  
Our Collective of French users and ex-users of psychiatry is called "Stop forced treatment" [1]. Our constituency is that of persons with real or perceived psychosocial disabilities.

*What are the factors, in your context, that contribute to the institutionalisation of children, and how can they be addressed to prevent it?*

We think French society maintains many prejudices against persons with psychosocial disability, children and adults. We think the whole society has to change.

- We suggest educating the public, professionals, medical staff, judges, as well as users and children on the rights of persons with psychosocial disability, children and adults.

France has discriminatory laws and implements the wrong models of disability. Specifically disability laws, guardianship laws, and mental health laws.

- We suggest to abolish the medical model of disability and the discrimination in the laws and practices, and to implement the human rights model of disability instead. These rights should not be linked to the person, adult or child, being threatened with forced psychiatric medication or procedure or loss of liberty or institutionalisation.

France practices the institutionalization of children with real or perceived psychosocial disability on a large scale [9] and do not consult the child.

- We suggest offering home services and home financial assistance to access these services. In practice, we suggest to rebalance the budget from institutions towards services, following Belgium, Brazil and Peru exemples. [2]

- We suggest to implement supported decision-making for the child and to respect their choices.

- We suggest to prohibit the forced stigmatization of the child with psychiatric labels biologically or scientifically unsound [4,5]. We consider that most psychiatric labels are theoretical at best, and their acceptance is a personal and private choice in the relationship with a chosen medical professional that can be changed at any time. The medical confidentiality should be respected. The perspective of the family or carers is not the perspective of the child.

France has discriminatory laws to allow forced hospitalization and forced treatment of persons with psychosocial disability on a large scale [6]. The abuse of adults implies that the children are abused, too. In a large proportion, these persons with psychosocial disability are traumatized by the resulting social and psychiatric violence [7], a large part of them are incapacitated with drugs that destroy motivation and make it difficult to function, and for some of them their will is broken by the psychiatric tortures [8] they endured and the threats of repetition, and they cannot act politically to defend children’s rights, because they are afraid of retaliations.

- We suggest to completely abolish these laws and practices, to provide social help, to provide medical and psychological help to withdraw from psychiatric drugs, and to offer reparations.

*Specifics:*

France in 2018 had 108 900 children institutionalized in medico-educational institutes (MEIs) and 15 980 in therapeutical educational pedagogical institutes (TEPIs). The criteria for the placement of children in MEIs are, according to the French Administration document: "deficiencies predominantly intellectual", and for TEPIs, I quote: "behavioral disorders that disrupt their socialization and access to learning, without psychotic pathology or intellectual deficiency" [9]. The number of places is increasing [10].

These children are generally not consulted in the choices concerning them and their choices are not respected. The reality of these institutes is grim, with testimonies of forced psychiatric medications, violence, poor or inappropriate education.

*What are characteristics or practices that should be avoided or eliminated in order to ensure high-quality care is provided?*

In France, some children are forcibly treated with brain-damaging psychiatric drugs. Psychiatrized children are caught in the traps of medication, dependency and self-depreciation, they bear familial and societal ostracism and are at great risk of becoming psychiatrized as adults, too.

- We suggest educating the public, professionals and children themselves on what psychiatric drugs do to the brain, about dependence and withdrawal, what are the long-term consequences of psychiatric drugs treatments.

- We suggest to prohibit the prescription of psychiatric drugs to children, especially young children. We consider such prescription child abuse. We suggest to prohibit electroshocks and any potentially brain-disabling psychiatric procedure.

- We ask for the children to be consulted and their choices respected.

*Specifics:*

The French Administration allows the prescription of the drug Risperidone to 5 years-old children, with some restrictions that are not respected in practice [11].Instead of listening to the child, neuroleptic drugs are sometimes used to silence the child, with psychiatric labels like: “oppositional disorder”.

We oppose neuroleptic drugs prescriptions. These drugs are neurotoxic [12]; they induce brain shrinkage [13,14], neurological damage [15], tardive dyskinesia [16], metabolic disorders [15], teeth decay, hyperprolactinemia and gynecomastia [17], drug dependence [18], supersensitivity psychosis [19], deadly malignant syndromes [20].

We oppose psychostimulant drugs prescriptions. These drugs are neurotoxic [21,22,23,24], reduce growth [25], increase the risk of addiction, suicide, and psychiatric hospitalization [26]. They cause drug dependence and habituation. They harm the child both physically and psychologically.

According to Prof. Peter C. Gøtzsche, the "diagnosis" of ADHD is based on nothing [29,30]. Children are demoralized, they lose spontaneity; they believe they are sick for the rest of their lives although they are healthy. Many children are simply confronted with a pedagogy unsuited to their level of maturity, and they may suffer from a lack of parental attention. Children born later in the year of a class are more likely to be "diagnosed". Very often, things correct themselves spontaneously, or by changing the pedagogy (on the Finnish model), or by teaching the child to take responsibility, to become independent, to acquire self-control. The children should be allowed to develop at their own pace. [28,29]

We oppose antidepressant drugs prescriptions. These drugs probably damage the adolescent brain [31]. They induce in some persons suicide, extreme violence out of character, mania, and healthy people are labeled “bipolar” because of them [32,29]. Given to adults and adolescents, these drugs suppress both sexuality, libido and sexual functioning, and love, often without full recovery when the drugs are stopped, and for some persons, they also provoke bladder and defecation problems, it is called post-SSRI sexual dysfunction [,]. They cause dependence []. They are ineffective [].

