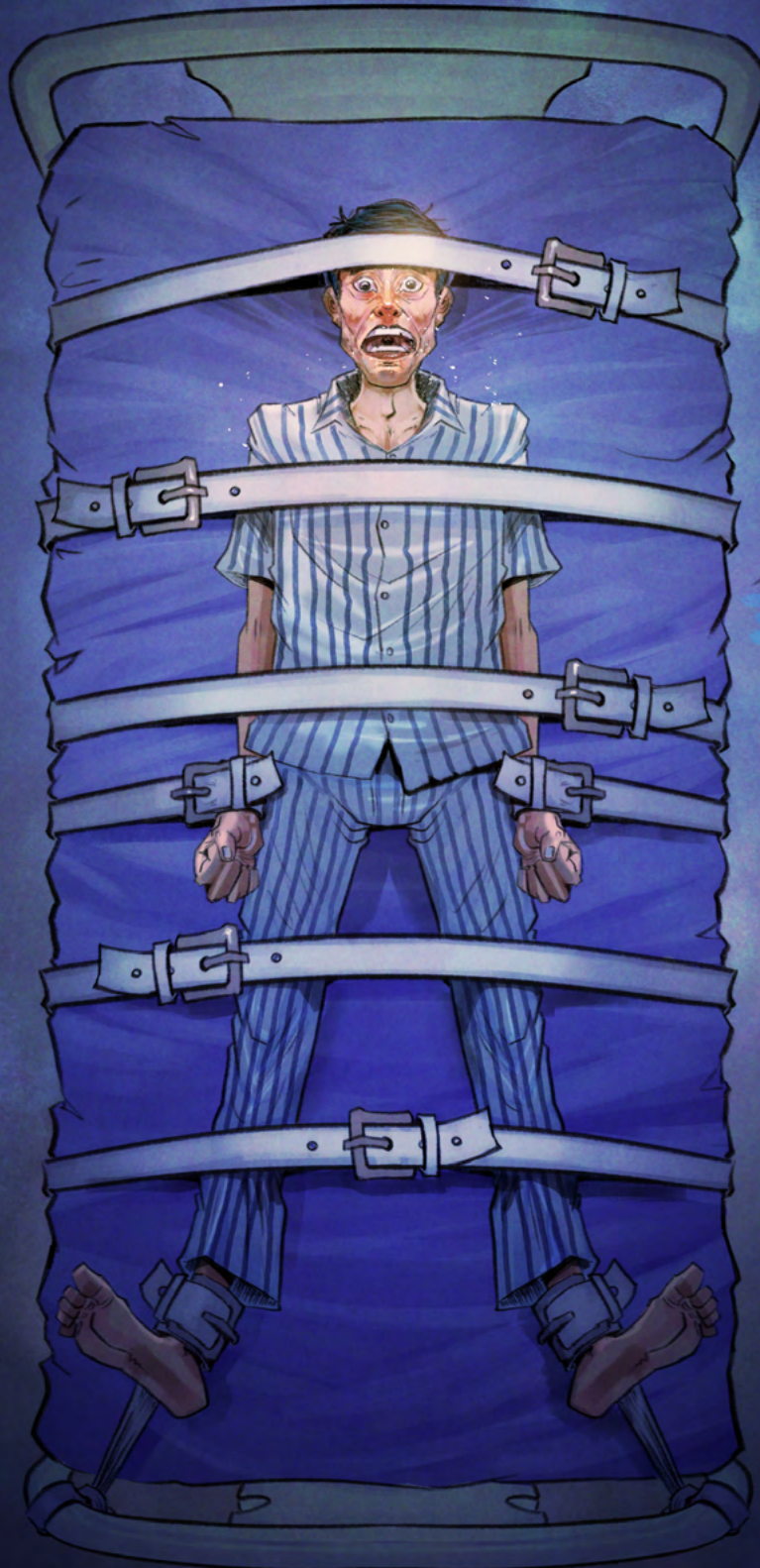


DRUGGED AND DETAINED: CHINA'S PSYCHIATRIC PRISONS



Pxllowit

safeguard
DEFENDERS

DRUGGED AND DETAINED: China's psychiatric prisons

© 2022 Safeguard Defenders
Cover illustration by Pedro X. Molina
Design by Safeguard Defenders

Written and researched by Yanxi Mou
Additional writing and research by Dinah Gardner
Edited by Dinah Gardner

All rights reserved

This document may not be reproduced, transmitted, or stored in whole or in part by any means including graphic, electronic or mechanical without expressed written consent of the publisher/author except in the case of brief quotations embodied in articles and reviews

Keywords: China, Human Rights, Mental Health, Compulsory Treatment, Involuntary Commitment, Political Abuse of Psychiatry, Ankaang

First published August 2022

About Safeguard Defenders

Safeguard Defenders is a human rights NGO founded in late 2016. It undertakes and supports local field activities that contribute to the protection of basic rights, promote the rule of law and enhance the ability of local civil society and human rights defenders in some of the most hostile environments in Asia.

<https://safeguarddefenders.com> | [@safeguarddefend](https://twitter.com/safeguarddefend)

safeguard
DEFENDERS

Abbreviations

ALL	Administrative Litigation Law
CAT	Convention Against Torture
CCP	Chinese Communist Party
CPL	Criminal Procedure Law
CRLW	Civil Rights and Livelihood Watch
CRPD	Convention on the Rights of Persons with Disabilities
ECT	Electroconvulsive Therapy
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
MHL	Mental Health Law
MOH	Ministry of Health
MPS	Ministry of Public Security
RSDL	Residential Surveillance at a Designated Location
UDHR	Universal Declaration of Human Rights
WGAD	Working Group on Arbitrary Detention

Index

Executive summary	6
Introduction	8
Chapter 1: The 99 victims of Ankang	11
Chapter 2: The Ankang System	17
Secret scale	18
Political abuse of psychiatry	18
Stability maintenance	19
Financial incentives	20
Sensitive dates	21
Non-political abuse of psychiatry	22
Criminal and civil commitment	22
Three types of psychiatric hospital	23
Two types of patient	25
Psychiatric evaluations	26
Dong Yaoqiong: The 'Ink Girl' who disappeared into Ankang	30
Chapter 3: Abuses inside Ankang	32
Distribution of Ankang cases	33
Tied to a bed	34
Beatings	35
Forced medication	35
Mystery drugs	37
Electroconvulsive therapy	39
Disappeared and isolated	40
Locked up with no time limit	42
Repeated incarceration	43
Jiang Tianlu: Detained in Ankang so many times he has lost count	44

Chapter 4: Leaving Ankaang and its Consequences	46
Securing freedom	47
Family, friends pressure.....	48
International scrutiny	48
Promises to police.....	50
Ailing family member.....	52
Escape	52
After Ankaang	52
Physical impacts	52
Psychological impacts	53
Stigmatization.....	53
Repeated Ankaang	54
Seeking redress	55
Zhang Jilin: Forced to promise police to stay silent for his freedom.....	57
Chapter 5: Lawless	59
Domestic law.....	60
Criminal Procedure Law	60
Mental Health Law	61
International Human Rights Law and Standards	63
Right to Health.....	63
Right to Liberty	64
Right to be Free from Abuse	65
Right to Remedy.....	66
Convention on the Rights of Persons with Disabilities	66
Conclusions	67
Victim interviews	68
References	70

Executive Summary

Drugged and Detained: China's psychiatric prisons investigates one of the most chilling ways the CCP uses to disappear critics - forced hospitalization in a psychiatric facility without medical justification.

