The Asylum Escapes into the Community

by Erick Fabris

What is 'community' in an era of advanced technological relationships? While social media connects those of us who would otherwise be isolated, like Mad activists, it also amplifies the voices of sanists who don't want to know we exist.[1] And while institutions like the fifth estate try to keep up with the hype, news parodies online have enabled distractions and false reports that have bumped up fascism. This hardly means that neoliberal institutions are crumbling. Under the guise of transparency, connection, and sharing, online media has made us more open to authoritarianism while simultaneously making the state look weakened.

Virtual technology is also changing medicine. Advancements like remote surgery tend to assure us of the naturalness of virtual medicine. In Toronto, walk-in clinics have been using virtual appointments, where someone examines you using video conferencing. As medicine ventures online, so does psychiatry. Mental health apps record our self-reports of mood and connect us with psych workers.[2] The Victorian psychiatric asylum tried to remove deviance from cities and towns, but in a world without privacy the asylum is fast becoming public and communal.

There are several indications of the asylum advancing its controlling practices in the virtual community. One is the development of snitch pills, psych drugs with built-in chip technology that reports whether the drug has been ingested.[3] Another is police "wellness checks," which have had lethal consequences that the news conglomerates have covered thanks to online outrage.[4] Another example is mandatory treatment offered in exchange for release from an institution. In Canada, authorities happily provide coerced treatment outside mental health centres and hospital wards under the name 'community treatment orders' (or CTOs). The asylum can now be seen rolling up to private residences in

1 A Mad person is not simply someone considered 'crazy' or 'mentally ill' but a person who identifies as Mad in the face of open hostility and discrimination called sanism (viz. lawyer Michael Perlin) or mentalism (viz. psych survivor activist Judi Chamberlin).

2 The term 'psych' is used to include all the 'psy' disciplines: psychiatric doctoring and nursing, psychological research and education, psychotherapeutic schools from psychoanalysis to cognitive behavioural therapy, social work and various support work (including orderlies and peers). This is to indicate the interdisciplinarity with which the industry facilitates coercion and the carceral state.

3 "FDA Approves Pill with Sensor That Digitally Tracks If Patients Have Ingested Their Medication," November 13, 2017. FDA. https://www.fda.gov/news-events/press-announcements/fda-approves-pill-sensor-digitally-tracks-if-patients-have-ingested-their-medication.

4 Britneff, Beatrice. "Police Wellness Checks: Why They're Ending Violently and What Experts Say Needs to Change." Global News. Global News, June 27, 2020. https://globalnews.ca/news/7092621/police-wellness-checks-experts-change/. In this article, the largest psychiatric teaching hospital in Canada, CAMH, called for a "new direction in crisis care." Psychiatrist David Gratzer from CAMH said, "Police should not be the first responders when people are in crisis in the community [...] at the end of the day, if you've got a mental health problem, I think it would be ideal that a mental health worker be involved in seeing you."

mobile mental health teams.

Since my book, *Tranquil Prisons,* was published eleven years ago, CTOs have multiplied not only in Ontario but around the world.[5] In 2001, only about 100 people were put under CTOs in Ontario and authorities told us few people would ever be affected. Yet the Ministry of Health reports in its latest CTO review that 6,796 people were given rights advice for community treatment orders in 2018.[6] Record-keeping, however, is not rigorous, and the actual number of all CTOs presently in use may be close to 10,000 according to Toronto mental health lawyer Anita Szigeti.[7]

The report also notes that four of every five people on CTOs felt coerced. Such ethical concerns do not appear to worry psychiatrists, especially in Ottawa, London, Niagara, and York regions where CTO numbers are exceptionally high. The Canadian Psychiatric Association's statement on CTOs promotes them as being less restrictive, promoting treatment adherence, and decreasing rehospitalization. But Dawson has written in the Canadian Journal of Psychiatry that the Association needs to look at the mounting evidence showing that coercion doesn't work.[8] The Ontario CTO report, though full of anecdotal success stories, admits that research provides a very different picture.

Rugkåsa's work is a good introduction to CTO research conducted both in Canada and internationally.[9] She found that, across jurisdictions, the group most likely to be put under CTOs are psychosis-labelled, treatment-resistant males aged about 40. But she did not find evidence that CTOs improved outcomes with regard to virtually any area of study, including treatment adherence and benefits, service utilization and coordination, and decriminalization. The international research includes several randomized controlled trials of CTOs, statistically comparing a group on CTOs against a non-CTO group. Canadian studies look at people before and during CTOs to draw their mostly positive conclusions, though this methodology is particularly open to bias. It is difficult to objectively compare how coercion affects a person over time. But, after decades of research, it is clear that no great improvement has been achieved under treatment orders.

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5 Fabris, Erick. *Tranquil Prisons: Mad Peoples Experiences of Chemical Incarceration under Community Treatment orders.* Toronto, Canada: University of Toronto Press, 2011.

6 R.A. Malatest & Associates. "The Third Review of Community Treatment Orders." Ontario Ministry of Health. Ontario Government, December 2019. https://health.gov.on.ca/en/common/ministry/publications/reports/.

