

“The Darkest Corners”

Abuses of Involuntary Psychiatric Commitment in China



Chinese Human Rights Defenders

August 2012

Publisher

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CHRD is grateful to the EC, NED and others for their generous support.

Date of publication: August 2012

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List of Abbreviations

CL Criminal Law

CPL Criminal Procedure Law

CRPD Convention on the Rights of Persons with Disabilities

MHL Mental Health Law

NPC National People's Congress

PL Police Law

PSB Public Security Bureau

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Introduction

It was 2 a.m. one day in April 2011 when Xu Wu (徐武) pried open a window, squeezed out of the narrow opening, and escaped from the Mental Health Ward of Wuhan Iron and Steel Workers No.2 Hospital. Four years earlier, Xu’s employer and Wuhan police had taken him to the hospital against his will, and he had been held there until his daring escape. Xu said that he was not mentally ill but was hospitalized in retaliation for making complaints about his employer to government authorities. However, he was diagnosed as suffering from “paranoia,” and the hospital said he had shown no improvement over the years. After his escape, Xu found his way onto a television program in Guangdong, where he told his compelling story. Just as he was leaving the TV station, a group of men (one of them claiming to be a police officer) seized Xu, pushed him into a car, and drove off. Xu was then taken back to the same hospital, but his story set off a firestorm of debate in China. In online forums, people disputed whether he was really mentally ill and, if so, whether the hospital, his employer and the police broke the law in keeping Xu virtually locked up in the hospital.¹

China’s involuntary commitment system is a black hole into which citizens can be “disappeared” for an indefinite period of time based on the existence or mere allegation of a psychosocial disability by family members, employers, police or other state authorities. According to one official estimate, 800,000 people are admitted to psychiatric hospitals in China every year.² Many of them, like Xu, are brought to hospitals against their will, often by force. The hospitals then admit these individuals and do not allow them to leave unless those who have had them committed agree that they can be discharged. In the psychiatric hospitals, patients are denied the right to make decisions and are at the mercy of the hospitals and those who took them there. The latter are

assumed by the hospitals to be “guardians” of these individuals. These patients are often subjected to forced treatment, including medication and electric shocks. Chinese laws and regulations currently do not provide such individuals with the right to an independent review of their mental health status or the legality of their detention; nor is there a right to a court hearing or access to counsel. Patients are often denied communication with the outside world.

The involuntary commitment of persons who have or are alleged to have psychosocial disabilities is a violation of the Convention on the Rights of Persons with Disabilities (CRPD)³, which China ratified in 2008. The treaty body responsible for monitoring implementation of the CRPD, the Committee on the Rights of Persons with Disabilities, will conduct its first review of China’s compliance with the CRPD on September 18 and 19, 2012.⁴

Causes behind the abuses of the involuntary psychiatric commitment system

A combination of factors—namely, a deficient legal and regulatory framework, coupled with a lack of judicial independence—is primarily to blame for this state of affairs. There is no law in China specifically dedicated to protecting the rights of those with psychosocial disabilities. While there are several national laws that touch on certain aspects of involuntary commitment—for example, the Criminal Law (CL) and the Police Law (PL)—they are vague and do not specify the circumstances or the procedures under which an individual can be involuntarily committed. Some local legislatures in China have drafted their own regulations regarding involuntary commitment. These regulations authorize involuntary commitment in a wide range of situations. Currently, neither national laws nor local regulations provide judicial oversight during the commitment process. In cases where patients have sued hospitals or the individuals who committed them, courts have generally not shown a willingness to address the issues and provide effective remedies for those unlawfully committed.

Although the Chinese government released a draft Mental Health Law (“draft MHL”) for public comment in October 2011, the law has not yet been enacted by the National People’s Congress (NPC), and it is unclear when it will be subject to a vote.⁵ Moreover, the draft appears to codify

the current involuntary commitment system, which violates the CRPD.

The use of involuntary psychiatric commitment for political purposes

The current system of psychiatric confinement is also highly vulnerable to abuse. Those who have the means—power and money—to either compel or pay psychiatric hospitals to detain individuals out of a desire to punish and silence them have been able to do so with impunity. In 2002, Human Rights Watch published a seminal report on the use of involuntary commitment for political purposes, primarily against political dissidents and Falun Gong practitioners.⁶ Ten years on, politically-motivated abuses within the psychiatric commitment system remain. Currently, many of those involuntarily committed by state agents are petitioners⁷, along with dissidents and activists. In these cases, individuals were taken to psychiatric hospitals to punish them after they acted in ways that irked government officials, such as petitioning higher authorities or publishing articles criticizing the government.

Meanwhile, the privatization of management of some psychiatric hospitals since the 1980s has facilitated certain abuses. Some wealthier citizens are now able to pay these institutions to incarcerate, for example, “troublesome” close relatives and employees whom they wish to be rid of, or have treated, for as long as they want.⁸ In some of these cases, hospital staff have seized individuals off the streets after their relatives or employers agree to pay for treatment and inform the hospitals that such individuals suffer from mental illnesses. With ever-increasing government funds for “stability maintenance,” it is also likely that psychiatric hospitals have benefited from this budget expansion as the public security apparatus pays psychiatric hospitals to detain local troublemakers.

Structure of the report and methodology

In the first section of the report, we focus on the unlawful and discriminatory nature of the involuntary commitment system by analyzing relevant laws and regulations. Next, we discuss the actual

practice in psychiatric hospitals, where staff routinely disregards the will of the psychosocially disabled. In the third section of the report, we examine the lack of effective access to justice for patients while they are detained as well as after their release. This is followed by a discussion of the cruel treatment and violence faced by many psychiatric patients and the denial of their right to communicate with the outside world. Finally, we offer recommendations for steps the Chinese government should take to comply with international human rights standards and its own laws. The Appendix includes a list of examples of individuals detained in psychiatric institutions after their petitioning and human rights activism, to illustrate the politically-motivated abuses of China's involuntary commitment system.

In this report, CHRD uses the CRPD as a yardstick to review and assess the Chinese government's compliance with the relevant international human rights standards. Specifically, we examine the Chinese government's compliance with the following articles of the CRPD, which provide that persons with disabilities enjoy:

- “Equality and non-discrimination” (Article 5);
- “Legal capacity” (Article 12);
- “Effective access to justice” (Articles 13);
- “The right to liberty and security of person” (Article 14);
- “Freedom from torture or cruel, inhuman or degrading treatment or punishment” (Article 15);
- “Freedom from exploitation, violence and abuse” (Article 16);
- “Right to respect for his or her physical and mental integrity” (Article 17);
- “Respect for privacy” (Article 22); and
- “Right to health” (Article 25).

Over 60 cases of individuals held in psychiatric hospitals in 22 provinces and municipalities⁹ are cited or were reviewed for this report, including 15 interviews conducted by CHRD and another Chinese NGO, Civil Rights and Livelihood Watch (CRLW). These cases occurred between 2008, the year China ratified the CRPD, and 2012. Because the research

for this report was conducted during a time of heightened political sensitivity in China, CHRD was unable to conduct a larger number of interviews. Most of the interviews CHRD and CRLW conducted were of individuals held in psychiatric hospitals by government officials. But we have supplemented these interviews with cases reported by other Chinese NGOs or in the Chinese press of individuals who were taken to hospitals by their families or employers. Although these reports are certainly not comprehensive, they are nonetheless illustrative of how widespread and serious the abuses of the involuntary commitment system in China are.

Definitions

Regarding the individual case studies documented in this report, CHRD is clearly not in a position to make an assessment regarding the individuals' mental health, and it is possible that some may indeed have psychosocial disabilities. In this report, we use "patients" to refer to all persons who are admitted to psychiatric hospitals and the term "psychiatric hospital" to mean any hospital, or unit of a hospital, which provides mental health care.



In July 2011, former patient Chen Guoming carried out a protest in a Beijing park to raise public awareness about China's involuntary commitment system. Chen reenacted the experience of his family members binding him with tape and taking him against his will to a psychiatric hospital. The message on the ground reads, "anyone may be 'made mentally ill'." (Photo: Equality and Justice Initiative)

In Chinese laws and regulations as well as in actual practice, “forcible admission” (强制收治) is only used to describe commitment by the police. When the commitment is not carried out by the police, admission to psychiatric hospitals is considered “voluntary,” and if admitted individuals are compelled to receive treatment in these institutions, they are viewed as simply receiving “medical protection” (医疗保护). In this report, we use “involuntary commitment” to refer to the admission and detention of individuals in a psychiatric hospital against their will, regardless of the actors who initiated the commitment. Under Article 4(e) of the CRPD, the state has an obligation to eliminate discrimination on the basis of disability, as well as to prohibit torture of people with disabilities, by anyone including “non-State officials or private actors.”¹⁰

I. Involuntary Patients in Psychiatric Hospitals Are Deprived of Their Liberty Unlawfully and Are Detained Because of Their Disabilities

States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.

States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.

- Article 5 (1 and 2) of the CRPD

States Parties shall ensure that persons with disabilities, on an equal basis with others:

- a. Enjoy the right to liberty and security of person;*
- b. Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.*

- Article 14(1) CRPD

In its 2004 visit to China, the UN Working Group on Arbitrary Detention found that “the Chinese system of confinement of mentally ill persons in mental health facilities, which they are not allowed to leave, is to be considered a form of deprivation of liberty, since it lacks the necessary safeguards against arbitrariness and abuse.”¹¹ In 2012, the system remains arbitrary and abusive. In current practice in China, the existence of a mental illness, or just the allegation of one, can be used to “justify a deprivation of liberty,”¹² in clear violation of Article 14 of the CRPD.