*References :*

1. The Collective:   
   <http://depsychiatriser.blogspot.com/>
2. Guidance on community mental health services: Promoting person-centred and rights-based approaches, World Health Organization, June 2021.  
   <https://www.who.int/publications/i/item/9789240025707>
3. CHRUSP good practices.  
   <http://www.chrusp.org/home/good_practices>
4. Conseil Supérieur de la Santé, Belgium, 2019: DSM(5) : "Utilisation et statut du diagnostic et des classifications des problèmes de santé mentale" <https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/css_9360_dsm5.pdf>
5. Mental Health Europe: A Short Guide to Psychiatric Diagnosis, 2020.   
   <https://mhe-sme.org/wp-content/uploads/2018/09/A-short-guide-to-Psychiatric-Diagnosis-FINAL.pdf>
6. Agence technique de l'information sur l'hospitalisation. “Psychiatrie chiffres clés” 2019, France.  
   <https://www.atih.sante.fr/sites/default/files/public/content/2554/atih_chiffres_cles_psy_2019.pdf>
7. Priebe S., Bröker S., Gunkel S. Involuntary admission and posttraumatic stress disorder in schizophrenia patients, July 1998, Comprehensive Psychiatry 39(4):220-4, DOI:10.1016/S0010-440X(98)90064-5.  
   <https://www.researchgate.net/publication/13608566_Involuntary_admission_and_posttraumatic_stress_disorder_in_schizophrenia_patients>
8. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment of punishment, Human Rights Council, Forty-third session, 24 February–20 March 2020.   
   <https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session43/Documents/A_HRC_43_49_AUV.docx>
9. Ministère des Solidarités et de la Santé : Direction de la recherche, des études, de l'évaluation et des statistiques. L’offre d’accueil des personnes handicapées dans les établissements et services médico-sociaux fin 2018. Thomas Bergeron, Laurence Dauphin.  
   <https://drees.solidarites-sante.gouv.fr/publications/etudes-et-resultats/loffre-daccueil-des-personnes-handicapees-dans-les-0>
10. Caisse nationale de solidarité pour l'autonomie: le bilan des plans, 2019.  
    <https://www.cnsa.fr/outils-methodes-et-territoires-organisation-de-loffre/programmation-et-creation-de-places-en-etablissement-ou-service/le-bilan-des-plans>
11. Autorisation de mise sur le marché du rispéridone en pédopsychiatrie  
    <http://agence-prd.ansm.sante.fr/php/ecodex/rcp/R0306587.htm>
12. Michael S Lidow, Zan-Min Song, Stacy A Castner, Patrick B Allen, Paul Greengard, Patricia S Goldman-Rakic, Antipsychotic treatment induces alterations in dendrite- and spine-associated proteins in dopamine-rich areas of the primate cerebral cortex, Biological Psychiatry, Volume 49, Issue 1, 2001, Pages 1-12, ISSN 0006-3223,  
    <https://doi.org/10.1016/S0006-3223(00)01058-1>.
13. Bastiampillai, Tarun & Parry, Peter & Allison, Stephen. (2018). Can antipsychotic medication administered for paediatric emotional and behavioural disorders lead to brain atrophy?. Australian & New Zealand Journal of Psychiatry.  
    <https://www.researchgate.net/publication/327512494_Can_antipsychotic_medication_administered_for_paediatric_emotional_and_behavioural_disorders_lead_to_brain_atrophy/citation/download>
14. Ho BC, Andreasen NC, Ziebell S, Pierson R, Magnotta V. Long-term Antipsychotic Treatment and Brain Volumes: A Longitudinal Study of First-Episode Schizophrenia. Arch Gen Psychiatry 2011 Feb;68(2):128-37.  
    <https://www.researchgate.net/publication/49817143_Long-term_Antipsychotic_Treatment_and_Brain_Volumes_A_Longitudinal_Study_of_First-Episode_Schizophrenia>
15. Pringsheim T, Lam D, Ching H, Patten S. Metabolic and neurological complications of second-generation antipsychotic use in children: a systematic review and meta-analysis of randomized controlled trials. Drug Saf. 2011.  
    <https://pubmed.ncbi.nlm.nih.gov/21751826/>
16. Ikwunga Wonodi, Gloria Reeves, Dana Carmichael, Ilene Verovsky, Matthew T. Avila, Amie Elliott, L. Elliot Hong, Helene M. Adami, Gunvant K. Thaker. Tardive dyskinesia in children treated with atypical antipsychotic medications, 2007.  
    <https://doi.org/10.1002/mds.21618>