7 Szigeti, Anita. "Coercion Taking over: Community Treatment Orders Explode in Ontario, Part One and Two." The Lawyer's Daily. LexisNexis Canada, November 3, 2022. https://www.thelawyersdaily.ca/articles/41047/coercion-taking-over-community-treatment-orders-explode-in-ontario-part-one.

8 Dawson, John. "Doubts about the Clinical Effectiveness of Community Treatment Orders." Canadian journal of psychiatry. Revue canadienne de psychiatrie. U.S. National Library of Medicine, January 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4756596/.

9 Rugkåsa, Jorun. "Effectiveness of Community Treatment Orders: The International Evidence ..." Sage Journals. Canadian Psychiatric Association, January 1, 2016. https://journals.sagepub.com/doi/10.1177/0706743715620415.

Ontario's CTO review features not only skyrocketing numbers (an increase of 340% per year); but also a disconcerting rise in substitute decision makers' involvement in CTOs, from 32% to 47% between 2012 and 2018. Thus families are giving consent for CTOs on behalf of those declared incapable to consent to treatment. As a psych survivor who called out the government for pandering to Schizophrenia Society families that demanded more power to keep their folks on psych treatments, I'm disappointed but not surprised. The review also stated that about half of all requests for advocacy involved CTOs, with the workload overwhelming services. All this suggests that compliance, enforced through either regular injections or legal compulsion, is the new baseline for treatment.

Survivors know that forced treatments don't work. We know, and even the mainstream press is finally reporting, that antidepressants work no better than sugar pills. The evidence is just as damning for neuroleptics and 'anti-anxiety' agents. Survivors continue to put up with professional assurances that force is necessary as patients do not realize they are ill and need treatment. Yet in all other areas of medicine, the idea of imposing treatment over objections is repugnant. A little pinprick might seem less coercive than a stinking jail cell, but iatrogenic effects like tardive dyskinesia can last a lifetime.

Survivors are in the minority. We agree with UN Special Rapporteur, Catalina Devandas Aguilar, who recommended in 2019 that Canada should honour its commitment to the Convention on the Rights of Persons with Disabilities and end psychiatric detentions and treatment orders.[10] During the pandemic, many governments have been ignoring UN calls for a halt to imprisonment and sequestration, including psychiatric committal. However, carceral profit is ballooning in the US, UK, Australia (which presently has the greatest number of CTOs), and many other jurisdictions; at this time, at least 75 jurisdictions worldwide have implemented CTOs of various kinds.[11]

Even if critical public debate could occur, commonplace ideas about madness would prevail. Sketch comedy and cartoons instruct us on how to view confusion, rage, anguish, and other emotions as instances of psychosis or depression or anxiety. There's little mainstream understanding of distress *from the inside out*, or fromthose rare communities that practice mutual aid with emotions in mind. For example, anti-stigma campaigns *depend* on common misconceptions, like biological causes, to align public

10 "End of Mission Statement by the United Nations Special Rapporteur on the Rights of Persons with Disabilities, Ms. Catalina Devandas-Aguilar, on Her Visit to Canada." OHCHR. United Nations, April 12, 2019. https://www.ohchr.org/en/statements/2019/04/end-mission-statement-united-nations-special-rapporteur-rights-persons.

11 Rugkåsa, Jorun. "Effectiveness of Community Treatment Orders: The International Evidence ..." Sage Journals. Canadian Psychiatric Association, January 1, 2016. https://journals.sagepub.com/doi/10.1177/0706743715620415.

opinion with that of psych professionals. Even calls for defunding the police end up calling for mobile crisis teams. So, while social media has revolutionized discussions about the prison industrial complex, it has left psych looking heroic – even folksy.

Psych mystification makes it very difficult for survivors and Mad people to call out coercion. Science-y terms like "anosognosia" (meaning "lack of insight") are dominant on the wards and in the courts, and they represent us to others in sanist ways. When CTOs were finally challenged in a recent court case, *Thompson v Ontario,* survivor advocates lost. The judge agreed that CTOs seem onerous and ineffectual generally, but said the case concerned only the appellant, who was said to improve on a CTO, rather than the general population. Later, it was claimed, she suffered from the lack of a CTO. But we survivors know all too well that detainees will pretend that treatment works if it means they'll get out faster. And we know that drug withdrawal will be viewed by clinicians as a. So it is not surprising that sanism won the day, ignoring the legal impositions and iatrogenesis resulting from CTOs.

While most psychiatric detainees choose CTOs over lockup, there is at least one detainee at the CAMH site who has chosen to be locked up for 20 months, rather than submitting to drug treatment. Online, thousands of people in the movement against prescribed harms have tried to publicize the issue of iatrogenic drug effects. But there has been little mainstream interest. The Mad and psych survivor movements are much smaller, and we've barely survived the era of social media. So, as psychiatry continues to outpace political movements like ours online, and as the meaning of the word "community" changes, the asylum continues to expand into the community. Psychiatric tools like CTOs and wellness checks and snitch pills continue to bring coercive care into the social imagination, the family unit, and other familiar settings. This greatly reduces people's reliance on themselves and their communities – transferring that reliance to professionals – and paves the way for more profitable management of the human.