A. Many of the practices of involuntary commitment are not in conformity with Chinese law

While China's criminal justice system authorizes commitment by the police (see section I.B), nothing in Chinese law authorizes involuntary commitment by other state agencies or specifies such agencies to oversee individuals initiating such commitments. However, several local jurisdictions have promulgated regulations that authorize involuntary commitment by family members.¹³ This clearly violates China's Legislation Law¹⁴, which states that "mandatory measures and penalties involving deprivation of citizens of their political rights or restriction of the freedom of their person ... shall only be governed by law" (i.e., a national law passed by the National People's Congress).¹⁵

B. Standards for involuntary commitment are vague

Currently, Chinese national law authorizes involuntary commitment by the police under two scenarios:

1) "If a mental patient causes harmful consequences at a time when he is unable to recognize or control his own conduct ... when necessary, the government may compel that person to receive medical treatment" (CL, Article 18); and

2) When a person with a mental illness "seriously endangers public security or the personal safety of others," the police may take "protective measures to restrain" the person, who can be committed "if it is necessary." (PL, Article 14).

Neither the CL nor the PL (nor their implementing regulations) provides any definitions or explanation regarding what constitutes "necessary" commitment. However, the revised Criminal Procedure



Psychiatric hospitals ... how should I put it? They are the darkest corners. No matter who it is — if your family thinks you have a mental illness, then they [can] commit you to a psychiatric hospital. I hope these families do not bring patients to psychiatric hospitals ... because once you have him detained in a psychiatric hospital, he cannot defend himself. The medical staff do whatever they want to do, and as family members, you don't get to see what they do," former patient He Yanali told CHR.D.¹⁶



Law (CPL)¹⁷, which takes effect on January 1, 2013, contains a new section on criminal commitment which sheds some light on the issue. Specifically, Article 284 of the revised CPL provides that a mentally ill individual who “carries out violent acts that endanger public security or seriously endanger the personal safety of citizens, and such person has been determined through legal procedures to be excluded from criminal liability under the law, if he may pose a further risk to the public, he may be subject to compulsory medical treatment.”¹⁸ However, the relevant CPL provisions are still vague and do not outline what precisely constitutes “violent acts” or what specific behaviors “endanger public security.” In current practice, the police often commit individuals when there is no evidence demonstrating that the persons caused “harmful consequences” or that they might “seriously endanger public security or the personal safety of others,” as required by the CL and the PL.

More problematic are the local regulations passed by provincial and municipal governments governing involuntary commitment.¹⁹ These local regulations permit such a wide variety of situations in which individuals can be committed against their will that virtually anyone can be involuntarily committed. In Shanghai and Dalian, for example, police are authorized to commit individuals against their will who, for example, “insult women,” “damage public or private properties,” “create a disturbance,” “disturb social order,” or who commit other unspecified minor crimes.²⁰ These regulations also give relatives the power to send family members, against their will, to psychiatric hospitals for diagnosis, commitment, and detention. For example, in Beijing, a family member is authorized to commit a relative if, after arrival at the hospital, “the psychiatrists believe that this person should not be discharged,” or if the relative “suffers from severe mental illness.”²¹ In the regulations, it is unclear what standards the psychiatrists are to use in making a decision to authorize forced hospitalization, or what constitutes “severe mental illness.”

The draft MHL would provide clearer standards for involuntary commitment as it outlines three conditions under which individuals with “mental disorders” can be subjected to involuntary hospitalization: 1) when they have caused harm to, or are at risk of harming, themselves;

2) when they have caused harm to, or at risk of harming, others' safety; and 3) when individuals, if not hospitalized, would have a detrimental effect on their own treatment.²² However, these three conditions will continue to allow deprivation of liberty on the basis of disability and thus violate Article 14 of the CRPD.

In practice, hospitals often admit individuals brought there against their will simply on the basis of an allegation made by the police, other government officials, family members, or employers that the person might have a psychosocial disability. For example, in a case CHRD documented, a psychiatric hospital held a woman because the police “suspected [her] to be mentally ill,” since they thought she had a “peculiar personality” and that she “spoke in extreme ways.”²³

In some cases, hospital psychiatrists have made an evaluation of an individual's mental health status after admittance without the individual's knowledge or consent. Following the evaluation, the diagnosis of an illness such as “bipolar affective disorder” or “paranoid personality disorder” served as a justification for hospitalization.²⁴

C. Abuse of the involuntary commitment system for political purposes

There are also some cases where doctors and nurses acknowledge that persons in fact have no psychosocial disabilities, but hospitals detain them anyway because the police or other government officials have taken them there. In an interview, the brother of a Jiangxi petitioner said the head nurse at a psychiatric hospital admitted that his sister Peng Xinlian (彭新莲) did not have a psychosocial disability, but she could not be released, because, according to the hospital:

“Peng Xinlian is not ill now but this doesn't mean she

“

“But nobody told me that they did an evaluation. Now I suspect that when I was arrested in January 2008, they did a so-called ‘evaluation’ without my knowledge. Around 12 noon on January 19, 2008, two people I didn't know came to talk to me. They spoke with me for about three quarters of an hour, mainly to talk about my case, and the situation regarding my petition,” said Yang Yamei (杨雅梅) a petitioner from Inner Mongolia.²⁵

”

won't be ill later. We can't release her right now, [because] whoever sent her here must also be the one who gets her out."²⁶



Picture taken inside Wuhan City Psychiatric Hospital, which held a number of the petitioners whose cases are mentioned in this report. (Photo: CRLW)

In another case documented by CHRD, a petitioner was detained for over a year even though evaluation of her mental health status showed she did not have a psychosocial disability. The petitioner reported that the doctors often “advised” her that she must accept an agreement with the government before she would be allowed to leave the hospital.²⁷ Human rights lawyer Liu Shihui (刘士辉) captured on video a nurse telling him that two petitioners whom he had come to visit in a psychiatric hospital would only be released if they agreed to cease petitioning the government.²⁸ In another case, a petitioner was allowed to leave the hospital only after he signed an agreement that he would never petition again.²⁹ (See Appendix for additional examples of cases of individuals detained in psychiatric institutions between 2008 and 2012 following their petitioning and human rights activism.)

II. Patients in Psychiatric Hospitals Are Assigned “Guardians” Without Legal Procedures

States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.

- Article 12 (2) of the CRPD

Once individuals have been brought to psychiatric hospitals in China, hospital authorities and staff respond only to the wishes and requests of those who authorized the commitment, not to the committed. Hospitals refer to the committing party as the “guardian” of the committed and allow the latter to authorize both the admittance as well as the discharge of these individuals. This guardianship is established despite the fact that the General Principles of Civil Law³⁰ (the “General Principles”) stipulates that that only after a citizen has been declared legally incompetent by a court can a guardian act on behalf of that citizen. As further discussed below, there are also cases in which Chinese courts assume that those who have been held in psychiatric hospitals are legally incompetent, and thus cannot act as plaintiffs in lawsuits they may wish to bring against the institutions in which they have been held or the parties who initiated the commitment. In both law and practice in China, the norm of “substitute decision-making”—where people with psychosocial disabilities are considered unable to make decisions for themselves and thus need to have decisions made for them by their guardians—undermines their ability to enjoy legal capacity on equal basis with others, a requirement of the CRPD.

A. Psychiatric hospitals refuse to respect a patient’s expression of will

The General Principles state that “all citizens are equal as regards to their capacity for civil rights”³¹ and that the Law of the PRC on the Protection of Disabled Persons³² asserts that “persons with disabilities shall enjoy equal rights with other citizens.”³³ However, the General Principles also provide that a mentally ill person who is “unable

to account for his own conduct” has “no capacity for civil conduct,” whereas a mentally ill person who is “unable to fully account for his own conduct” has only “limited capacity for civil conduct.”³⁴ To declare that someone has no capacity or limited legal capacity for civil conduct, an interested party must apply to a court for a declaration, according to Article 19 of the General Principles. A guardian can only be appointed after such a declaration is issued by a court.

In practice, according to one estimate by the policy director of the Chinese Center for Disease Control and Prevention Center for Mental Health, more than 99% of those treated for psychosocial disabilities (including those involuntarily committed) have not gone through legal procedures in the appointment of guardians.³⁵ This clearly violates the General Principles and discriminates against people with mental disabilities, who should “enjoy legal capacity on an equal basis with others in all aspects of life,” according to Article 12(2) of the CRPD.

Months after Chen Guoming (陈国明), a highly successful business owner, refused to lend money to his father-in-law, on February 10, 2011, Chen’s disgruntled wife, Chen Huiling (陈慧玲), along with relatives, drugged him and tied him up with tape, beat him, and took him to a psychiatric hospital in Nanping City in Fujian Province. At that institution, psychiatrists determined that he suffered from a paranoid disorder. After Chen Guoming’s sister learned about this, she promptly reported the case to the police, who demanded that Chen Huiling approve his transfer to another hospital, where Chen Guoming was diagnosed as not having psychosocial disabilities. Even though the hospital determined that Chen did not suffer from a mental illness, it refused to let Chen go unless his wife agreed to have him discharged, which she refused to do. The institution eventually allowed his sister to process his discharge and let him go on April 14—after he had been held for 56 days. After his release, Chen Guoming accused his wife of “intentional injury” and “illegal detention,” but the Shaowu City Public Security Bureau in Fujian Province refused to investigate the circumstances of his detention, stating that Chen Huiling’s conduct did not constitute a crime and that “paranoid disorder is only visible to the spouse, and your wife thought you were mentally ill and had the right to take you to a psychiatric hospital.”³⁶

Some local regulations also give the power to authorize admittance and discharge to the family without the committed first being declared by a court to be legally incompetent. Essentially, these regulations authorize the current practice, commonly referred to by hospital staff as the “whoever delivers them must also be the one who picks them up” (谁送来谁接走) policy:

“Those who voluntarily receive treatment at medical institutions, their guardians, or their close relatives go through the admittance procedures. Those voluntarily admitted can decide to leave the hospital, but those who the psychiatrists believe should not be discharged ... their guardians or close relatives should make the decision as to whether to discharge them from the hospital” (Article 29, Beijing Municipal Mental Health Regulations)

