73</sup>, who followed up on my case in October 2013<sup>74</sup>, together with the United Nations Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health<sup>75</sup>.

The recognition of the importance of these complaints by the UN Special Rapporteurs is of great moral support to me and other victims of forced psychiatric interventions in the Netherlands. Unfortunately and shockingly, even the request by the UN Special Rapporteurs to the Kingdom of the Netherlands, to investigate these complaints, was rejected by the Kingdom of the Netherlands in December 2013.<sup>76</sup>

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<sup>69</sup> based on testimonies received by Stichting Mind Rights [www.mindrightrights.nl](http://www.mindrightrights.nl)

<sup>70</sup> For requesting information: contact the author, email [tekeertegendeisoleer@hotmail.com](mailto:tekeertegendeisoleer@hotmail.com)

<sup>71</sup> Actiegroep Tekeer tegen de isoleer! / Stichting Mind Rights [www.mindrightrights.nl](http://www.mindrightrights.nl)

<sup>72</sup> Torture and ill-treatment in mental health care in the Netherlands, 2013, Mind Rights, to CAT Committee [http://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/NLD/INT\\_CAT\\_NGO\\_NLD\\_12840\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/NLD/INT_CAT_NGO_NLD_12840_E.pdf)

<sup>73</sup> The Kingdom of the Netherlands ratified the Convention Against Torture (CAT) in 1988, OPCAT in 2010.

<sup>74</sup> AL Health (2002-7) G/SO 214 (53-24) NLD 2/2013 -letter sent to the Netherlands by the UN Special Rapporteur on Torture and UN Special Rapporteur on the Right to Health. [https://spdb.ohchr.org/hrdb/24th/public\\_-\\_AL\\_Netherlands\\_08.10.13\\_\(2.2013\).pdf](https://spdb.ohchr.org/hrdb/24th/public_-_AL_Netherlands_08.10.13_(2.2013).pdf)

<sup>75</sup> The Netherlands ratified the International Covenant on Social Economic and Cultural Rights (ICESCR) in 1978

<sup>76</sup> NV: GEV-PA 370/2013 – Response by the Kingdom of the Netherlands [https://spdb.ohchr.org/hrdb/24th/Netherlands\\_05.12.13\\_\(2.2013\).pdf](https://spdb.ohchr.org/hrdb/24th/Netherlands_05.12.13_(2.2013).pdf)



## **8. Reflection**

I have survived the most horrible time in my life only because of respect, and not because of the use of forced psychiatric interventions. I obviously experienced the forced psychiatric interventions as cruel, inhuman and degrading treatment and punishment. They made me feel miserable and more suicidal, and didn't help me at all. It certainly was not “care”.

By now, I am an expert by lived experience on the matter of forced psychiatric interventions, and I actively campaign against them with Stichting Mind Rights and as a Co-Chair of the World Network of Users and Survivors of Psychiatry (WNUSP) as well as with the European Network of Users and Survivors of Psychiatry (ENUSP).

The following statement is also supported by the World Network of Users and Survivors of Psychiatry (WNUSP) and the European Network of Users and Survivors of Psychiatry (ENUSP).

### **Forced psychiatric interventions are not care.**

Care is supposed to result in improved well-being and recovery. Well-being - or mental health - is a very personal intrinsic value, which cannot be produced by force. Caring for one another is amongst the best things that people can offer to each other. On the contrary, forced psychiatric interventions are very traumatizing, and result in suffering and more psychosocial problems. It makes the situation worse, and is amongst the worst things that people can do to each other. There is a huge difference between forced interventions and care. They are the total opposite of each other.

### **Forced psychiatric interventions disable care.**

Forced psychiatric interventions are counter-productive to mental health and care, and represent a “breach of contact”. On the one hand, by nurses who stop trying to communicate or provide support, and resort to forced interventions. And on the other hand, by the person subjected, due to feelings of misunderstanding and trauma, which disable meaningful contact. It is obvious that good contact and communication is necessary for good mental health care. The end of communication, as is induced by forced psychiatric interventions, is a very harmful practice, which makes meaningful contact, and therefore mental health care in itself, impossible.

### **Forced psychiatric interventions do not result in safety.**

Due to suffering, increasing psychosocial problems, and a lack of any support for recovery, the risks of escalation increase, and can even result in an endless circle of struggle and escalation, as my experiences show. The common argument given “to protect from harm or injury to self or others”, is not based on factual evidence supporting this statement. Forced psychiatric interventions do not result in more safety, but lead to more crises, and subsequently to more risks of escalation.

