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Editorial on Types of Treatment for the Mental Health Disorders

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Editorial

Compulsive treatment of persons with psychosocial disabilities, especially when the disabilities are caused by mental illnesses, is a medical, social and legal issue. Under the heading of Public Health and Health Policies, extensive research has been conducted to find legal solutions that balance the need for coercive treatment of people with disabilities who, for various reasons, do not recognize the disorder that affects them with the protection of their rights, freedoms and guarantees on the one hand. Several assessments of mental health legislation have been promoted by the Council of Europe and its Bioethics Committee, as well as the European Court of Human Rights First the European Convention on Human Rights and Biomedicine also known as the Oviedo Convention, aimed to protect people who lacked the capacity to consent to treatment particularly those with mental illnesses by stating that all medical interventions that could benefit health could be performed under legal provisions in emergency situations.

All of these clauses are particularly essential because they imply that limitations do not justify denial of liberty and that competence should be taken into account at all times third parties only assisting in the organization and transmission of their will. The employment of forceful tactics in the field of psychiatry, notably compulsive therapy would be immediately halted if these concepts were taken literally, as they would constitute a breach of patients' rights individuals with dementia depression periods and psychotic episodes, to name a few clinical scenarios, illustrate that giving patients with mental disorders full autonomy would be disastrous.

The CRPD should be used to avoid two extreme positions on CT for mental disorders continuing with coercive measures while considering the "best interests of the patient" and maintaining proportionality due to "adverse consequences" or the risk of "serious and imminent damage," or determining the immediate abolition of all forms of coercive treatment because radical reduction is insufficient.

In the examined literature, decisions on coercive measures and compulsive therapy are supported by four key reasons risk, diagnosis, lack of capacity and the effectiveness of the measures. The measure is viewed as a risk control mechanism because risk reduction is such an important aspect in obsessive therapy. In psychiatry, risk has numerous aspects and is assessed qualitatively and quantitatively risk of harm to oneself, harm to others, higher social adversity, suffering more, or jeopardizing a treatment plan. Risk and diagnosis are critical considerations in CT decisions, as data suggests that people with serious mental illnesses can assault and hurt others, including medical professionals. Even after undergoing a CT scan, 25% of patients admitted to an adult psychiatry unit may be at danger of performing a violent act. Individual risk factors for violent behaviors and CT decisions – such as male, schizophrenia diagnosis, substance addiction and past history of violence – were not found to have predictive value for violent behavior because of the subjective character of risk in psychiatry, the risk of occurrence or recurrence of violence appears to be the most vulnerable to misuse

Psychiatrists must distinguish between signs and symptoms of psychiatric disorders and those representing behavioral changes caused by a physical disease while making CT decisions. Disregarding such distinctions may raise the stigma associated with mental illnesses, but understanding of them improves moral weight and decreases haphazard clinical practice interpretations. If CT is to be considered for both, it may be beneficial to separate their legal features Medical Incapacity Hold for those who are considered unable to decide and have a psychiatric illness and Involuntary Psychiatry Hold for patients with psychiatric disease without insight who require treatment.

CT for public health issues like tuberculosis is particularly complicated and it may be the clearest breach of the right to liberty and privacy in those whose competency may be harmed. The arguments for it are based on both the inviolability of human life and the principle of reciprocity which supports vaccination standards. Nonetheless, CT has been chastised for public health concerns and alternate techniques have been advocated. First, health education should be promoted, as should enhance access to services and the resolution of socioeconomic and organizational variables it's also important to assess the role of CT in the therapeutic process. Eating disorders are a fantastic example of the complexity of CT when it comes to clinical severity, decision-making capacity, total risk and measure effectiveness. First, ED patients do not appear to have lost their decision-making capacity and decisions are based on the risk of death severity, comorbidities, previous admissions and the incidence of self-injurious, but it may harm therapeutic alliances and lead to early drop-out from other programmes According to postmodern ethics, forms of power and control can arise not only from outside the subject, but also from within CT provides a level of safety that dissolution does not appear to provide affirming autonomy through conventional ethical models or simplistic clinical treatments may jeopardize other rights and dignity of people with mental illnesses .

Finally, there is evidence that clinical psychiatry has sought to define the purposes and potential abuses of CT, as well as to assess the experiences and repercussions of its use and to explore ways to limit, refine and replace it [1-5].

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Conflict of Interest

The authors declare that there is no conflict of interest associated with this manuscript.

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