The fact that some local regulations grant a family member such power to authorize admittance and discharge from the hospital also opens the door for authorities to pressure family members to sign papers authorizing their relatives’ commitment in cases where authorities want certain “troublemakers” locked up.³⁷

B. Refusal to acknowledge disability is taken as evidence of being psychosocially disabled

Moreover, some regulations add that those persons who have no “insight” into their own illnesses, or who “cannot recognize or control their behavior,” have no capacity to make decisions regarding their hospitalization and can only be admitted and discharged by their guardians.³⁸ In Shanghai, regulations also state that these individuals have no “right to know and to make decisions”³⁹ regarding their hospitalization and have no right to choose or refuse treatment. In other words, individuals who insist that they are “normal” cannot leave the hospital, refuse treatment, or even be informed of treatment options because their refusal to acknowledge their mental illness is evidence that they are, in fact, mentally ill.⁴⁰ In a case reported in the Chinese media, website editor Cheng Tianfu (程天富) was kidnapped off the

streets of Changting County in Fujian Province in January 2008 by staff of a psychiatric hospital at the request of his wife, who alleged that he was “mentally ill.” He realized that the key to getting out of the hospital was to stop insisting that he had no psychosocial disability. The reporter wrote that:

“Cheng Tianfu observed those who were getting discharged. He discovered that they were all very obedient toward their doctors, admitting they were ill and actively cooperating with their treatment. Afterwards, when a doctor came to check on him, he said he was indeed ill, rattled off six main symptoms and analyzed the causes. He concluded by putting forward six actions he would take after his release. On April 28, the hospital permitted Cheng Tianfu to leave. The doctor told him that he was released because he was recovering well, clearly understood his illness, and could go without hospitalization as long as he kept taking his medicine.”⁴¹

C. Draft Mental Health Law gives close relatives the power of guardianship

The draft MHL offers little improvement over the current regulatory regime regarding the right of the psychosocially disabled to retain legal capacity. Similar to current local regulations, the draft provides that evaluation of mental illness and hospitalization should be voluntary and yet also states that hospitals can commit individuals after obtaining “the consent of close relatives who bear the responsibility of guardianship”⁴² with these same close relatives also enjoying discharge authority.⁴³ The draft MHL thus has given the power of guardianship to close relatives.

D. Chinese courts often assume that individuals have no legal capacity once declared to have psychosocial disabilities

Our investigation has also brought to light the fact that Chinese courts sometimes assume that individuals with psychosocial disabilities have no legal capacity and deny them the right to sue hospitals and

individuals who authorized commitment against their will. In one case, a woman from Chongqing who was taken to the Jiangjin Psychiatric Rehabilitation Hospital in 2006 by her uncle sued the hospital two years later for holding her for five days to treat her for “schizophrenia and personality disorder.” At the trial, the hospital contended that, because she was mentally ill, she did not have legal capacity for civil action, and thus she was not qualified to be a plaintiff in the case. The judge then said the woman “had to be evaluated first by an expert witness to determine whether she had a mental illness before it could determine whether she was qualified to be a plaintiff.” The woman decided against continuing with the lawsuit because she could not afford the cost of paying an expert to testify in court.⁴⁴ In another case, in April 2008, after Zhou Mingde (周铭德) was beaten unconscious and taken to the Shanghai Psychiatric Hospital by the hospital’s staff and his wife and son, he was held there against his will for 66 days for “paranoia.”⁴⁵ Zhou later sued the hospital, but the court ruled in May 2010 that because he “was hospitalized for more than two months and was diagnosed with ‘paranoia,’ it was unclear whether he had the legal capacity, which needed to be determined by expert testimony. Because Zhou refused to cooperate with the expert testimony process, the court was unable to judge whether Zhou had the legal capacity for litigation.”⁴⁶

III. No Effective Access to Justice for Persons Held Against Their Will in Psychiatric Hospitals

States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.

- Article 13(1) of the CRPD

A. Few procedural safeguards for involuntary patients

Almost all local mental health regulations in China allow individuals to seek a “diagnostic review” by a psychiatrist at the same institution who was not involved in the initial assessment. Regulations in Beijing, Shanghai and Shenzhen allow another re-evaluation of the decision to commit by qualified judicial experts.⁴⁷

There are several problems with this review mechanism. First, these regulations do not require hospitals to inform the patients of review procedures, and in some cases patients are not told about them. For example, former patient Lu Jianyang, who was committed against his will by his wife and son, informed CHR D that the hospital did not tell him about the review

mechanism or offer him the opportunity to apply for one. The review was conducted only after his brother “strongly requested” it and paid a 500 RMB fee.⁴⁸ Second, these reviews are conducted at the request of the individuals incarcerated and are not mandatory upon committal. Moreover, it is up to the hospital whether to approve and act upon such



“There are channels [for redress], but you cannot win. They [authorities] don’t follow the rule of law. They have friends everywhere; there is no one you can sue. Do you sue the hospital? Do you sue the police? This is no different than having no channels [for redress].” Chen Yu told CHR D in an interview.



a request:

“Yes, I asked for a review. They promised to give me a review, but nobody actually did one,” said Chen Yu, who was committed by his employer.⁴⁹

Even if a review is conducted, psychiatrists from the same hospital might be reluctant to overturn the original assessment made by their colleagues, especially since the hospital management has benefited financially from the income generated by the commitment and may be pressured by the local government in cases where state agents initiated the commitment. Also, the review, like the initial assessment, is likely to be based on a diagnosis of psychosocial disability. For example, in October 2006, after Zou Yijun (mentioned above) was involuntarily committed at Baiyuan Psychiatric Hospital, she protested and sought a review of the decision. The hospital called together a group of staff psychiatrists to assess her. They concluded that Zou required continued hospitalization because she suffered from bipolar disorder.⁵⁰ Furthermore, most of the regulations do not specify a time limit for the re-evaluations to take place. In fact, individuals can be held in a psychiatric hospital and subjected to forced treatment before any re-evaluation is conducted.⁵¹ Except in Ningbo City and Shenzhen, most regulations do not require psychiatric hospitals to conduct a periodic review of the necessity for continuing compulsory hospitalization of patients.⁵² With no periodic review, individuals subjected to involuntary commitment are especially at risk of being held indefinitely in these institutions, especially those who have no one advocating for them.

B. Multiple hurdles for those who sue the hospitals and the committing party

Individuals can file lawsuits against a hospital for committing them and against those who authorized the compulsory commitment. However, there are many hurdles in this process. The courts often refuse to accept such cases, especially when the police or other state agents ordered the commitment.⁵³ Legal advocates are sometimes threatened by local officials against bringing such cases.⁵⁴ Even if a court accepts

the case, it might rule that the individual does not possess civil legal capacity and thus cannot be a plaintiff in the case. During proceedings, which can last for months or even years, individuals continue to be held against their will in psychiatric hospitals. In some cases, plaintiffs have died in the hospital while their lawsuits were being heard.⁵⁵

Courts often rule that the hospital or the party authorizing the commitment acted legally in the process. In a lawsuit filed by Peng Baoquan (彭宝泉) against the Shiyan City Public Security Bureau in Hubei Province for placing him in a psychiatric hospital after he took photographs during a protest, a court ruled that:

“Peng Baoquan took photos at a place where people were petitioning; [thus his actions] are considered behavior that ‘disturbed public order,’ and the police were fulfilling their statutory duty by sending him to a psychiatric hospital for diagnosis.”⁵⁶

Similarly, in a court decision in the case of He Jinrong (何锦荣), who sued a hospital in Guangzhou City after the hospital seized and detained him because his wife told the hospital that he had a psychosocial disorder, the Liwan District Court in Guangzhou ruled that:

“In real life, [we] often encounter cases where families believe that their loved ones act strangely and have mental disorders. In these cases, if the families strongly demand that the persons be sent to psychiatric hospitals for treatment, there is no reason for hospitals to refuse.”⁵⁷

In another case, Chen Miaosheng (陈淼盛) died in a psychiatric hospital after having been held there for 13 years. His widow sued his employer, the China Petroleum and Chemical Corporation (Sinopec), who had committed him, for violating Chen’s rights to life, liberty and health. Chen had been involuntarily hospitalized in 1995 for “paranoid schizophrenia” and cleared for release as early as December 1996 by doctors at Beijing’s Huilongguan Hospital. However, the hospital refused to release him unless Sinopec gave its permission. Sinopec refused and, despite efforts of Chen’s family to gain his release, he languished in the hospital until his death. The court ruled in June 2010 that Sinopec did not violate the law when it committed him to the hospital; and since Chen died from pneumonia, his death was not related to his detention and therefore the company was not liable.⁶⁰

The court ruled that although the hospital wrongly diagnosed He Jinrong as mentally ill, the hospital did not commit any wrongdoing in its commitment procedures.⁵⁸

Currently, institutionalized individuals have no right to legal counsel under Chinese law. Lawyers and legal advocates who wish to provide legal counsel or legal aid to individuals held in psychiatric hospitals are routinely denied access to their clients, as hospitals assert that lawyers have no right to see patients.⁵⁹

C. Former patients suffer repeated detentions for seeking redress

Individuals' efforts at petitioning and filing lawsuits, as well as using other avenues in seeking accountability and compensation following detention, often have led to further abuses and even more detentions in such facilities. For example, Yang Yamei, a petitioner discussed above who was held in a psychiatric hospital between March 2008 and May 2009, said she sought to establish the responsibility of the government officials and hospital authorities behind her detention through petitioning and lawsuits. However, because of these actions and her original complaints, she has since been detained twice more in various psychiatric hospitals. Yang is currently in Hulunbuir Municipal Mental Health Center in Inner Mongolia.⁶¹



“I have gone to all the courts to sue them, including the Public Security Bureau for illegal evaluation and illegal detention and I’ve also sued the illegal evaluation agencies. But the courts would not docket my case, and would not give me the reasons for not doing so,” He Yangli told CHR.D.