Called **Ankang**, after the system of police-run psychiatric prisons launched in the 1980s, nowadays, most victims are locked up in regular psychiatric wards, meaning that doctors and hospitals collude with the CCP to subject victims to medically-unnecessary involuntary hospitalizations and forced medication.

Ten years ago, China passed a new Mental Health Law aimed in part at preventing this abuse. But Safeguard Defenders has found that the law has not worked. Local police and government agents continue to routinely and widely practice the political abuse of psychiatry across China.

We used more than 140 secondary sources, the majority interviews with victims and families from 2015 to 2021. This data is just the "tip of the iceberg".

"The hardest part of being held in the psychiatric hospital is there is no expiry date... you could be there for 20 years or 30 years."

activist Song Zaimin

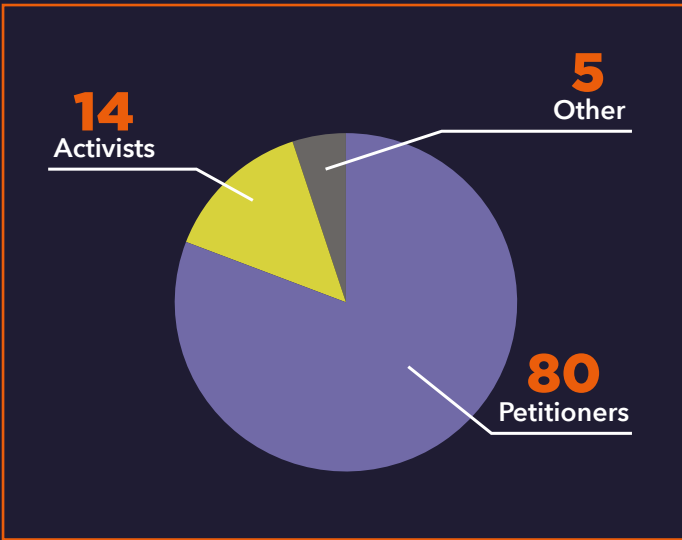
Why does the CCP lock people into psychiatric hospitals?

It silences them: Locked up, they cannot petition, protest or talk to the media

It acts as a deterrent: Involuntary hospitalization is a terrifying experience; fear may stop them from petitioning or protesting after release

It stigmatizes them: They are discredited and isolated from others with this false label of "mental illness"

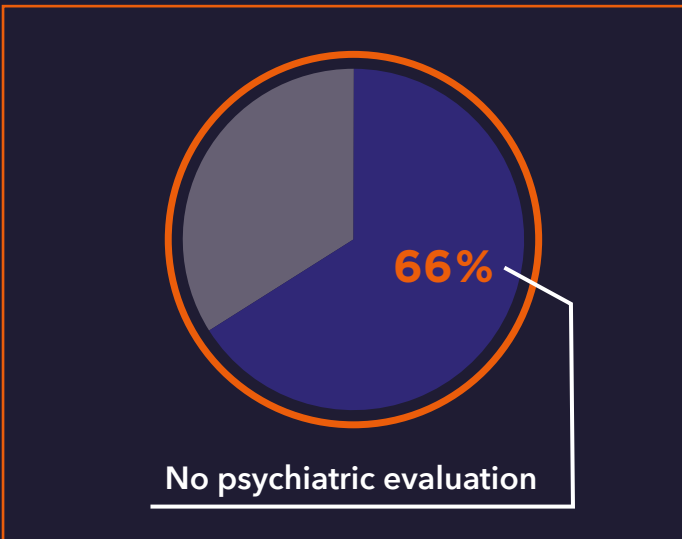




It's mostly **petitioners and activists** who are the victims



It's happening **all over China**



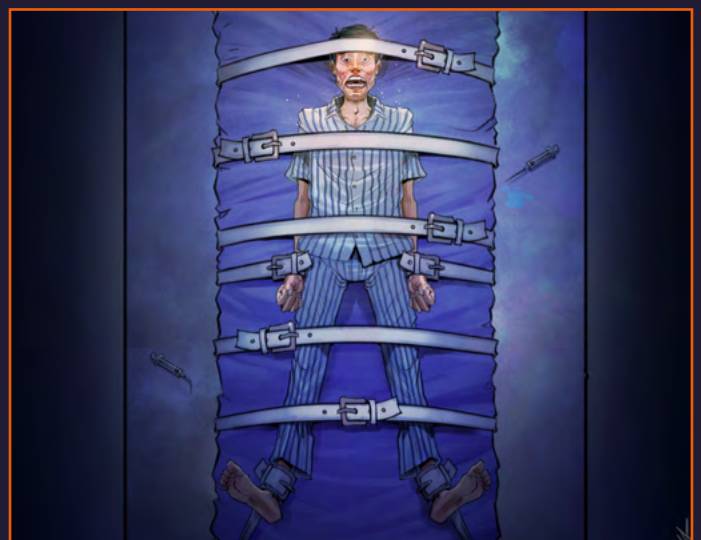
Doctors illegally **fail to conduct psychiatric evaluations** before admission



Many are sent back repeatedly, some more **than a dozen times**



Victims are locked up for days, weeks, months or years, some have been there for **more than a decade**



Victims are **beaten, tied up**, subjected to **electroshock therapy**, and kept **incommunicado**

Introduction

“Where is [name]?” has become an all-too-common question in China, a country that routinely disappears political targets. In December 2021, it was: “Where is Li Tiantian?” This young pregnant teacher and poet in Hunan province went missing after she defended online a Shanghai journalism teacher who had been fired for encouraging her students to query the official death count for the Nanjing Massacre, the mass murder of Chinese civilians in 1937 at the hands of soldiers from Japan’s Imperial Army. Before she disappeared, Li had managed to message a friend to say that police were forcing her to go to a psychiatric hospital for “violating the bounds of officially acceptable comment on social media.”¹ She surfaced around a week later, but according to her friends she was under heavy surveillance and not allowed to contact them or speak to the media.²

The Chinese Communist Party (CCP) has always been suspicious of its critics, whether they be intellectuals, activists, religious followers, or whistle-blowers, and sought ways to control and suppress them. There is abundant evidence that one of these is the **involuntary commitment into a psychiatric facility with no medical justification**.³ For the first few decades after the founding of the People’s Republic of China in 1949, political targets were regularly diagnosed insane and committed to prison hospitals.⁴ This enshrined the official belief, borrowed from similar practices in the then Soviet Union, that anyone holding a conflicting ideology to that of the CCP’s must be suffering from a mental illness. This practice was institutionalized in 1988, when the country established Ankang (安康, literally meaning peace and health) asylums, a network of Ministry of Public Security-run psychiatric facilities for the “criminally insane.”⁵ Although they have since been renamed *qiangzhi yiliao*

(强制医疗所, literally meaning compulsory treatment facility),⁶ they are often still known as Ankang. Ultimately less than 30 were ever built, so political targets are also routinely committed to civilian psychiatric hospitals or psychiatric departments in general hospitals, for compulsory treatment.