### **Forced psychiatric interventions indicate a deficiency in mental health care.**

Forced psychiatric interventions are rather a mechanism for (attempted) social control, embedded within an underdeveloped and structurally neglected (and politically abused) system of mental health care that is built on the horrible remnants of the past, rather than on skills to support mental health and well-being. However, real mental health care is possible when efforts are made.

### **Forced psychiatric interventions are not a solution, but are a problem for mental health care.**

The goal of mental health care is to improve personal well-being and to support recovery. Forced psychiatric interventions are the opposite, and cannot be associated with mental health care. Forced psychiatric interventions are torture and ill-treatment, and need to be banned.

### **A world of options between “last resort” and “no care”.**

Many persons, including many States, cannot see beyond a very narrow “black and white” approach regarding psychosocial crisis situations, with only two options: either forced treatments (torture), or doing nothing (neglect). This simply isn't a full picture. Between these two extremities, there is a largely undiscovered world of options for real support and real mental health care in psychosocial crisis-situations, with aspects such as: non-violent de-escalation, prevention of crisis in the earliest

stage possible, focussing on contact and openness instead of repression, building trust and providing real support in acute crisis-situations<sup>77, 78</sup>.

### **Real development of mental health care is urgently needed.**

Unfortunately, for decades, the real development of good care practices has been undermined by the existence of forced treatments, which is enabling caregivers to turn their back to the crisis situation, and leave the person behind without actual care, but repressed and stripped of their dignity. This should stop. Forced psychiatric interventions are a very serious human rights violation. Forced psychiatric interventions can never be called care. The structural deficiencies of the mental health care system itself needs to be remedied.

### **Human rights context**

Since 2006, the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)<sup>79</sup> calls for a paradigm shift to break away from paternalistic laws and paternalistic attitudes towards persons with disabilities, and shift to respectful support based on the person’s own decision-making. The implicit call of the UN CRPD to put an end to forced psychiatric treatments, is made explicit by several publications of the CRPD Committee<sup>80</sup>.

In March 2013, the thematic report “Torture in Health Care Settings”<sup>81</sup> by the UN Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment, urged for an absolute ban on forced psychiatric interventions, in order to secure the right of persons with psychosocial, intellectual and other disabilities to be free from torture and ill-treatment.

### **Dutch “legacy”**

Taking into account the Dutch “legacy” when it comes to embracing human right standards, and the potential for change in the Netherlands, it is shocking to note that the many efforts and developments taken together throughout the years have still not resulted in a breakthrough for the necessary change needed in mental health care services and legal frameworks in the Netherlands yet.

## **9. Closure (?)**

### **I am still searching for social and legal justice**

20 years have passed since 1994, and despite all my efforts, there still has not been any independent investigation into my complaints in the Netherlands, and horribly, at many places forced psychiatric interventions still occur. I don’t want my experiences to be ignored or covered-up. After 20 years of attempting to be heard through domestic procedures, I have now chosen to disclose my personal experiences in detail in this public paper, in order to offer transparency as regards my personal claims of human rights violations in mental health care in the Netherlands, as constituting torture and ill-treatment.

By making my story public, what was covered-up is now revealed, and the debate on what is considered acceptable care practice can take place after all.

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<sup>77</sup> Report: *Best practices rondom dwangreductie in de GGZ/ Best practices to avoid coercion in mental health care*, 2011, <http://www.rijksoverheid.nl/documenten-en-publicaties/rapporten/2012/01/25/best-practices-rondom-dwangreductie-in-de-geestelijke-gezondheidszorg.html>

<sup>78</sup> Pilot project: *Eindhovens Model: Eigen Kracht-conferenties bij BOPZ / Family Group Conferencing to avoid forced psychiatric interventions*, by Stichting Mind Rights and Eigen Kracht-Centrale, [www.eigen-kracht.nl](http://www.eigen-kracht.nl)

<sup>79</sup> Ratification of the UN CRPD by the Kingdom of the Netherlands is planned in July 2015.