D. Draft Mental Health Law and the revised Criminal Procedure Law on access to justice for the involuntarily committed

The draft MHL offers little improvement on access to justice for those involuntarily committed. It basically provides the same type of redress procedures as currently provided by local regulations—that is, reviews

by psychiatrists at the same institution and two other re-evaluations by qualified judicial experts.⁶² Review continues to be optional; individuals and their families still must first apply in order for reviews to take place. The review system continues to exclude judicial involvement, and the involuntarily committed still have no guaranteed access to legal counsel. The draft also does not specify periodic review of those involuntarily committed. In other words, the draft offers little improvement in terms of effective access to justice for patients in psychiatric hospitals.

The Chinese government made more substantial changes in their revisions to the CPL, which will take effect on January 1, 2013, adding some procedural safeguards for individuals who are involuntarily hospitalized after they committed crimes. The power to involuntarily commit an individual who “carries out violent acts that endangers public security or seriously endangers the personal safety of citizens”⁶³ and who has been excluded from criminal liability now rests with the court system.⁶⁴ A court now needs to hear the case, with the detained or their representatives present, before the person can be involuntarily committed.⁶⁵ The court must issue a ruling within one month if the person is deemed to require hospitalization.⁶⁶ In addition, the revised CPL stipulates that those who have not hired a lawyer are to be referred to legal aid agencies and assigned an attorney.⁶⁷ The defendant, the victim and their representatives and families can seek review from a higher court if they are dissatisfied with the decision.⁶⁸ Psychiatric hospitals shall “periodically evaluate” the need for involuntary commitment and seek approval by the court that ordered the commitment that such commitment is no longer necessary.⁶⁹ However, the revised CPL still allows for involuntary commitment on the basis of disability, which contravenes the CRPD.

IV. Cruel Treatment, Violence, and Abuse Common in Psychiatric Hospitals

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.

- Article 15(1) of the CRPD

States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

- Article 16(1) of the CRPD

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

- Article 17 of the CRPD

States Parties shall require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care.

- Article 25(d) of the CRPD

In China's psychiatric hospitals, forced treatment, including electric shocks and medication, as well as physical restraints, is routinely used without the free and informed consent of the persons concerned. Medical treatment without such consent may constitute torture and ill-treatment according to the UN Special Rapporteur on torture.⁷⁰ Such forced "treatment" is often punitive, especially in the application

of electric shocks, which may be administered when patients are perceived to be “disobedient.” For example, 28-year-old Li Zhen (李珍) from Fujian Province was subjected to electric shocks for refusing to take medicine. According to a Chinese media report, Li was sent to a psychiatric hospital by her family after her boyfriend broke up with her and her family claimed she started acting strangely:

“Li Zhen was afraid to take the medicine ... she either refused to swallow it or spat it out. Because of this, Li was subjected to electric shocks several times. The doctor said that it was electric shock therapy to correct the patient’s behavior. After she was shocked several times, Li Zhen was much more ‘obedient.’ Despite having an unyielding personality, she no longer dared to say she was not ill. She also did not dare to speak loudly to doctors and would take her medicine on time.”⁷¹

In another case reported in the Chinese media, Cheng Tianfu, whose case is discussed above, said he was also subjected to electric shocks for refusing medication:

“They inserted electric needles into both sides of my temples. After the power was connected, the doctor—while twisting the switch to increase the voltage—roared, ‘Don’t you dare refuse medication, don’t you dare refuse medication!’ I suddenly felt that my head was going to explode. An unspeakable pain engulfed my every nerve, every cell, and every bit of me was trembling fiercely! I stared angrily and clenched my teeth. The doctor stuffed my mouth with a stainless steel ruler wrapped in cloth to prevent me from biting my tongue off.”⁷²

The use of electric shocks to “correct” disobedient behavior has also been documented in the cases of dissidents and activists who were taken to psychiatric hospitals by the police and other government officials. Jiang Hansheng (江汉生), a member of the banned China Democracy Party, described his experience when he was held in a

psychiatric hospital for the second time in 2008:

“On the first day there, I was subjected to electric shocks by the hospital staff. I did not resist much when I first entered the hospital. I just asked them, ‘Who is the chief doctor?’ and they said that I was disobedient and then shocked me. They did not subject me to electric shocks afterwards, but forced me to take medicine. I took mostly perphenazine and carbamazepine, twice daily, about seven to eight tablets every day.⁷³ With the nurse standing right next to me, I had no choice but to take the medicine.”⁷⁴

Forcing patients to take medication against their will is common practice. According to Beijing dissident Zhang Wenhe, whose case is mentioned above:

“I was required to take medication the first night I entered the hospital. I refused and continued my hunger strike. Then four or five guards tied me to a bed. I yelled, ‘Do not persecute pro-democracy activists!’ The guards said, ‘We are only obeying orders. You accuse us of being running dogs. We admit that, but you have to take medicine, or we need to force feed you or use electric shocks.’ I have been to psychiatric hospitals before, and knew how powerful [the shocks] could be, so I was forced to obey them.”⁷⁵

Yang Yamei, the petitioner-activist from Inner Mongolia, said she was forced to take medicine even though the doctor knew she did not have a mental illness:

“The doctor at Hulunbuir Municipal Mental Health Center, Gao Qiuming, knew I wasn’t ill, but [he] forced me to take one alprazolam [daily] for one and a half months, a risperidone [daily] for 114 days.⁷⁶ These drugs made my heart disease come back with a vengeance, and every day I suffered unbearable headaches.”⁷⁷

Patients are in general subjected to poor treatment. For example, a butcher shop owner who was incarcerated in a psychiatric hospital because of his petitioning activities said:

“The food inside is terrible. I wasn’t able to eat anything. It simply wasn’t food for human beings: even pigs wouldn’t eat that kind of food. On top of that, twice ... my legs were tied tightly to the end of the bed while my two arms were tied tightly to the top of the bed so that my body would be stretched. Do you think that feels good? Too inhuman! I really don’t know how they can do such things.”⁷⁸

A. Draft Mental Health Law on forced treatment

The draft MHL will, as China’s State Party report correctly noted, “prohibit the trial on patients suffering from mental conditions of new medicines and treatment methods that have no relation to the treatment of their condition.”⁷⁵ Article 35 of the draft also provides that patient consent must be obtained before treatment. This would have been a step in the right direction, if it were not followed by a provision which states that the consent of the guardian is sufficient when “the patient is unable to recognize or control his or her own conduct.” Since the draft MHL gives close family members the power of guardianship without a hearing, the draft MHL thus allows a patient’s family to authorize treatment without the patient’s consent.

V. Patients in Psychiatric Hospitals are Restricted or Prevented from Communicating with the Outside World

No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks.

- Article 22 (1) of the CRPD

After individuals have been committed, hospital authorities in China often prevent patients from notifying others and also restrict their communication with their friends, family, and legal counsel (in the rare instances when they already have a lawyer or are able to retain a lawyer). In a case widely reported by Chinese media, Zou Yijun (邹宜均), a Shenzhen woman who was forcibly taken to the Guangzhou Baiyun Psychiatric Hospital by her brother and the thugs he hired, was not allowed to see her lawyer because the hospital said it would only answer to the people who committed her.⁸⁰ There are also cases where the hospitals are complicit with those who initiated the commitment in concealing the whereabouts of the committed. For example, the family of dissident Li Jinping (李金平), who was taken by police to the Beijing Chaoyang District Psychiatric Hospital, had no knowledge of Li's whereabouts. And when the family found out through unofficial channels where he was being held, the hospital staff denied that he was at the hospital.⁸¹ This situation transpired despite the fact that local regulations stipulate that the police or hospital must notify the family of the decision to involuntarily commit the patient.⁸²

A number of local mental health regulations also state that the right to communicate with the outside world can be restricted when necessary for treatment purposes, but give no details regarding what these "necessary" conditions might be or how the individuals might be able to challenge such restrictions.⁸³ The draft MHL continues to restrict a

patient's right to communicate with people outside of the psychiatric hospitals for the purpose of "implementing treatment measures."⁸⁴ Restricted communication makes it even more difficult for patients to challenge their commitment and heightens their risk of being abused.



Photo of Peng Yongkang (彭咏康), a petitioner held against her will in a psychiatric hospital in Wuhan City, Hubei Province. Since 2008, Peng has been detained in psychiatric hospitals for petitioning the government about a legal dispute. She is currently held in Wuhan City Jiangxia District Chukang Psychiatric Hospital. (Photo: CRLW)

VI. Conclusion and Recommendations

Every year, hundreds of thousands of people are detained against their will in China's psychiatric hospitals because they have or are alleged to have, psychosocial disabilities. The involuntary commitment and forced medical treatment of such persons is a violation of the CRPD.

Patients brought to the hospital are denied of the right to make decisions regarding their own fate, including admission, discharge, and treatment. Forced medical treatment, violence and mistreatment occur frequently. Hospitals restrict or prevent patients from communicating with the outside world, including with their family members and legal counsel. Patients are not entitled to independent reviews upon admission or during their time in psychiatric hospitals. Even when they do manage to sue hospitals or the party that committed them, courts are generally unwilling to accept their cases, or accept their validity as a plaintiff, or to rule against hospitals and the persons who unlawfully committed them.