This report, ***Drugged and Detained: CHINA’S PSYCHIATRIC PRISONS***, not only updates the work of earlier publications on the Ankang system, such as the ground-breaking *Dangerous Minds*⁷ by Human Rights Watch’s Robin Munro in 2002, precursor NGO to Safeguard Defenders, China Action’s *Thought Crimes*⁸ in 2010 and Chinese Human Rights Defenders’ *The Darkest Corners*⁹ in 2012, but it also analyzes the widespread and politically-motivated abuse of psychiatric treatment that extends throughout China’s entire psychiatric system. This report draws on published interviews (2015 to 2021) inside China to help reveal a fuller picture of the persecution that victims experience locked inside asylums. They also clearly demonstrate that much-touted legislative changes in 2012/13 covering civil and criminal involuntary commitment, have done little to halt the widespread political abuse of psychiatry in China today.

Following widespread global condemnation of abuses carried out against activists and petitioners under *Ankang*, including concerns voiced in 2002 by the World Psychiatric Association,¹⁰ the CCP made changes to both criminal and civil law. It adopted a Mental Health Law (MHL) in 2012 to “develop the field of mental health, to standardize mental health services, and to guarantee the legal rights and interests of persons with mental disorders” (Article 1).¹¹ For the first time, hospitals were held legally accountable for violations of patients’ rights and there were criteria for

admitting patients, in theory closing loopholes for the abuse of involuntary commitment. The law also emphasized that psychiatric evaluation and inpatient treatment should be voluntary unless the individual posed a danger to others or themselves. The idea that commitment should be voluntary was new to China, historically the vast majority of patients admitted had been involuntary at the behest of police or family members.¹² In order to succeed in getting hospitals to embrace this principle of voluntariness spelt out in the MHL, doctors must first fight against the ingrained culture of forced hospitalization.

The idea that commitment should be voluntary was new to China, historically the vast majority of patients admitted were involuntary at the behest of police or family members.

In addition, the Criminal Procedure Law (CPL)¹³ was also updated in 2013 to mandate that criminal commitment must undergo a judicial review via a court hearing (Articles 303 to 305). Prior to this, police had the freedom to arbitrarily send anyone to Ankang for an unspecified length of time without oversight. However, the CPL and Ministry of Public Security (MPS) regulations still allow the police to place individuals under temporary protective measures into psychiatric facilities, also for an unspecified length of time, while waiting for judicial review (CPL, Article 303, paragraph 3) provided they “exhibit violent behaviour”.

However, as this report will show, the MHL and revised CPL **did not bring about any substantial improvement to the systematic political abuse of psychiatry in China.** The CCP continues to send activists and petitioners to psychiatric facilities where, they face a range

of human rights abuses including arbitrary detention, beatings, forced medication, electroconvulsive therapy and repeated incarceration. Victim testimonies featured in this report describe both psychological and physical abuse; in one case, this led to the loss of a life (see page 54). **Effectively, police are still using the ‘Ankang’ system to conveniently punish and remove activists and petitioners from society without the trouble of going through a trial.** Our results confirm and build upon earlier reports that also found continued abuse in the wake of the legislative changes.¹⁴

This report has recorded data from secondary sources on **99** victims, representing **144** separate cases of involuntary hospitalization in the seven years between 2015 and 2021. Some **109** hospitals were named, from 21 provinces, municipalities or regions across China, indicating that the political abuse of psychiatry in China is **widespread geographically and routinely practiced.**¹⁵ The majority of victims are petitioners, people who often struggle on the lowest rungs of the social ladder in China and are thus powerless and easy targets.¹⁶

Among the most alarming results were testimonies of **repeated hospitalization** (almost a third were sent two or more times, **two** victims have been sent more than **five** times) and the **long duration** with **more than half** spending **more than six months** locked up in hospital. **Nine** victims have spent **around ten or more years inside** – one of whom is still missing at the time of writing this report).

Proper admittance procedures are not being observed. In **two thirds** of ‘Ankang’ cases, victims were not given a psychiatric evaluation as required by law, indicating that hospitals are colluding with the police. Inside, patients were physically and mentally abused by being forced to undergo painful electroconvulsive therapy, tied to their beds, including cases where individuals were left for hours to lie humiliated

in soiled clothes, beaten and prevented from any contact with their family or lawyer through visits or phone calls.

China under Xi Jinping has never been more concerned with 'stability maintenance' (维稳) – the harassment and detention of people the CCP deems are challenges to its power. This prioritization is reflected in the budget allocated to neutering social unrest, estimated to be a sizeable RMB1.39 trillion (USD217 billion) in 2019 (some 16.8 percent higher than the official military budget).¹⁷ There are many systems in China for arbitrary detention and enforced disappearances used for stability maintenance; from the legalized Residential Surveillance at a Dedicated Location¹⁸ and Liuzhi¹⁹, to the illegal black jails, forced detention under a fake name²⁰ and house arrest or forced travel under Non-Release Release.²¹ But perhaps, one of the most frightening and stigmatizing is the Ankang system, where victims are trapped in a nightmare; without a court-issued sentence or judicial procedure with deadlines, they have no idea when it will end.

Drugged and Detained: China's Psychiatric Prisons trains the spotlight on China's continued political abuse of psychiatry, a practice known as "Ankang". The first chapter is a graphical overview of the data from the Ankang cases

China under Xi Jinping has never been more concerned with 'stability maintenance' (维稳) – the harassment and detention of people the CCP deems are challenges to its power.

used in this report. This is followed by Chapter 2, which deals with how victims are subjected to involuntary hospitalization without going through proper procedures and suggests some reasons why the state is motivated to do so. Chapter 3 takes a close look at the abuses victims suffer inside psychiatric wards, including isolation from family, beatings, humiliation and electroshock therapy without pain relief. Chapter 4 looks at how long a typical Ankang sentence lasts, how victims may secure release by making promises to the police, and the long-term physical and mental consequences of involuntary hospitalization on its victims. The final chapter examines the domestic and international legal landscape to point out how Ankang violates multiple laws in both contexts.



CHAPTER 1:

The 99 victims of Ankang



The title of this section comes from the 99 Chinese individuals whose forced psychiatric hospitalization for political reasons occurred between 2015 and 2021 inclusive. The majority of this data is from secondary sources, mostly interviews posted online by Chinese NGO Civil Rights and Livelihood Watch (CRLW) and their Ankaang database.²² Of course, there are many more victims than 99 (see page 18), the cases that are reported are just the “tip of the iceberg”.²³ This is only a small fraction of the true number of victims of China’s political

abuse of psychiatry because we rely on civil society and media being able to document the case, which inevitably means that many are not recorded.²⁴ Even so, running the numbers on data culled from these 99 victims gives us an indication of the scope of this serious human rights violation that not only breaks China’s Mental Health Law (MHL) but the rights enshrined in UN human rights conventions and treaties including the rights to health, liberty, to be free from abuse and to remedy.