<sup>80</sup> CRPD Committee’s Concluding Observations

CRPD Committee’s General Comment 1 on CRPD Art. 12 Right to Legal Capacity (para 40-42)

<http://www.ohchr.org/EN/HRBodies/CRPD/Pages/GC.aspx>

CRPD Committee’s Statement on CRPD Art. 14 Right to Liberty

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=15183&LangID=E>

<sup>81</sup> A/HRC/22/53, 2013, UN Special Rapporteur on Torture, thematic report on torture in health care settings [http://www.ohchr.org/Documents/HRBodies/HRCouncil/Regularsession/Session22/A.HRC.22.53\\_English.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/Regularsession/Session22/A.HRC.22.53_English.pdf)

## Annex 1: “My Freedom to walk away from coercive psychiatry”



### My Freedom to Walk Away from Coercive Psychiatry

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I left the mental health institution without a destination, and because the psychiatrist didn't support my leaving, I had no right to after-care. I was on my own, and I could go in any direction. I was free.

I was homeless for 2.5 years in the Netherlands when I was a young woman aged 19 to 21. Being homeless followed a period of forced institutionalisation in mental health care. To me, homelessness meant freedom and discovering life. It was the first time I could listen to my inner voice, and define my own path. It wasn't pure good or pure bad, but a combination of these, as it is in 'real life'. Most of all, it was the way out of repression into freedom. Despite the fact that it wasn't all pretty out there, being homeless was a precious experience in my life - through it, I found my way.

#### MISERABLE IN PSYCHIATRY

Before becoming homeless, I was detained in a psychiatric institution for several years. This started at 16, when I had developed psychosocial problems. As an adolescent, I felt like I didn't fit in; I thought I was 'weird' and attempted suicide. Then I was involuntarily institutionalised in a young people's psychiatric hospital. They considered me 'severely dangerous to myself' and put me in solitary confinement 'for my own safety'. This was of course horrible, and it only made me more desperate. I still saw no way to live, and I kept trying to commit suicide. It became a daily struggle of escalations and repression. A downward spiral. This so-called 'mental health treatment' was not helping me. For nearly 2 years I was subjected to long-term solitary confinement, physical restraint and forced drugging. I experienced my life as a big struggle; I was fully repressed 'to prevent suicide', but that didn't stop me from feeling extremely suicidal. It only went from bad to worse. It was horrific. I saw no humanity. That is why I refer to those terrible years inside the mental health hospital as 'no life'. The so-called 'treatment' was very harmful and traumatising.

I was lucky the ward got closed and I was transferred to an intensive-care psychiatric ward in another city. There I was treated more humanely, with more respect, and this meant a new start to my life. I was no longer fully restrained and repressed, and therefore I felt less threatened by the people surrounding me. I could finally open up to other things than resistance. It gave me a bit of hope that things could get better, while before I was convinced that my life was gone and I had felt stuck without any perspectives. The daily struggle gradually subsided, and I stopped fighting against my life. Then I came to a point where I recognised I could have a future.

#### FINDING MY SMILE

I remember the first time, after almost 3 years, I was allowed to go for a walk on my own. I didn't know where to go or what to do. Suddenly I was out in the world, and I had never felt so in control before. I wandered aimlessly around the psychiatric hospital grounds. And then I met some people from other wards. They invited me to join them, and smoke marijuana with them.<sup>4</sup> Although I was a bit scared, I agreed. We had fun and for the first time I felt great. They treated me fairly, as an equal, as a friend. We ate candy, played music and made efforts to look cool. I hadn't done those things for years and I loved it. It made me happy.

#### LEAVING WITHOUT SUPPORT

I went to see these friends every day. And all this fun made me forget my depressed and suicidal feelings. I really forgot about them, until the psychiatrist asked about it in a conversation about my frequent absence. I replied that my suicidal feelings had disappeared, and I wanted to leave. I wanted to live life. The psychiatrist said my treatment wasn't finished yet, and I had to stay. I refused and said there were no grounds to keep me locked in. I wrote a letter to the judge to ask to end the involuntary admission, because I was no longer suicidal. He granted me my freedom.

The fact that I was granted my request to leave without destination is unusual. In fact, in the Netherlands, it is very rare to succeed in such an appeal against involuntary placement. I considered myself very lucky. This was a unique chance I didn't want to waste.

In spring 1997, aged 19, I left the mental health institution without a destination, and because the psychiatrist didn't support my leaving, I had no right to after-care. I was on my own, and I could go in any direction. I was free.