CHRD calls on the Chinese government to make all efforts to put an end to involuntary commitment as soon as possible, and urges the Committee on the Rights of Persons with Disabilities to focus on this issue in its upcoming review of China. Specifically, the Chinese government should:

- Ensure that the NPC revise the draft MHL to comply with Articles 12, 13, 14, 19, and 22 of the CRPD and adopt the revised law as soon as possible. Specifically, the revised MHL should:
 - Prohibit institutionalizing a person on the basis of a diagnosis of psychosocial disability;
 - Replace the regime of guardianship and substitute decision-making in the current draft MHL (as well as in the General Principles of Civil Law) with supported decision-making, a process by which persons with psychosocial disabilities are given adequate assistance so that they are able to make decisions according to

- their own wishes to the greatest extent possible;⁸⁵
 - Stipulate effective access to justice for persons with psychosocial disabilities including patients in psychiatric hospitals on an equal basis with others, including the right to counsel;
 - Stipulate that medical treatment must be based on the informed consent of the patient concerned;
 - Provide that patients in mental health institutions have the right to freedom of communication, including communication with the outside world; and
 - Recognize the “equal right of all persons with disabilities to live in the community.”⁸⁶
- Before a CRPD-compliant revised MHL is adopted, the government should review “all cases of persons who are deprived of their liberty in hospitals and specialized institutions,” and that review should “include the possibility of appeal”⁸⁷;
- Conduct training of officials involved in the administration of justice so that they respect all citizens’ right to take part in judicial proceedings regardless of actual or perceived psychosocial disabilities. The fact that a person has been held in a psychiatric hospital cannot be used as a basis to deprive him of his right to participate in legal proceedings;
- Ensure that psychiatric hospitals (including those that have privatized their management) are “effectively monitored by independent authorities” so that the human rights of those receiving treatment in these facilities are respected in accordance with Article 4(e) and 16(3) of the CRPD;
- Abolish regulations passed by provincial and municipal governments authorizing and otherwise relating to involuntary commitment;
- Cease interference with the judiciary so that courts may hold accountable, according to law, those responsible for unlawfully detaining individuals (or facilitating such detention) in psychiatric hospitals; and
- Take steps to “facilitate full enjoyment by persons with

disabilities of this right and their full inclusion and participation in the community” by developing community-based care for people with psychosocial disabilities in accordance with Article 19 of the CRPD.

Endnotes

1. CHR D, "Xu Wu, Who Had Flown Over the Cuckoo's Nest, Arrives in Beijing Seeking Everyone's Help (武汉飞越疯人院者徐武到北京向各界求救)," January 28, 2012, http://wqw2010.blogspot.hk/2012/01/blog-post_28.html. Xu was eventually released due to the widespread attention to his case.
2. Wu Fengqing, "Suggestions for Mental Health Law Focusing on Protection of Patients (建言精神卫生法 直指患者保障)," *China Hospital CEO Magazine*, February 2, 2012, <http://www.h-ceo.com/html/2012/02/2012020218130900049179.shtml>.
3. Convention on the Rights of Persons with Disabilities was adopted on 13 December 2006 by the United Nations. The full text is available at <http://www.un.org/disabilities/convention/conventionfull.shtml>.
4. A slightly modified version of this report was submitted to the Committee on August 6, 2012.
5. The law has been in the works since 1985 and has seen 16 drafts. Those who have observed the drafting of the law attribute the difficulties to the complexities of the issue, including taking into account the opinion of various powerful interest groups such as the Ministry of Public Security. There are Chinese news reports which say that the draft will be passed in 2012, but this has yet to be seen. For example, see Jiang Bo, "National People's Congress To Revise Labor Contract Law, Intends to Pass Mental Health Law this Year (人大今年将修订劳动合同法 拟通过精神卫生法)," *Caijing*, March 12, 2012, <http://politics.caijing.com.cn/2012-03-12/111737358.html>.
6. Human Rights Watch, "Dangerous Minds: Political Psychiatry in China Today and its Origins in the Mao Era," August 12, 2002, <http://www.hrw.org/fr/reports/2002/08/13/dangerous-minds>. See also Robin Munro, "Judicial Psychiatry in China and its Political Abuses," *Columbia Journal of Asian Law* 14, no. 1 (Fall 2000), accessed June 16, 2012, <http://www.columbia.edu/cu/asiaweb/v14n1Munro.htm>.
7. China has an official petitioning system which permits citizens to bring grievances against the local government to the attention of authorities at higher levels. Officially, the Chinese government encourages petitions and has an extensive governmental bureaucracy to handle them. In practice, however, officials at all levels of government have a vested interest in preventing petitioners from speaking up about the mistreatment and injustices they have suffered. The Chinese government has developed a complex extra-legal system to intercept, confine, and punish petitioners in order to control and silence them, often

employing brutal means such as assault, surveillance, harassment of family members, kidnapping, and incarceration in secret detention centers, psychiatric institutions and re-education through labor facilities. For more information about the treatment of petitioners, see CHRD's report, "Silencing Complaints: Human Rights Abuses Against Petitioners in China," January 8, 2008, <http://www.chrdnet.com/2008/03/14/silencing-complaints-human-rights-abuses-against-petitioners-in-china/>.

8. Equality and Justice Initiative, "The Involuntary Commitment System of China: A Critical Analysis," October 10, 2010 ("E&J Report"), p.28.
9. There are a total of 31 provinces and municipalities in China (excluding Hong Kong, Macau and Taiwan).
10. UN General Assembly, "Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Note by the Secretary-General" (A/63/175), paragraph 51, July 28, 2008, <http://www.unhcr.org/refworld/docid/48db99e82.html>.
11. UN Working Group on Arbitrary Detention, "Report of the Working Group on Arbitrary Detention: Mission to China" (E/CN.4/2005/6/Add.4), December 29, 2004, paragraph 64.
12. CRPD, Article 14 (1b).
13. Local regulations promulgating forms of commitment that conflict with national legislation include: Beijing Municipal Mental Health Regulations (北京市精神卫生条例), Shanghai Municipal Mental Health Regulations (上海市精神卫生条例), Hangzhou Municipal Mental Health Regulations (杭州市精神卫生条例), Wuhan Municipal Mental Health Regulations (武汉市精神卫生条例), Ningbo Municipal Mental Health Regulations (宁波市精神卫生条例), Wuxi Municipal Mental Health Regulations (无锡市精神卫生条例), and Shenzhen Special Economic Zone Mental Health Regulations (深圳经济特区心理卫生条例).
14. The Legislation Law of the People's Republic of China (中华人民共和国立法法) was adopted by the National People's Congress on March 15, 2000, and took effect on July 1, 2000.
15. Legislation Law, Article 8.
16. Phone interview with CHRD on May 18, 2012. He Yangli is a pseudonym used to protect the identity of the interviewee.
17. The Criminal Procedure Law of the People's Republic of China (中华人民共和国刑事诉讼法) was amended in March 2012 and will come into effect on January 1, 2013. There is a new section on criminal commitment that has been added to the revised law, which will be discussed in greater detail on pp. 9 and 21 of this report.

18. Li Changshuan, "Working Translation of Amendments to Criminal Procedure Law of the People's Republic of China," March 14, 2012, Danish Institute for Human Rights, March 20, 2012.
19. Below is a list, though perhaps not exhaustive, of local mental health regulations in China that expand police powers to involuntarily commit individuals beyond the scope permitted by national laws: Shanghai Municipal Regulations on Guardianship, Treatment and Management of Mentally Ill Patients Who Cause Trouble or Disturbances (上海市监护治疗管理肇事肇祸精神病人条例), Tianjin Municipal Methods on Commitment and Management of Mental Patients Who Endanger Public Security (天津市收治管理危害社会治安精神病人办法), Shijiazhuang Municipality Methods on Guardianship of Minors and the Mentally Ill (石家庄市未成年人和精神病人监护办法), Heilongjiang Provincial Regulations on Guardianship, Treatment and Management of Mentally Ill Patients Who Endanger Social Order (黑龙江省监护治疗管理危害社会治安精神病人条例), Xi'an Municipal Methods on Commitment of Sufferers of Mental Disorders Who Cause Serious Harm to Public Security (西安市收治严重危害社会安全精神障碍患者办法), Shenyang Municipal Methods on Commitment of Mental Patients Who Endanger Social Order (沈阳市收治危害社会治安精神病人办法, 长沙市精神病人医疗救助办法), Dalian Municipal Regulations on Guardianship, Treatment and Management of Mental Patients Who Cause Trouble or Disturbances (大连市监护治疗管理肇事肇祸精神病人条例), Jilin Provincial Provisions on Compulsory Treatment of Mental Patients Who Endanger Society (吉林省危害社会精神病人强制医疗若干规定), Dalian Municipal Regulations on Guardianship, Treatment and Management of Mental Patients Who Cause Trouble or Disturbances (大连市监护治疗管理肇事肇祸精神病人条例), Jiangxi Provincial Implementation Methods on Guardianship, Treatment and Management of Mental Patients Who Cause Trouble or Disturbances (江西省肇事肇祸精神病人收治管理实施办法).
20. Shanghai Municipal Regulations on Guardianship, Treatment and Management of Mental Patients Who Cause Trouble or Disturbances, Article 8 (1 and 2); Dalian Municipal Regulations on Guardianship, Treatment and Management of Mental Patients Who Cause Trouble or Disturbances, Articles 5(2) and 6(4).
21. Beijing Municipal Mental Health Regulations, Article 30.
22. Draft MHL, Article 25.
23. CHRDR, "Henan Petitioner Wang Quanfeng Secretly Detained in Psychiatric Hospital by the Police (河南访民王群凤被警方秘密关精神病院)," January 9, 2011, http://wqw2010.blogspot.com/2012/01/blog-post_488.html.
24. See the case of Wang Min (王敏) on p. 21 of E&J Report as well as the cases