This report has recorded data from **99** victims, representing **144** separate cases, who were confined under the Ankaang system in the seven years from 2015 to 2021. Some **109** hospitals, from 21 provinces, municipalities or regions across China, were named, indicating that the political abuse of psychiatry is **geographically widespread and routinely practiced in China**. Among the most alarming results were testimonies of **repeated hospitalization** (almost a third were sent two times or more, **two** victims have even been to Ankaang more than **five** times) and the **long duration** with **more than half** spending **more than six months** locked up in hospital and several languishing for **years** (**nine** victims have been inside for **around ten or more years** – one of whom is still missing at the time of writing this report).

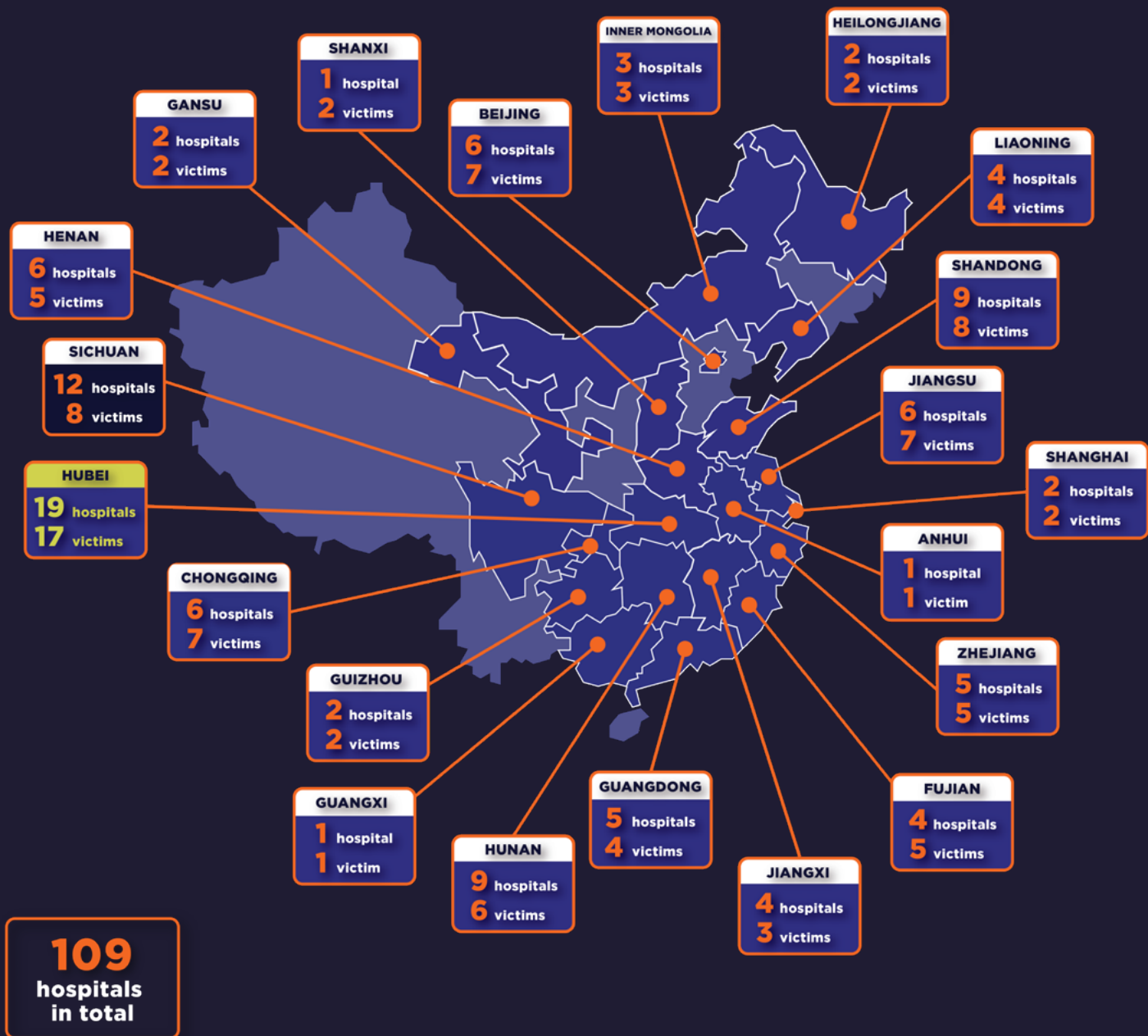
Proper admittance procedures are not being observed: in **two thirds** of Ankaang cases, victims were not given a psychiatric evaluation as required by law, indicating that hospitals are colluding with the police. Inside the hospital, many patients were physically and mentally abused.

They were being forced to undergo painful electroconvulsive therapy (**14%** of cases), tied to their beds (**60%** of cases) where many were left for hours to lie humiliated in soiled clothes, beaten (**25%** of cases) and isolated (contact with their family through visits or phone calls was blocked (**75%** of cases). The majority of victims are petitioners (**more than 80%**), people who often struggle on the lowest rungs of the social ladder in China and are thus powerless and easy targets. The data also shows a peak in recorded cases in 2015 and 2016, when more than 30 cases were recorded per year.

The abuses documented in this report are clear evidence that legislative changes in 2012 and 2013 aimed at preventing the unlawful commitment of individuals, who do not meet medical criteria, to psychiatric institutions have not worked. Police and government agents continue to act with impunity in sending human rights defenders, such as petitioners and activists, in large numbers to psychiatric prisons, sometimes for years.

Below, we present the numbers in graphical form. An analysis of what these mean is given in the following chapters. Sources for those testimonies from interviews published by CRLW are listed towards the end of this report under the section titled Victim interviews and in the order they appear in the text. All other sources are included as endnotes under References at the back of this report.