#### FEAR OF HARM

From that moment I was homeless, but free. Yet, I was also scared and insecure. So many things had happened in my life that didn't make sense; I had been treated so badly by psychiatry, and I had had no rights. I had already experienced that nice words were no guarantee for good acts. It had confused me. I was afraid of the outside community, how they would judge me, and possibly harm me. I didn't understand

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<sup>3</sup> [www.wnsp.net](http://www.wnsp.net)

<sup>4</sup> In Dutch law, Smoking marijuana (soft drugs) is not criminally sanctioned in the Netherlands. Marijuana can be sold legally in special shops.

how it worked and I wanted to avoid getting hurt again. I needed to observe and learn at a safe distance first. So I made sure nobody could come close to me.

### HIDING IN A CUPBOARD

When I first became homeless I was sleeping in the bushes on the mental health institution grounds. I felt safe there, because it was the only place I knew, and I had some friends there. We still smoked together, and they often gave me food. We laughed a lot.

In the summer, the weather was good enough to sleep outside, but then autumn came and I needed shelter. A guy named Willem deliberately damaged a cupboard in the institution, so it was put in the garbage, where I could take it. I built my shelter out of that cupboard for sleeping at night. It looked like a miniature white house, with 3 walls and an orange plastic roof, hidden in the woods. It was my home for several months, and it shielded me from the harsh winter cold. Another homeless person, Peter, slept near my cupboard, and his smell kept everyone away, which made me feel safe. Only my friends knew where my place was. It was well hidden.

I felt like I had escaped, and I was finally in charge of my own life. I was satisfied, because I had my freedom. The rest was less important to me. I only cared about being out of the psychiatric institution.

### HARD DRUGS

By then my group of friends had started using speed (amphetamines).<sup>5</sup> I was scared at first, but didn't want to 'wimp out'. Also, the psychiatric drugs I had been forced to take at the hospital actually formed the stepping stone to the illicit drugs. So I started using speed. I injected it to avoid side effects. Every morning, Peter and I took our first shot together near the cupboard. As a young woman, I wanted to keep control of myself and I needed to observe the world. So I just used small amounts to feel stronger, more confident and to stay awake, which felt 'safer' to me. It was a kind of self-medication.

I never committed a crime to get drugs. I had managed to secure welfare benefits by having a postal address, so I still had an income, which I managed well. I was terrified of getting into 'trouble with the system' again - any mistake would have cost me my freedom.

### CHASED AWAY

Then I was banned from the mental health institution grounds. Several times the guards or police brought me to the city centre, where I didn't feel totally safe. I would walk back, and try to get onto the institution grounds again, looking for my friends. In the end I gave up and stayed in the city centre. Many of the friends from the institution I never saw again.

### A SAFE DISTANCE

When I was homeless in the city centre, I was still afraid of people, so I kept my distance. I sat in parks during the day and I left when anyone approached me. I hid the fact that I was a girl, and appeared very dirty and smelly. Although I brushed my teeth every day and had clean underwear and socks, I made sure my outer clothes were dirty to keep people away.

In the city centre I was on my own, staying awake at night, cycling around to avoid contact. During the day, I tried to get some rest in parks and public places, where there was some social control and I would not be completely at risk. But I still feared people. I kept my distance, and continued to observe and learn.

### NOT PART OF THE COMMUNITY

Back then, I didn't complain about my situation because I thought it was the only way out of the institution. To me, being homeless was the price I paid for my freedom, and this freedom was worth everything. I was proud of being strong enough to be able to survive on the streets. I already knew that 'care' could make it worse, so I still felt okay about being homeless. I knew where I came from, and I had a goal: to get a good life.

I felt different from 'normal people'. They were on the 'other side', and to me it felt like they were a different type of human, with a different destiny.

On the streets, I was stigmatised. People looked at me in disgust, disapproval and rejection. But I didn't care about their views. I knew why I was homeless. It was my choice to leave mental health care.

### NIGHT SHELTERS

Eventually, I was able to get into government-run night shelters. There was a regular night-shelter for homeless people (non-addicts), which allowed one to stay for five nights a month for 7.50 guilders per night (now €7.50). At this shelter there were strict rules, such as: "no persons allowed from the mental health institution, and if anyone sees you drinking or smoking marijuana during the day you are not welcome anymore."

I had managed to get into the regular shelter several times, but then I found out that there was a special night-shelter for addicts which allowed one to stay for a whole month for free. All that was needed was a reference from the centre for addiction care. Having a place to sleep every night meant comfort, so I applied.

From autumn 1998 on, I frequently slept at the night-shelter for addicts for almost a year. Very often, I was the only woman there, which meant I had a 3-bed room to myself, and security in the corridor.

