Coercion in the care of people with psychiatric illnesses is prevalent worldwide. Its history goes back to the earliest known mental health systems and continues as psychiatric care moves beyond mental health institutions into the community. Despite its prevalence, however, coercion – both as concept and practice – has remained understudied this discipline. Researchers, carers and psychiatrists have only recently begun to turn a critical eye on the systems of mental health-care that have long used coercive practices, and begun to raise questions about the long-term consequences of coercion, whether it is avoidable, and if so, how.

The answers to these questions, however, are as many and as varied as there are psychiatric practices around the world. Coercion is a complex phenomenon and the forms it takes are inextricably linked to cultural and social norms. For instance, individual autonomy is valued in most European and North American cultures, whereas Indian, Arab, African and Japanese cultures are more community and family-centred. This difference may affect the use of involuntary admission and informed consent, among other practices, in traditional versus modern Western societies. Medical paternalism (‘the doctor knows best’) is more acceptable to the patient in the latter societies. That does not, however, automatically and necessarily imply the right of the medical professional to assume the role of ‘do-gooder’ in the form of involuntary treatment and coercion. Due to this complexity and cultural dependency, it is unrealistic to expect straightforward directions about ethical considerations and normative claims about what should or should not be done. Even in high-income countries, where substantial research has been conducted on the subject, there are no conclusive answers, and debates are ongoing. In lower-income countries, on the other hand, there is a need for more research. In order to understand how mental health institutions and community-care systems can be designed with regard to the culture-specific issues that surround coercion, we need to understand the causes and consequences of coercion in different settings and the roles and perceptions of different stakeholders. In the following sections of this chapter, I explore some of these debates in order to understand the different perspectives and analyse their practical implications.