ANKANG CASES ACROSS CHINA (2015-2021)



ANKANG VICTIM DATA (2015-2021)

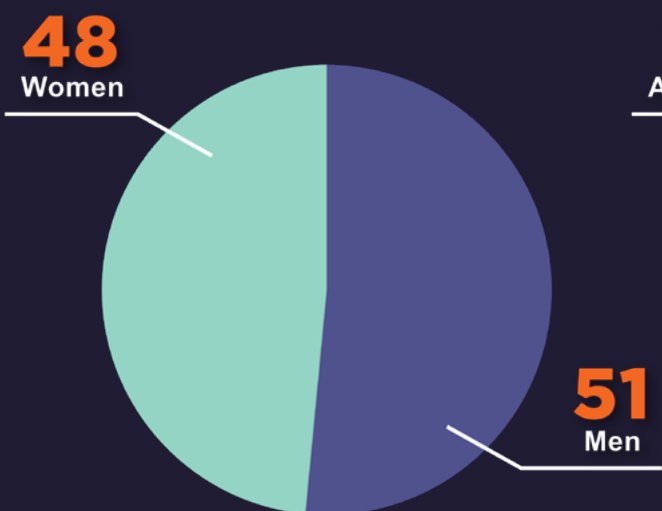
Number of victims
99

Number of hospitals
109

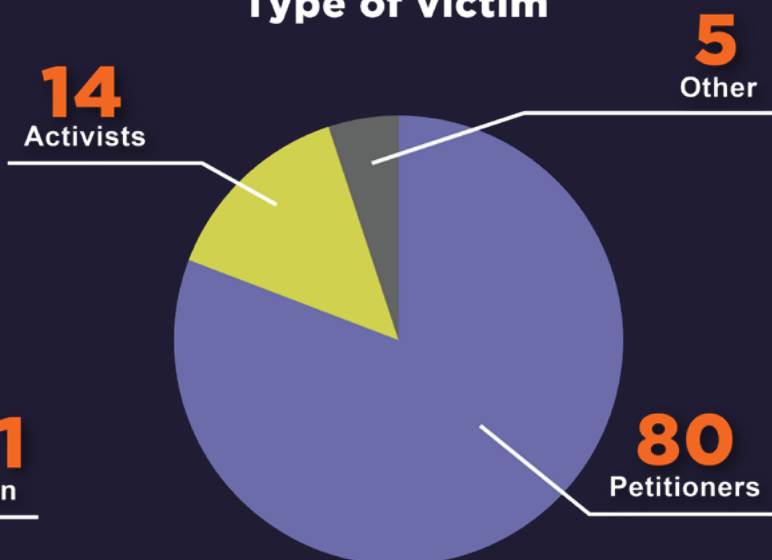
Number of cases
144

Victims not yet released
15

Victims by gender



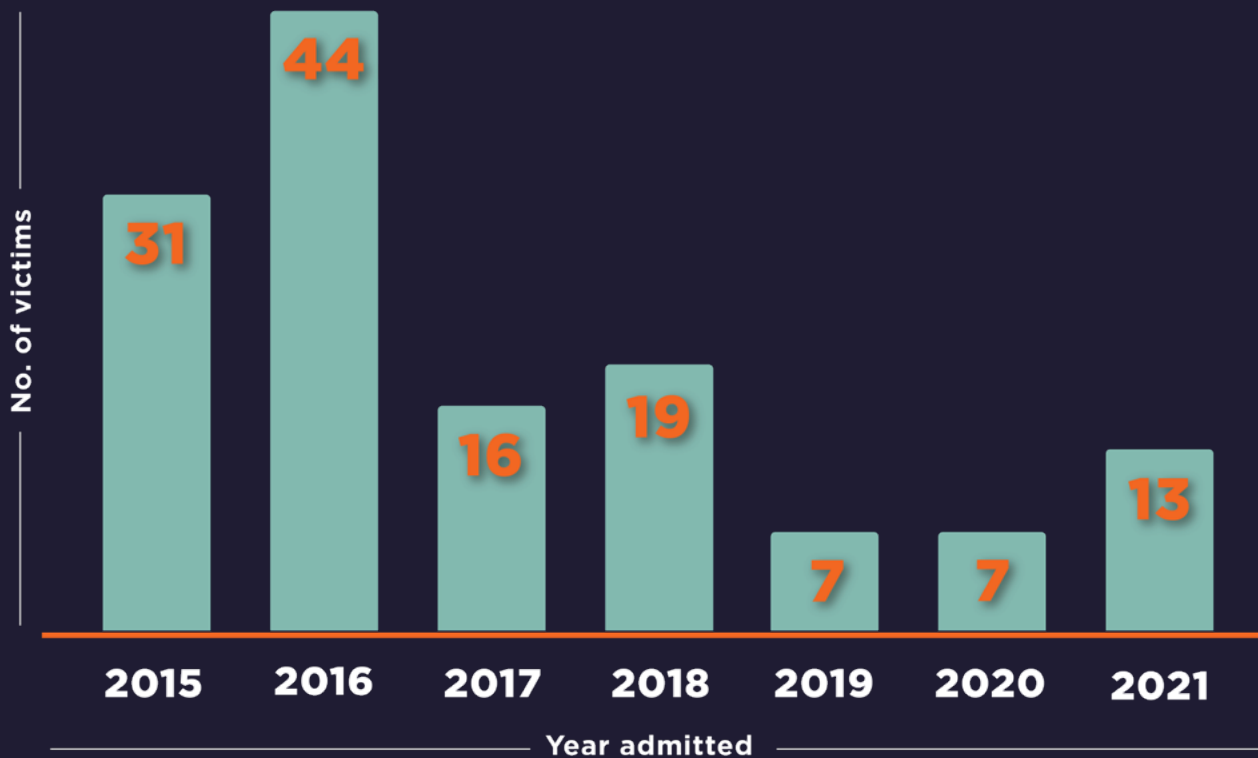
Type of victim



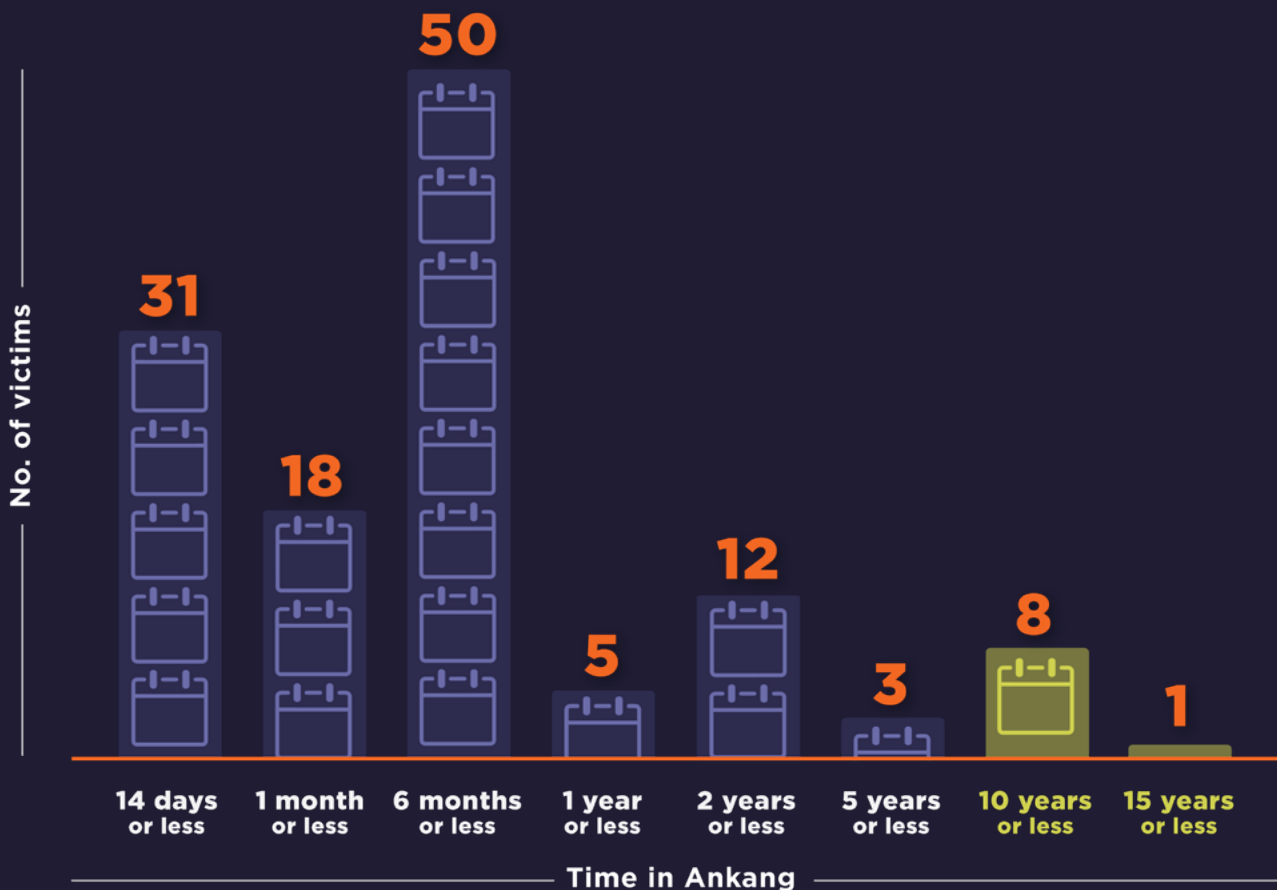
Number of victims	Number of times hospitalized
70	
18	
8	
1	
2	