<sup>5</sup> In Dutch law, possessing a small amount of hard drugs for personal use is not criminally sanctioned. Only selling hard drugs and possession of large amounts is criminally sanctioned.



### ALLOWED TO EXIST

In the night shelter I was accepted by the other homeless drug users like part of their family. Some said: “if anyone ever hurts you, I will kick them”. And although I dislike violence, this still somehow comforted me. I felt respected and safe. I never took up the offer, but feeling welcome, being included and their willingness to stand up for me was a huge thing in my life. It was the opposite of the institution, where they had violated me constantly.

Nevertheless, I continued living a solitary life amongst the hard-core multi-users, who were often using any drug to get as high as possible and could become aggressive, while I, on the other hand, was on a path of observation, discovery and personal growth. I didn't get involved in other homeless people's business. I just went my way, peacefully. And being allowed to do so, and not being punished, but still welcome and included, really gave me the feeling I had the right to exist. I was allowed to be there, and make my own choices. I could finally listen to my own inner motivations without being judged. I felt really free, and I felt like a human being.

### MAKING MY OWN CHOICES

A lot of people didn't survive. Many ‘disappeared’. Some were killed (murdered), some committed suicide, others died of accidental overdose and drug-related accidents. And so, fewer and fewer of them would return to the night shelter. I experienced these mainly as sad events which happened in this type of place. It wasn't particularly alarming, because in psychiatry there was also a high death rate, especially suicides. I had become used to the fact that many people ‘on our side’ die young. It was like a given which I had to deal with, as part of life. I was still paving my way through, and I was convinced that I wanted to survive by myself.

But then, it really got scary. There was a kind of ‘gang-war’ (5 killings in a row) and it involved some of the people from the shelter, but I didn't know exactly who it was and what happened. I had always avoided getting involved in these things. I didn't want to know. But it was also scary not knowing who was involved or not. Anyone could be a killer. I didn't want to have anything to do with any of them anymore. I was terrified. This was when I realised I had to get out of there. I didn't want to approach anyone for speed anymore, and I just quit using. I wanted a decent life. I hadn't run away from psychiatry for nothing.

### ‘NO DRUGS, NO SHELTER’

I cycled through the city and the region every day, just to avoid meeting anyone, and to be away from everything. I hadn't told anyone I was clean. I didn't want to explain why, and neither did I want to lose my accommodation in the free night shelter. But after 2 months they found out I wasn't doing speed anymore and they kicked me out because I wasn't ‘an addict’.

It was very ironic: for stopping doing drugs I was ‘rewarded’ by losing the right to access the shelter. This is a typical feature of rigid, offer-based care without a personal dimension. It reminded me of why I ran away from the institution, and I was convinced I had to make it on my own.

### INVISIBLY HOMELESS

Many of the people I met when I was homeless had died by then, including Willem and Peter. I was going to a daily activity centre for persons with psychiatric/ psychosocial backgrounds, where I made new friends. I no longer appeared dirty or neglected. I always carried my backpack with my sleeping bag and some clothes. It wasn't obvious I was homeless. I could have been a young (male) student or a tourist with a big bag.

I often hung around with friends from the activity centre. They came to the park or to the city centre after school, and we enjoyed ourselves. I looked forward to their company and no longer preferred to be alone. It was like the world got better every day. I was getting somewhere.

### NO LONGER ALONE

I slept outside again, in parking lots, in parks, and near the central station. Sometimes friends stayed with me, watching stars, eating candy, having deep talks and a good time. These people became friends for life.

Ruben, a guy I knew, had become homeless too, and we kept each other company at night in the parking lot. The security guard even brought us coffee in the morning, after which we were supposed to go away. It was a wonderful time. I felt no longer alone and threatened, rather welcome, free and even a bit safe. It felt like camping in the city. I was happy.

### THE WAY OUT

In October 1999, ‘a friend of a friend’ offered me a place to stay. For the first time I dared accept because he was an acquaintance and I believed he wouldn't harm me. It was a good choice, because it meant the end of homelessness.

### LIFE RECOVERED

Several months later, in 2000, I started studying and in 2005 I graduated with a BA in Sustainable Engineering.

At the University of Applied Sciences, I became an activist against human rights violations. I have experienced many things that nobody should go through, and I want to stop these malpractices from happening. My main focus became to stop forced psychiatric interventions, which devastated me. Since 2003, I have been campaigning against forced psychiatric treatment<sup>6</sup> which is now my full time voluntary job.