- of sisters Sun Jinping (孙金萍) and Sun Jinling (孙金玲) in CRLW, “Documenting the Suffering of Group from Inner Mongolia in Psychiatric Hospitals: Sisters Sun Jinping and Sun Jinling Entered Mental Hospital at Same Time (内蒙古精神病院受难群体录: 孙金萍、孙金玲姐俩同进精神病院),” July 9, 2009, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=2177>.
25. CRLW, “Documenting the Suffering of Group from Inner Mongolia in Psychiatric Hospitals: Yang Yamei, Who Was Held in Psychiatric Hospital for over a Year (内蒙古精神病院受难群体录: 精神病院内被关一年多的杨雅梅),” June 30, 2009, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=2143>.
 26. CRLW, “Case 14 Documenting Suffering in Psychiatric Hospitals: Peng Xinlian (精神病院受难者案例14: 彭新莲),” January 2011.
 27. CRLW, “Documenting the Suffering of Group from Inner Mongolia in Psychiatric Hospitals: Yang Yamei, Who Was Held in Psychiatric Hospital for over a Year (内蒙古精神病院受难群体录: 精神病院内被关一年多的杨雅梅),” June 30, 2009, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=2143>.
 28. “Lawyer Liu Shuihui Enters Shiyan Psychiatric Hospital to Visit Petitioners and Sisters Jin Hanyan and Jin Hanqin, Episode 2 (刘士辉律师进入十堰精神病院探访民金汉艳、金汉琴姐妹2),” Youtube, April 12, 2010, <http://www.youtube.com/watch?v=4tl1bo1qHoY&noredirect=1>.
 29. CRLW, “A Wuhan University Professor and Ph.D. Supervisor Detained in a Psychiatric Hospital (武汉大学一教授博士生导师被关精神病院),” October 22, 2009, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=2538>. In this case, Professor Yang was let go after signing a document saying he would not petition again.
 30. General Principles of Civil Law (中华人民共和国民法通则) was adopted by the National People’s Congress on April 12, 1986, and took effect on January 1, 1987.
 31. General Principles, Article 10.
 32. Law of the People’s Republic of China on the Protection of Disabled Persons (中华人民共和国残疾人保障法) was adopted by the National People’s Congress on December 28, 1990, and has been in effect since May 15, 1991.
 33. State Party report, paragraphs 23 and 51.
 34. General Principles, Article 13.
 35. Wu Fengqing, “Suggestions for Mental Health Law Focusing on Protection of Patients (建言精神卫生法 直指患者保障),” *China Hospital CEO Magazine*, February 2, 2012, <http://www.h-ceo.com/html/2012/02/2012020218130900049179.shtml>.
 36. “Jewelry Shop Owner Forcibly Taken to Psychiatric Hospital by His Wife, Who Also

- Seized His Property (金店老板被妻子强送精神病院并转移财产),” *The Procuratorate Daily*, September 19, 2011, <http://news.163.com/11/0919/02/7E9IE57P00011229.html>. See also CRLW, “Chen Guoming, from Fujian Province, Was Made ‘Mentally Ill’—Who Is To Defend Our Rights? (福建“被精神病”者陈国明-谁来维护我们的权益?),” March 21, 2012, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=15143>.
37. See for example, CHR D, “Lin Xiuli, Who Sought Redress from the Premier When Met by Chance, Is Suspected To Be Held in a Psychiatric Hospital (偶遇总理诉冤的林秀丽失踪, 疑被关精神病院),” May 12, 2012, http://wqw2010.blogspot.com/2012/05/blog-post_3929.html.
 38. See for example, Articles 29, 30 and 36 of the Shanghai Municipal Mental Health Regulations and Article 29 of Wuhan Municipal Mental Health Regulations.
 39. Shanghai Municipal Mental Health Regulations, Article 36.
 40. E&J Report, pp. 44-46.
 41. Sun Tao, “Union President Sent to Psychiatric Hospital Four Times by His Wife, Psychiatrist Diagnosed Him as Normal (工会主席被妻子4次送精神病院 医生诊断正常),” *Dongnan Kuaibao*, August 6, 2009, <http://news.sina.com.cn/s/2009-08-06/023818372986.shtml>.
 42. Articles 25 and 26 of the draft MHL.
 43. Article 40 of the draft MHL.
 44. Zheng Jun, “Woman Sent to Psychiatric Hospital for Arguing with Step-Mother (女子与继母吵架被强行送进精神病院),” *Chongqing Business Post*, February 5, 2009, <http://news.qq.com/a/20090205/000031.htm>.
 45. CRLW, “Shanghai Zhou Mingde Has Nowhere to Appeal After His Family Sent Him to Psychiatric Hospital (上海周铭德被家人送进精神病院诉求无门),” March 20, 2012, <http://msguancha.com/Article/ShowArticle.asp?ArticleID=15137>.
 46. Shanghai Municipal Changning District People’s Court, “Civil Ruling Statement: (2008) Changminyimin)chuzi No.3765 (民事裁定书: (2008)長民一(民)初字第3765号).”
 47. Beijing Municipal Mental Health Regulations, Article 27; Shanghai Municipal Mental Health Regulations, Article 28; and Shenzhen Special Economic Zone Mental Health Regulations, Article 38.
 48. Phone interview with CHR D on May 17, 2012. Lu Jianyang is a pseudonym.
 49. Phone interview with CHR D on May 16, 2012. Chen Yu is a pseudonym.
 50. E&J Report, pp. 20-21.
 51. For example, although Articles 26 and 27 of the Shanghai Municipal Mental Health Regulations provide that patients can seek review of the initial assessment, the

- provisions do not stipulate time limits for when these reviews should take place.
52. Wuhan Municipal Mental Health Regulations, Article 29 and Shenzhen Special Economic Zone Mental Health Regulations, Article 39.
 53. “Video: Nantong Li Zhongqi Made Mentally Ill for Defending Rights (视频: 南通李忠琦因维权被精神病),” March 2, 2012, <http://www.youtube.com/watch?v=HnTkn0L3TrU>
 54. “Video: Nantong Li Zhongqi Made Mentally Ill for Defending Rights (视频: 南通李忠琦因维权被精神病),” March 2, 2012, <http://www.youtube.com/watch?v=HnTkn0L3TrU>.
 55. E&J Report, pp. 63-64.
 56. Gong Shaochun and Chen Hongming, “Peng Baoquan, Who Was ‘Made Mentally Ill’ For Taking Pictures of Group Petitioning, Said He Only Wants To Get Closer to Truth Every Time Court Hears His Case (因拍群众请愿照“被精神病”彭宝泉:每次开庭只为逼近真相),” *New Legal Report*, March 30, 2012, <http://jiangxi.jxnews.com.cn/system/2012/03/30/011939922.shtml>.
 57. Huang Weijun, “Rich Guangzhou Man Forcibly Taken to Psychiatric Hospital, Court Rules Hospital Made Wrong Diagnosis but Commitment Was Not Wrong (广州一富翁被强送精神病院 法院判决医院收治没错但错诊),” *Xinhua*, November 19, 2011, http://news.xinhuanet.com/local/2011-11/19/c_111180096.htm.
 58. *Ibid.*
 59. For example, see the case of Zou Yijun on pp. 20-21 of the E&J Report; see also Li Yingqiang, “Man Detained in Psychiatric Hospital for Suing Employer, Wuhan Steel Hospital Blocks Lawyers From Seeing Him (男子告单位被关精神病院续: 武钢拒绝律师会见),” *Hebei Youth Post*, May 11, 2011, <http://news.dahe.cn/2011/05-11/100707420.html>.
 60. Luo Jieqi, “Employee Died Suddenly after 13 Years Confinement in ‘Madhouse,’ First Trial Rules Work Unit Not Responsible for Death (员工被送治“疯人院”13年猝死 一审判决单位无责),” *Caixin.com*, June 19, 2010, <http://china.caixin.com/2010-06-19/100153630.html>.
 61. CRLW, “Documenting the Suffering of a Group from Inner Mongolia in Psychiatric Hospitals: Yang Yamei, Who Was Held in a Psychiatric Hospital for over a Year (内蒙古精神病院受难群体录: 精神病院内被关一年多的杨雅梅),” June 30, 2009, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=2143> and report of Yang’s current detention: CRLW, “Inner-Mongolia Petitioner Yang Yamei Detained Again in a Psychiatric Hospital after She Was Seized in Beijing (内蒙古访民杨雅梅北京被抓后再次关进精神病院),” March 3, 2012, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=15120>.

62. Draft MHL, Articles 26 and 27.
63. Li Changshuan, "Working translation of Amendments to Criminal Procedure Law of the People's Republic of China," March 14, 2012, Danish Institute for Human Rights, March 20, 2012.
64. However, Article 285 of the revised CPL also states that police can impose "temporary protective measures" against those who have acted violently and that there is no time limit to these measures or other details regarding what these measures might entail.
65. Articles 285 and 286 of the revised CPL (see footnote number 19).
66. Article 287 of the revised CPL.
67. Article 286 of the revised CPL.
68. Article 287 of the revised CPL.
69. Article 288 of the revised CPL.
70. UN General Assembly, "Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Note by the Secretary-General" (A/63/175), paragraph 51, July 28, 2008, <http://www.unhcr.org/refworld/docid/48db99e82.html>.
71. Tu Ming and Su Yamei, "Xiapu Lovelorn Woman Subjected to Electric Shocks and Compulsory Treatment by Psychiatric Hospital (霞浦失恋女“被精神病”医院用电击强制治疗)," *Strait Metropolis News* (海峡都市报), February 3, 2010, <http://fj.sina.com.cn/news/s/2010-02-03/073514040.html>.
72. Sun Tao, "Union President Sent to Psychiatric Hospital Four Times by His Wife, Psychiatrist Diagnosed Him as Normal (工会主席被妻子4次送精神病院 医生诊断正常)," *Dongnan Kuaibao*, August 6, 2009, <http://news.sina.com.cn/s/2009-08-06/023818372986.shtml>.
73. Perphenazine is used to treat psychosis while carbamazepine is used primarily in the treatment of epilepsy and bipolar disorder.
74. CRLW, "Interview No. 12: Interviewing China Democracy Party Wuhan Branch Member Jiang Hansheng (访谈之十二: 访谈两次被关精神病院的武汉民主党成员江汉生)," February 19, 2009, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=1776>.
75. CRLW, "Beijing Veteran Dissident Zhang Wenhe Talks about His Experience of Being Detained Twice in a Psychiatric Hospital (part 1) (北京老资格异议人士张文和谈二次被关精神病院的经历(一))," September 28, 2009, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=2331>.
76. Alprazolam is used to treat anxiety and panic disorders while risperidone is most commonly used to treat schizophrenia and bipolar disorder.
77. CRLW, "Documenting the Suffering of a Group from Inner Mongolia in Psychiatric