ANKANG VICTIM DATA (2015-2021)

Victims by year



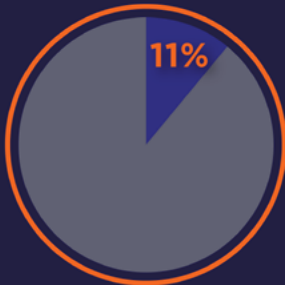
Length of hospitalization



ANKANG CASES IN CHINA (2015-2021)

GOING INTO ANKANG

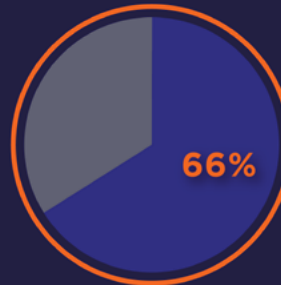
FAMILY COERCED OR COOPERATED WITH POLICE



In around **one in ten** cases (11%), family members were involved in state-initiated Ankang

(data known in 136 cases)

NO PSYCHIATRIC EVALUATION

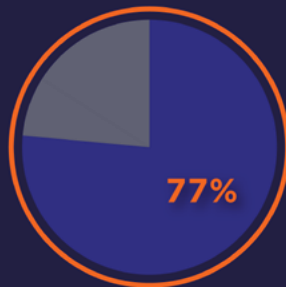


In **two thirds** of cases (66%), no psychiatric evaluation was performed in violation of the Mental Health Law

(data known in 102 cases)

INSIDE ANKANG

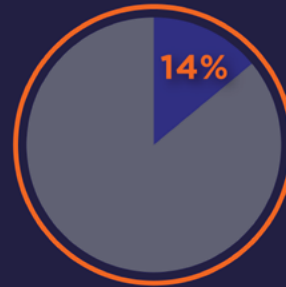
FORCED MEDICATION



In almost **four in five** cases (77%), victims were forced to take medication (oral and injected)

(data known in 122 cases)

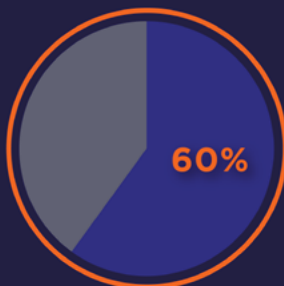
ELECTROSHOCK THERAPY



In around **one in seven** cases (14%), victims were subjected to ECT

(data known in 84 cases)

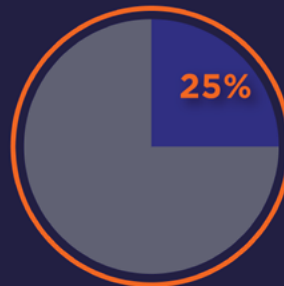
RESTRAINED TO A BED



In **three in five** cases (60%), victims were tied to their beds

(data known in 86 cases)

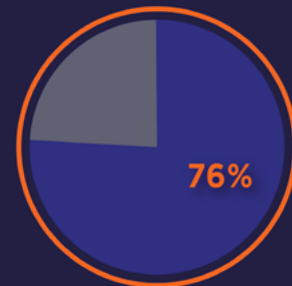
BEATEN



In **one in four** cases (25%), the victim was beaten by staff or other patients

(data known in 85 cases)

INCOMMUNICADO



In **three in four** cases (76%), family and friends could neither visit nor call the victim

(data known in 127 cases)

CHAPTER 2:

The Ankang System

"I hope there is a media outlet that will document my tragic experience, otherwise no one will know my story after I have died."

activist Tu Qiang

Secret scale

Ankang is a secretive system and there is no publicly-available data on compulsory treatment of petitioners and activists. Cases only come to light when victims, their families or friends find the courage to speak to media or NGOs about the abuse. There are countless others whose stories are never reported.

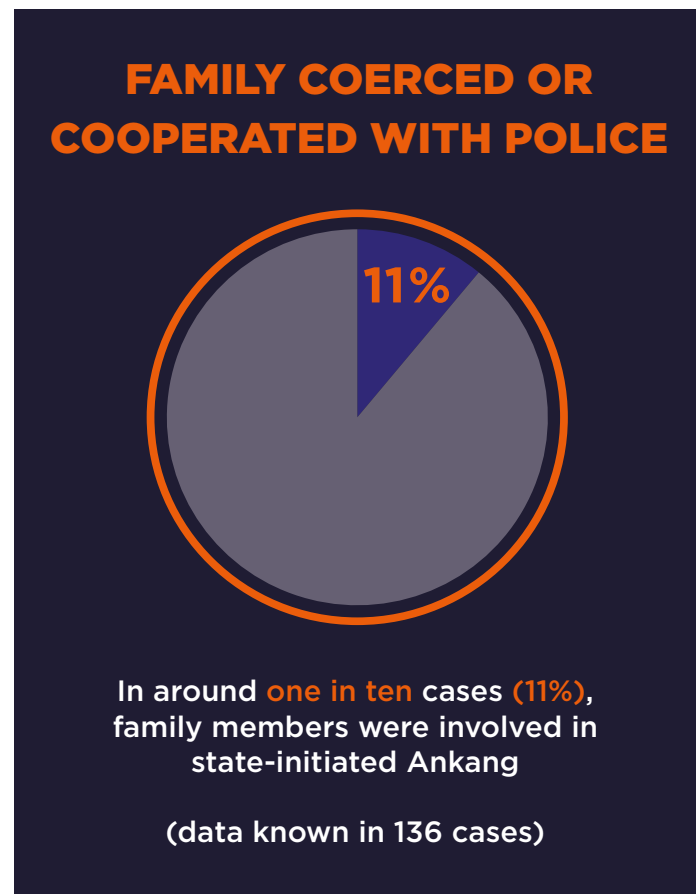
Some idea of the scale can be deduced from the number of cases collected by human rights organizations. Civil Rights & Livelihood Watch (CRLW), a Chinese human rights NGO, has been conducting fieldwork on Ankang since 2006. CRLW has over **800 Ankang cases** in its database and has conducted face-to-face