<sup>6</sup> [www.minirights.nl](http://www.minirights.nl)

In 2009, I was elected onto the board of the World Network of Users and Survivors of Psychiatry<sup>7</sup> of which I am co-chair today. I am also an active member of the European Network of Users and Survivors of Psychiatry.<sup>8</sup> I am active in international advocacy on mental health and the rights of persons with psychosocial disabilities.<sup>9</sup>

I have now been renting an apartment for about 12 years. I have a nice circle of friends with whom I have loads of fun. I enjoy my freedom, and I very much appreciate the many opportunities I have. I run my own foundation. I travel the world to promote and protect human rights in mental health care. I can actually turn my bad experiences into something good. All this makes me feel like a star. I have achieved a lot coming from 'nothing'.

### FROM MISERY TO RECOVERY

I have mixed feelings about my homelessness. A lot happened that wasn't pretty. On the other hand, I had wished for freedom so often, and my wish came true, although I became homeless. Yet, it was my chance to be free and to grow, and I'm grateful for that.

Before becoming homeless I was treated very badly in the psychiatric hospital, where I was kept in solitary confinement for 2 years, often naked or in prison dress. When I was homeless, I enjoyed no longer being repressed and told what to do. I loved my freedom. I had clothes. I could move around. I could buy things to eat. I could enjoy the sun and nature, watching it grow, and think about my own growth, and how I'm part of nature too. Being homeless gave me time to listen to my inner voice, and find out what my heart said to me. I was no longer dominated by the terror of mental health care, and could finally shift from 'fighting against my life' towards 'defining my life'.

### A HIGH PRICE FOR FREEDOM

Of course, instead of being homeless I would have preferred to have a safe place. And I did try to find somewhere to live during my 2.5 years of homelessness, however due to the bureaucratic system in the Netherlands, it was not possible.

Now I can see that I was only satisfied with this weird homeless life because I thought there was no alternative, no other way to get out of psychiatry and achieve freedom. Now I think it could have been different. My homelessness could have been prevented. My main wish back then was to have 'a life of my own. I didn't want care-interference in my life. I just needed a 'roof' and I had no high expectations. I should have been able to rent a room. But even despite the fact that I had an income and I was able to pay rent, finding a place to stay was out of reach for me. All services excluded me by their selection-procedures.

I should have had access to a rented room, just like any other young, independent person in the Netherlands. Having a room might have provided a shorter route to build my life. I had to develop myself in very tough circumstances, and I came through. I don't know what would have happened in more positive circumstances. However, as an ex-psychiatric patient, homeless person, and drug user I was stigmatised, and seemed not entitled to more positive circumstances. I had to survive on my own.

### 'NOT ENTITLED TO SUPPORT'?

I have no criminal record despite homelessness, mental health problems and drug use. The argument that the closure of institutions would make many people homeless and that it would result in increased prison-populations is therefore based on misperceptions.

If support in the community, such as housing, is made available, homelessness can be prevented. And also 'committing crimes' is often a result of marginal social chances, which can be prevented through support.

### DESTINATION

Being homeless wasn't the worst thing that happened to me. The worst thing was forced psychiatry, where I was stuck in an endless struggle without dignity. In psychiatry, my life got worse every day. After that horrible experience, being homeless was an improvement. My life got better. My life perspective turned from going down to going up.

In the institution my life was meaningless; I had no social life. My choices were overruled, which made me powerless and unable to develop myself. I had no concept for my life or my future. Life was 'happening to me' and the situation was out of my control.

Then, once I was free, I could exercise decision-making and I became part of social dynamics, which made my choices meaningful as they had effects and defined my situation. I could start defining and developing myself, and grow into the person I am now. Having full decision-making power over my life was the most important part of my recovery. I reclaimed life by living it. I could finally find out how to do things my way, and that made me stronger. I paved my own way, and it brought me where I am now. I am proud of myself. Even though the road was tough, for me it was going upwards.

[A]s an ex-psychiatric patient, homeless person, and drug user I was stigmatised, and seemed not entitled to more positive circumstances. I had to survive on my own.

7 [www.wnusp.net](http://www.wnusp.net)

8 [www.enusp.org](http://www.enusp.org)

9 The rights of persons with disabilities are gaining increased recognition internationally and are protected by the UN Convention on the Rights of Persons with Disabilities - an international treaty which the Netherlands has yet to ratify (it is only one of three EU states that has not yet ratified it).