- hospitals: Yang Yamei, who Was Held in a Psychiatric Hospital for over a Year (内蒙古精神病院受难群体录: 精神病院内被关一年多的杨雅梅),” June 30, 2009, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=2143>.
78. CRLW, “Zhu Yongjian from Suzhou City in Jiangsu Province Talks about His Four Detentions in Psychiatric Hospitals (江苏苏州朱永健讲述四次被关押精神病院的经历),” December 1, 2009, <http://www.msguancha.com/Article/ShowArticle.asp?ArticleID=2723>.
 79. State Party report, paragraph 64.
 80. E&J Report, p.21.
 81. CHRD, “Li Jinping Held in Psychiatric Hospital and Still Unable to Meet with Family (李金平被关精神病院仍无法见到亲属),” January 27, 2011, <http://boxun.com/news/gb/china/2011/01/201101271546.shtml>.
 82. See for example, Article 28 of Ningbo Municipal Mental Health Regulations and Articles 33 and 34 of Shenzhen Special Economic Zone Mental Health Regulations.
 83. For example, Article 40 of the Wuhan Municipal Mental Health Regulations states: “When the rights to visits and communication are restricted due to illness or treatment necessity, the psychiatric practitioners shall seek the consent of the mentally ill or their guardians, and record the restriction in their medical records.” For other examples, see Article 44 of Beijing Municipal Mental Health Regulations and Article 32 of Shanghai Municipal Mental Health Regulations.
 84. Draft MHL, Article 42.
 85. UN Committee on the Rights of Persons with Disabilities, “Consideration of reports submitted by States parties under Article 35 of the Convention: Concluding observations of the Committee on the Rights of Persons with Disabilities: Tunisia” (CRPD/C/TUN/CO/1), May 13, 2011, paragraph 22, <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/Session5.aspx>; for a discussion about substitute and supported decision-making, see UN, “Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities,” Chapter 6, <http://www.un.org/disabilities/default.asp?id=212>.
 86. Article 19 of the CRPD.
 87. UN Committee on the Rights of Persons with Disabilities, “Consideration of reports submitted by States parties under Article 35 of the Convention: Concluding observations of the Committee on the Rights of Persons with Disabilities: Tunisia” (CRPD/C/TUN/CO/1), May 13, 2011, paragraph 25, <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/Session5.aspx>.

Appendix: Individuals Detained in Psychiatric Institutions between 2008 and 2012 Following Their Petitioning and Human Rights Activism

We have included a sample of 40 cases of individuals detained in psychiatric institutions between 2008 (the year China ratified the CRPD) and 2012 following their petitioning and human rights activism. In most of these cases, activists were taken to a psychiatric hospital to punish them after they acted in ways that irked government officials, such as petitioning higher authorities or publishing articles criticizing the government. These are only some examples of cases documented by CHRD and CRLW, and the real number of politically-motivated commitments is likely much higher.

Name	Province or municipality	Name of psychiatric hospital	Total time in detention between 2008-2012	Circumstances of detention
Chen Guangtong (陈广通)	Qinghai	Minhe County Psychiatric Hospital	10 days	Chen, a migrant worker, was petitioning in Beijing about wage arrears when he was seized by local government officials and taken back to his hometown and then to a psychiatric hospital.
Gao Changli (高长里)	Shandong	Jining City Daizhuang Psychiatric Hospital	Nearly 4 months	In 2006, Gao was imprisoned for three years for petitioning about a labor dispute. While imprisoned, the Zaozhuang Prison authorities sent him to Jilin Daizhuang Psychiatric Hospital. After he was released from prison, he continued to petition—this time also about his treatment at the prison. Around the time of the Olympics in 2008, prison officials at the Ministry of Justice intercepted him in Beijing and forcibly took him back to the Daizhuang Psychiatric Hospital.

<p>Gu Xianghong (辜湘红)</p>	<p>Hunan</p>	<p>Xiangtan City Psychiatric Hospital, Loudi City Hospital for Rehabilitation</p>	<p>Over 9 months</p>	<p>Gu has been petitioning for years for issues related to the government's family planning policy and her mother's forced eviction. Since 1999, Gu has been detained in psychiatric hospitals nine times for her petitioning activities; six of these detentions occurred during the period 2008-2012.</p>
<p>He Fangwu (何芳武)</p>	<p>Beijing</p>	<p>Yongzhou City Psychiatric Hospital</p>	<p>Since 2007</p>	<p>He Fangwu began petitioning in 1992 after authorities mistreated him and his family over violations of family planning policies. The first time Mr. He was detained in a psychiatric institution was between late 2003 and early 2006 after being taken into custody while petitioning in Beijing. He was sent back to the institution after being seized in Beijing again in September of 2007 and has not been released.</p>
<p>He Yongge (何永阁)</p>	<p>Henan</p>	<p>Luoyang City No.2 Psychiatric Hospital, Mengmiao Town Sanzhou County Psychiatric Hospital and Zhumadian City Psychiatric Hospital</p>	<p>6 months</p>	<p>Local officials seized He Yongge while she was petitioning about a land dispute with the local government and brought her to a psychiatric hospital.</p>

Hu Di (胡荻)	Anhui	Hefei No. 4 Hospital	7 months	Hu, an online activist, was detained in a psychiatric hospital from March to August 2011 during the government's "Jasmine Crackdown" on dissidents and activists.
Hu Dongsheng (胡东圣)	Anhui	Ankang Psychiatric Hospital	6 months	On April 29, 2011, Hu was seized and beaten while petitioning at the Ministry of Public Security in Beijing and forcibly returned to Hefei by local government officials, who then took him to the Ankang Psychiatric Hospital in Hefei.
Hu Guohong (胡国红)	Hubei	Wuhan City Wudong Hospital	2 months	Hu has twice been detained in a psychiatric hospital for petitioning about disputes with his employer (formerly a state-owned company).
Hu Jing (胡敬)	Chongqing	A hospital in Chongqing	10 days	Hu had promoted workers' rights at a state-owned motor company in Chongqing and is a member of the Union of Chinese Nationalists, an internet-based community affiliated with the Nationalist Party of Taiwan. In 2005, after petitioning in Beijing about workers' rights, Chongqing police took him to a local psychiatric hospital. In November 2007, Hu was again taken to the hospital by government officials and held there until January 10, 2008.

Jiang Guoping (蒋国萍)	Jiangsu	Wuxi City Mental Health Center	1.5 months	Jiang was seized by Beijing police while she was looking for foreign journalists to tell them about her grievances. She was first held in a secret black jail** in Beijing, and then local officials forcibly took her back to Wuxi City and committed her to a psychiatric hospital.
Jiang Hansheng (江汉生)	Hubei	Wuhan City No.2 Psychiatric Hospital (Wudong Hospital)	4 months	National security police officers took Jiang, a member of the banned China Democracy Party, from his home for displaying a banner calling for commemoration of the 1989 Tiananmen Massacre. Police officers interrogated him about the banner before taking him to a psychiatric hospital.
Jiao Yanshou (焦延寿)	Shandong	Yantai City Rongjun Hospital, then Laizhou City Hospital for Chronic Diseases.	Since 1999	Formerly a farming tool factory worker in Laizhou City, Jiao approached authorities more than 20 years ago about alleged theft of materials by a factory manager, which resulted in Jiao being beaten and losing his job. Refusing to accept these retaliatory measures, Jiao petitioned several times to the city and provincial governments and also went to Beijing to pursue his grievance. In 1999, claiming that Jiao had a mental illness, local authorities detained him in Rongjun Hospital, a psychiatric facility in Yantai City. Jiao has spent over 13 years in psychiatric hospitals and has not been released.

** Black jails are secret and illegal detention facilities that are used by Chinese government officials to detain petitioners. See CHRD, "Black Jails' in the Host City of the 'Open Olympics'," September 21, 2007, <http://www.chrdnet.com/2007/09/21/black-jails-in-the-host-city/>

<p>Jin Guanghong (金光鸿)</p>	<p>Beijing</p>	<p>A psychiatric hospital in Beijing</p>	<p>10 days</p>	<p>During the government's "Jasmine Crackdown" on dissidents and activists during the spring of 2011, Beijing human rights lawyer Jin Guanghong was kidnapped by unidentified individuals believed to be national security officers. Jin was first sent to a detention center before he was taken to a psychiatric hospital.</p>
<p>Jin Hanqin (金汉琴)</p>	<p>Hubei</p>	<p>Shiyan City Maojian District Psychiatric Hospital</p>	<p>Over 1 month</p>	<p>Jin Hanqin and her sister Jin Hanyan were petitioning in Beijing about local corruption and police harassment when they were seized by police and government officials from Shiyan City in Hubei and forcibly returned to Shiyan. Authorities detained them for four days, and then committed them in separate psychiatric hospitals on September 22, 2009.</p>
<p>Jin Hanyan (金汉艳)</p>	<p>Hubei</p>	<p>Shiyan City Red Cross Psychiatric Hospital</p>	<p>Over 1 month</p>	<p>See Jin Hanqin, above.</p>

Li Jinping (李金平)	Beijing	Chaoyang District Mental Health Center	8 months	Police officers from Beijing's Chaoyang District seized Li and took him to a psychiatric hospital. Li, a former police officer whose home was forcibly demolished in 2008, has been detained on numerous occasions over the years as a result of his advocacy on behalf of former CCP General Secretary Zhao Ziyang as well as petitioners.
Li Qidong (李启东)	Liaoning	Shenyang Ankang Hospital	Since November 2010 (unclear if he has been released)	Government officials took Li to a psychiatric hospital in August 2009 after he had posted articles online critical of the government.
Liao Meizhi (廖梅芝)	Hubei	Yang City Psychiatric Hospital	Since June 2010 (unclear if she has been released)	Qianjiang government officials took Liao away when she was petitioning in front of Qianjiang government offices with her husband and daughter-in-law. They then brought her to Yang City Psychiatric Hospital against her will.
Liu Shangyun (刘尚云)	Inner Mongolia	Hulunbuir City Hailar Infectious Diseases Hospital Psychiatric Ward	Nearly 3 months	Liu was petitioning in Beijing when she was taken into police custody and then held in a secret black jail in Beijing. Local government officials then forcibly took her back to Hulunbuir, where she was taken to a psychiatric hospital.