17. Antipsychotic Medication in Children and Adolescents: A Descriptive Review of the Effects on Prolactin Level and Associated Side Effects. Yvette Roke, Peter N. van Harten, Annemieke M. Boot, and Jan K. Buitelaar. Journal of Child and Adolescent Psychopharmacology 2009 19:4, 403-414   
    <https://doi.org/10.1089/cap.2008.0120>
18. Horowitz, M. A., Jauhar, S., Natesan, S., Murray, R. M., & Taylor, D. (2021). A method for tapering antipsychotic treatment that may minimize the risk of relapse. Schizophrenia Bulletin.  
    https://academic.oup.com/schizophreniabulletin/advance-article/doi/10.1093/schbul/sbab017/6178746
19. Chouinard Guy, et collègues, 2017: Antipsychotic-Induced Dopamine Supersensitivity Psychosis: Pharmacology, Criteria, and Therapy.  
    <https://www.karger.com/Article/FullText/477313>
20. Neuroleptic Malignant Syndrome in Children and Adolescents on Atypical Antipsychotic Medication: A Review. Rachel Neuhut, Jean-Pierre Lindenmayer, and Raul Silva.Journal of Child and Adolescent Psychopharmacology.Aug 2009.415-422.  
    <http://doi.org/10.1089/cap.2008.0130>
21. Carlezon WA, Konradi C, Neuropharmacology, 2004 Understanding the neurobiological consequences of early exposure to psychotropic drugs: linking behavior with molecules  
    <http://www.sciencedirect.com/science/article/pii/S0028390804001820>
22. Methylphenidate Causes Behavioral Impairments and Neuron and Astrocyte Loss in the Hippocampus of Juvenile Rats. Schmitz, F., Pierozan, P., Rodrigues, A.F. et al. Mol Neurobiol (2016). doi:10.1007/s12035-016-9987-y  
    <http://link.springer.com/article/10.1007/s12035-016-9987-y>
23. White Matter by Diffusion MRI Following Methylphenidate Treatment: A Randomized Control Trial in Males with Attention-Deficit/Hyperactivity Disorder. Cheima Bouziane, Olena G. Filatova, Anouk Schrantee, Matthan W. A. Caan, Frans M. Vos, and Liesbeth Reneman Radiology 2019 293:1, 186-192  
    <https://pubs.rsna.org/doi/10.1148/radiol.2019182528>
24. Curtin, K., Fleckenstein, A.E., Keeshin, B.R. et al. Increased risk of diseases of the basal ganglia and cerebellum in patients with a history of attention-deficit/hyperactivity disorder. Neuropsychopharmacol 43, 2548–2555 (2018).  
    <https://doi.org/10.1038/s41386-018-0207-5>
25. Swanson, 2006, Stimulant-Related Reductions of Growth Rates in the PATS.  
    <http://doi.org/10.1097/01.chi.0000235075.25038.5a>
26. Breck G. Borcherding, Cynthia S. Keysor, Judith L. Rapoport, Josephine Elia, Janet Amass,
27. Motor/vocal tics and compulsive behaviors on stimulant drugs: Is there a common vulnerability? Psychiatry Research, Volume 33, Issue 1, 1990, Pages 83-94, ISSN 0165-1781.  
    <https://doi.org/10.1016/0165-1781(90)90151-T>
28. The Rights of Children and Parents In Regard to Children Receiving Psychiatric Diagnoses and Drugs. Peter R. Breggin 17 April 2014.  
    <https://doi.org/10.1111/chso.12049>.
29. Mental health survival kit and withdrawal from psychiatric drugs (2020) Peter C. Gøtzsche  
    <https://www.deadlymedicines.dk/books/>
30. Adult ADHD Self-Report Scale-V1.1 (ASRS-V1.1) Symptoms Checklistfrom WHO Composite International Diagnostic Interview.  
    <https://www.hcp.med.harvard.edu/ncs/ftpdir/adhd/18Q_ASRS_English.pdf>
31. Karanges, E. and I. McGregor. “Antidepressants and adolescent brain development.” Future Neurology 6 (2011): 783-808.  
    <https://www.semanticscholar.org/paper/Antidepressants-and-adolescent-brain-development-Karanges-McGregor/cfa14be5d25be4e4ccb6228c45ad76b6460f2d73#citing-papers>
32. Peter Breggin’s Antidepressant Drug Resource & Information Center  
    <https://breggin.com/antidepressant-drugs-resource-center/>
33. Reisman Y. Post-SSRI sexual dysfunction BMJ 2020; 368 :m754 doi:10.1136/bmj.m754  
    <https://www.bmj.com/content/368/bmj.m754>
34. David Healy. post-SSRI sexual dysfunction.  
    https://rxisk.org/post-ssri-sexual-dysfunction-pssd/
35. Stopping antidepressants, Royal College of Psychiatrists, UK  
    <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/stopping-antidepressants>