interviews with over **100 victims** coming from a wide range of backgrounds and professions located across China, except for the Xinjiang and Tibet regions. During some of these interviews, victims spoke of many other petitioners and rights activists also being kept in the same hospital. For example, petitioner Yang Zhixiang (杨志祥), from Sichuan province, who was twice placed in Ankang, told CRLW in 2019 that there were “multiple petitioners in my hospital ward who had been detained for years,” including an old man who said he had been there for 17 or 18 years. When Yang’s friends visited him in hospital, doctors told them that they were holding 10 petitioners.²⁵

Political abuse of psychiatry

Police in China wield extraordinary powers far in excess of what is legally granted, with government agents having similar powers when it comes to actions justified by “stability maintenance” (see page 19). Both act with impunity and routinely order hospitals and doctors to authorize compulsory treatment in violation of the Mental Health Law (MHL) and Criminal Procedure Law (CPL). Under duress from authorities, doctors make false psychiatric evaluations to admit the patient, diagnosing them with psychotic illnesses such as schizophrenic psychosis, paranoid psychosis and paranoia. At police-run Ankang institutions (see page 24), no coercion is needed as the police are in charge.

Under China’s MHL (Article 30), a mental health professional must deem that a person is suffering from a “severe mental illness” and has either harmed themselves or others or be in danger of harming themselves or others to qualify them for compulsory treatment at a psychiatric facility. While Safeguard Defenders is unable to comment on the individual mental health of the victims in this report, material



collected on their cases did not indicate that any of them had a history of living with a **severe mental illness**, nor having engaged in violent behaviour or at risk of doing so.

Anhui activist Lv Qianrong (吕千荣) said that doctors at Changzhou De'an Hospital's Psychiatric Department in Jiangsu province told him in 2018 that even though their tests showed he was not suffering from mental illness they had to admit him because the police had ordered them to and that they could not release him until the police gave their permission. Lv was locked up for nine weeks.²⁶

Hunan farmer and petitioner He Fangwu (何芳武) was forcibly hospitalized multiple times. At one institution, where he was "diagnosed" with

paranoid psychosis, a doctor told him: "It is easy to get in but harder to get out. The leaders have ordered us to keep you here... our job is to watch you 24 hours a day."²⁷

Of the 136 cases in which data could be extracted from the interview or media report, **89% were placed in Ankang by the police**, the other 11% were either committed with the help of family members who may have been coerced by the police through threats or willingly cooperated with them. In a very small number of cases, the family acted alone.

Stability maintenance

Stability maintenance (维稳) – the harassment and detention of people the CCP deems challenges its power – is thought to be the key driver behind China's widespread political abuse of psychiatry. Detaining the individual in a mental hospital helps the authorities in three ways:

- **It silences the target.** Off the streets and locked up, they cannot petition, protest or talk to the media.
- **It frightens the target.** Being forcibly locked up in a mental institution against one's will is a terrifying experience. The CCP hopes that this will act as a powerful deterrent against future petitioning or activism after release.
- **It isolates the target.** The label of "mental illness", albeit false, stigmatizes the victim. The CCP hopes that this will ensure they lose "credibility" among supporters.

The authorities' first line of action against activism and petitioning is to accuse the individual of misdemeanours for which they can impose Administrative Detention for up to a maximum of 15 days. This is the lowest cost legal solution and does not require the collection of evidence to build a case, secure approval from the procuratorate or go through a trial.²⁸ If 15 days is thought to be an insufficient deterrent, police can pursue a more resource-intensive approach with formal arrest; typically,

individuals are accused of social order crimes such as picking quarrels and provoking trouble and, since Xi Jinping came to power in 2012, more serious national security crimes with tougher penalties. It is possible that some police or government agents view Ankang as a low-cost solution compared with the above, something that offers longer term detention without the trouble of going through formal arrest and trial.

Stability maintenance (维稳) – the harassment and detention of people the CCP deems challenges its power – is thought to be the key driver behind China's widespread political abuse of psychiatry.

Interviews with victims throw some light onto why police sometimes choose to use Ankang to silence and control activists and petitioners rather than the above custodial approach.

Several victims or their families said that they believed police were more likely to impose Ankang on **older or sicker individuals** because detention centres were unwilling

to take on the extra burden of taking care of their health needs and additional concerns about dealing with the bad press in case the individual died in detention.

Zeng Jiping (曾继平), a 70-plus year-old retired soldier from Chongqing municipality, had been petitioning for more than 20 years because police had refused to properly investigate a neighbourhood dispute that turned into a violent attack on him and his wife. After multiple detentions over the years, the police grabbed him once again as he was heading to Beijing to petition in 2017. They placed him

in Chongqing Youfu Hospital for compulsory treatment after the detention centre refused to take him, arguing Zeng was too old and had been detained too many times already.

Chen Bixiang (陈碧香) is a petitioner from Hunan province, now in her 80s. In 2017, police sent her to a detention centre in Chengzhou city, but because she had been beaten by the police and injured and was also elderly they turned her away. Police, instead, took her to Chinese People's Liberation Army Hospital No. 198, where she was locked up for the next four months in the psychiatric ward.