<p>Luo Yinghua (罗映华)</p>	<p>Guangdong</p>	<p>Yuebei No. 3 People's Hospital</p>	<p>5 months</p>	<p>Luo went to Beijing in mid-March 2011 to petition, but was taken back to Guangdong by Xiongzhou Town public security officers and personnel from the Xiongzhou Letters and Visits Office. They tricked Luo into getting into a vehicle and then took her to Yuebei No. 3 People's Hospital (a psychiatric hospital) in Lechang City.</p>
<p>Ma Xiuyun (马秀云)</p>	<p>Hubei</p>	<p>Wuhan City Hanyang District Jiangti County Hospital Psychiatric Ward</p>	<p>11 days</p>	<p>Ma was placed into police custody for allegedly "beating police" and then taken directly from the police station to a psychiatric hospital. Ma was never charged or tried for the alleged crime. Neither the police nor the hospital notified Ma's family of her whereabouts.</p>
<p>Pan Xiang (潘翔)</p>	<p>Jiangsu</p>	<p>Yangzhou City Psychiatric Hospital and Jiangsu Huaiyin No.3 People's Hospital</p>	<p>Total of 4 months</p>	<p>In 2008, Pan wrote letters to Premier Wen Jiabao complaining about the local government, whose bureaucracy made it difficult for his gifted musician daughter to travel to perform abroad. Pan said government officials told him that the premier wrote back, but the officials had withheld the letter. Pan has contacted local government officials and published open letters urging the release of the premier's letter, but to no avail. In April 2009, Baoying County police officers seized him and took him to a psychiatric hospital.</p>

Peng Xinlian (彭新莲)	Jiangxi	Jiangxi Yichun No.3 People's Hospital Psychiatric Ward	2 weeks	Peng was petitioning in Beijing about grievances related to a labor dispute when she was seized by officials from Xinyu City. She was forcibly taken back to Xinyu City and then to a psychiatric hospital.
Peng Yongkang (彭咏康)	Hubei	Wuhan City Hongshan District Huashan Town Hospital Psychiatric Ward	Since March 5, 2008 (unclear if she has been released)	Peng was petitioning in Beijing when Wuhan City officials forcibly took her back to her hometown and then to a psychiatric hospital.
Qian Jin (钱进)	Jiangsu	Huaiyuan Psychiatric Hospital	4 months	On February 25, 2011, pro-democracy activist Qian Jin was seized by national public security police in Bangbu City. The following day, police officers took Qian to his home and confiscated his computer. Then, they led him away and took him to Nanjing City's Huaiyuan Psychiatric Hospital.
Sun Fawu (孙法武)	Shandong	Tai'an City Feichengyiyang County Psychiatric Health Center and Xintai City Psychiatric Health Center	20 days	Sun was caught en route to Beijing to petition authorities about a land dispute with the town government and taken to a psychiatric hospital by officials from Xintai City.

Sun Jinling (孙金玲)	Inner Mongolia	Chifeng City Anding Hospital	9 days	Sun and her sister Sun Jinping were petitioning in Beijing when they were intercepted by government officials and taken back to their hometown. They were detained by local police and held in a black jail before being taken to a psychiatric hospital.
Sun Jinping (孙金萍)	Inner Mongolia	Chifeng City Anding Hospital	9 days	See Sun Jinling, above.
Wang Qunfeng (王群凤)	Henan	Luoyang City Mental Health Center	Since December 2011 (It is unclear if she has been released)	While Wang was petitioning in Beijing on December 14, 2011, thugs under the direction of the Lushi County Public Security Bureau seized her and brought her back to Henan. Local police then took her to the Luoyang City Mental Health Center.
Xu Fengru (徐凤茹)	Jilin	Jilin Gongzhuling Psychiatric Hospital	1 day	Xu was petitioning in Beijing where she was intercepted by Jilin City police. They urged her to take a lump sum of money they were prepared to offer her to stop petitioning; if she refused and insisted on petitioning, she would be taken to a re-education through labor facility or a psychiatric hospital. Because Xu refused to stop petitioning, the officials took her to a psychiatric hospital.

<p>Xu Lindong (徐林东)</p>	<p>Henan</p>	<p>Zhumadian City Psychiatric Hospital and Luohe City Psychiatric Hospital</p>	<p>Over two years between 2008 and 2012</p>	<p>In 2003, Xu was intercepted by local government officials while petitioning in Beijing for a disabled neighbor who he believed was unfairly taken advantage of in a land dispute with the local government. Xu was then taken to a psychiatric institution and held there until 2010. Xu was released only after the media exposed his detention, which led to a widespread outcry. Xu spent a total of seven years in psychiatric hospitals.</p>
<p>Xu Wu (徐武)</p>	<p>Hubei</p>	<p>Wuhan Iron and Steel Workers No.2 Hospital's Mental Health Ward</p>	<p>Over 3 years between 2008 and 2012</p>	<p>Xu Wu, who sued his employer about unequal pay for workers at the Wuhan Iron and Steel plant, was caught in Beijing in 2006 while petitioning central authorities about the issue. Wuhan police officers took him to Wuhan City and then to a psychiatric hospital where he was held until 2011. Xu spent a total of nearly five years in psychiatric hospitals.</p>
<p>Yang Yamei (杨雅梅)</p>	<p>Heilongjiang and Inner Mongolia</p>	<p>Qiqihaer Angangxi Psychiatric Hospital and Inner Mongolia Hulunbeier City Mental Health Center</p>	<p>14 months</p>	<p>Yang was taken to a psychiatric hospital after she was intercepted while petitioning in Beijing and sent back to her hometown by local government officials. Yang has been petitioning for years about a business dispute.</p>

<p>Zhang Wenhe (张文和)</p>	<p>Beijing</p>	<p>Enforced Treatment Management Office of the Beijing Municipal Public Security Bureau</p>	<p>1 year</p>	<p>Zhang, a veteran activist, was detained in July 2007 by the police after he organized a meeting of activists. When he was released, the police said he had been “diagnosed” with paranoia and could be taken to a psychiatric hospital any time if he did not cease his activism. Three months later, Zhang was put under house arrest for planning another meeting of activists. Zhang protested by carrying out a hunger strike, and police took him from his home to a psychiatric hospital in October 2007.</p>
<p>Zhang Zhi (张治)</p>	<p>Hunan</p>	<p>Yaxirongfu Psychiatric Hospital</p>	<p>Nearly 2 months</p>	<p>Zhang started petitioning after local officials seized her family’s farmland and withheld her minimal living allowance. In retaliation, the mayor and four other officials from Tuanjie Town took her to Yaxirongfu Psychiatric Hospital in September 2010.</p>
<p>Zhao Kefeng (赵克凤)</p>	<p>Hubei</p>	<p>Zhangwan Hospital</p>	<p>15 days</p>	<p>Officials from the Beijing Liaison Office of the Hubei Provincial Government seized Zhao in Beijing on May 19, 2011, and forcibly returned her to Xiangfan, where officials took her to the Zhangwan Hospital. Zhao has been petitioning since 2004 for redress of what she believes to be an unjust ruling in a criminal case involving her son’s death.</p>

<p>Zhao Xiuzhen (赵秀珍)</p>	<p>Chongqing</p>	<p>Huangjueya Psychiatric Hospital</p>	<p>17 months</p>	<p>While petitioning in Beijing, Zhao Xiuzhen was seized by police on November 11, 2008. Authorities first held her in a secret black jail in Beijing before sending her back to Chongqing and committing her to Huangjueya Psychiatric Hospital in Nan'an District. Zhao was released on January 27, 2010, after her daughter paid 9,000 RMB (\$1,410 USD) to the hospital. Following her release, Zhao went to have her mental health status evaluated at a medical center and was certified as not psychosocially disabled.</p>
<p>Zhong Yafang (钟亚芳)</p>	<p>Zhejiang</p>	<p>Hangzhou City Public Security Bureau Ankang Hospital</p>	<p>1 year and 8 months</p>	<p>Zhong Yafang was detained for nearly 20 months in a psychiatric hospital for petitioning the government about a medical accident that happened in 2006. Without Zhong's consent, Hangzhou No.7 People's Hospital conducted an evaluation of Zhong's mental health status while she was held in a black jail by the Tonglu County Public Security Bureau (PSB) from October to December 2009. After obtaining "evidence" from the hospital that Zhong was mentally ill, the Tonglu PSB sent her to Hangzhou City PSB Ankang Hospital.</p>

<p>Zhu Chengguo (朱成国)</p>	<p>Guangxi</p>	<p>Yourong County Duqiaoshan Hospital Psychiatric Ward</p>	<p>1 year and 10 months</p>	<p>Zhu, a successful entrepreneur, had his lychee farm and investment in a local hydroelectric power plant illegally confiscated by the local government. Zhu has been petitioning about this since 2002, and for that local government officials twice took him to psychiatric hospitals.</p>
<p>Zhu Yongjian (朱永健)</p>	<p>Jiangsu</p>	<p>Suzhou City Guangji Hospital</p>	<p>Total of 3 months</p>	<p>Zhu was detained three times in a psychiatric hospital, each time after he had been intercepted in Beijing by the police and then forcibly returned to his hometown by local government officials.</p>