Being mentally-illed



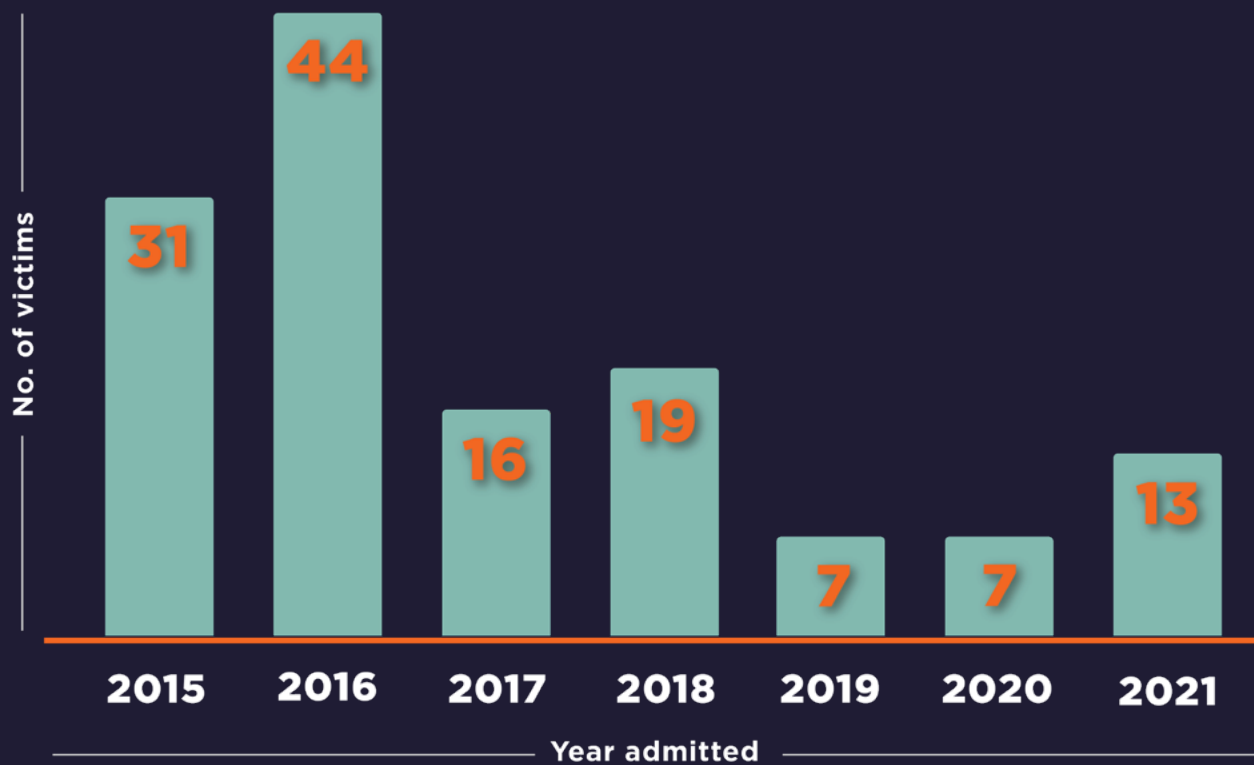
In China, the phenomenon of being forcibly committed to a mental institution without medical justification has been reported so frequently that it has been given a name - to be mentally-illed (被精神病, *bei jingshenbing*). In China, the passive construction marker *bei* is often used to satirically convey the speaker's helplessness and anger at their adverse situation, usually caused by the state. **Before Xi Jinping came to power**, even state media used the term to criticize the illegal practice, whether police or civilian-initiated. A 2010 article on national broadcaster CNTV's (now renamed CCTV) website headlines an article on the subject as "There is a fear called 'being mentally-illed' ".²⁹ The image shown here is taken from that article.

Financial incentives

Several victims mentioned they believed doctors were willing to falsely diagnose them with mental illness to authorize compulsory treatment because either the doctor or the hospital were getting paid. Local governments and even family members have been accused of bribing doctors or footing the medical bills to incentivize the hospital to accept medically-

unnecessary forced hospitalizations. Police authorized the release of petitioner Deng Fuquan (邓福全) from Ankang in 2019, but according to Deng the hospital refused. "They wanted to increase their income by prolonging my treatment," he said. "They found all kinds of excuses to delay and finally, the police had to pressure the hospital to discharge me."

VICTIMS BY YEAR



Cases collected spanned the full seven years (2015-2021), showing a peak in 2015 and 2016, coinciding with the 709 Crackdown on lawyers when hundreds of human rights defenders were detained, many placed in RSDL, and then tried and sentenced to jail time. We cannot read too much into the variation in the individual case count, as they depend on NGOs and media being able to document incidences and interview victims or their families. The increasing suppression of civil society under Xi Jinping, including the arrests of journalists and NGO workers, means it is getting increasingly harder and riskier to

document rights abuses in China. This may account for the falling number of cases after 2018. However, the fact that cases were recorded every year indicates that the political abuse of psychiatry is a continuing, geographically widespread and serious human rights violation in China today.

Note: The number of cases in the above chart does not equal to the 144 cases in this study because several involved Ankang when the year of admittance was before 2015, but extended into and sometimes beyond that year.

Sensitive dates

There are particular times during the year when the authorities are on high alert in terms of stability maintenance. These are anniversaries of sensitive dates (for example June 4 for the

Tiananmen Square Massacre) or high-profile events such as major international sports competitions held in China (for example, the Winter Olympics) or political meetings (such as

the annual National Party Congress). At these times, local government and police often act proactively to round up “troublemakers” and detain them for a short spell to prevent them from protesting or petitioning. Some of these are inevitably sent for compulsory treatment for anything from a few days to a few weeks.

Our data includes **49 cases** in which the victim was kept locked up for one month or less. At least some of these are likely to be victims of sensitive date stability maintenance.

In 2016, police sent Guangdong petitioner Wang Haiying (王海英) to the psychiatric ward of Zhongshan Third People’s Hospital ahead

of the G20 summit that was due to be held in Hangzhou that year.

Ex-soldier Deng Fuquan from Sichuan had been petitioning to access his disability pension (he is deaf and has various injuries sustained during his time in the army) in August 2019 when police detained him on charges of “picking quarrels and provoking trouble”. After 37 days, the maximum allowed under Chinese law for detentions before formal arrest, the police, who did not want to release him ahead of several sensitive events in October – China’s National Day and the upcoming Military World Games in Wuhan – put him under psychiatric commitment at Nanchong Mental Health Centre.

Non-political abuse of psychiatry

Although not the focus of this report, there have been examples of family members either colluding with police or independently seeking to arrange for a psychiatric hospital to admit a relative for compulsory treatment for personal gain.

Feng Xiaoyan (丰晓燕), a government worker from Linyi in Shandong province, was detained by police in April 2020 after she distributed leaflets in a Beijing shopping district calling for democratic reform. What happened

next is not certain. Some reports say police handed her over to her husband who forcibly hospitalized her in the psychiatric ward of Linyi No. 4 People’s Hospital in Shandong,³⁰ others accuse the police of working with her husband to put her in the hospital.³¹ According to Feng’s daughter, her father, who has also been physically violent towards her mother, had sent her to psychiatric hospital before because he was concerned her activism would affect his real estate business.

Criminal and civil commitment

There are two channels for someone to be forcibly hospitalized in China: criminal and civil,

and the police and government make use of both of them.

Criminal commitment

Before 2012, police were able to arbitrarily send a suspect to psychiatric prison with no oversight. After the amendments to the CPL were passed, at least on paper, they lost that power. Now the police must get court

approval for sending a suspect to psychiatric prison for compulsory treatment (强制医疗) and that suspect must have shown violent behaviour and be evaluated by a mental health professional as being criminally insane.

However, Ministry of Public Security (MPS) regulations and the CPL still allow the police to place individuals under **temporary protective measures for an unspecified length of time** if they are deemed to be violent, while waiting for a judicial review. While the CPL does not specify where such temporary protective measures are to take place, it is reasonable to assume it is referring to a psychiatric ward.

Civil commitment

If the individual has not committed a violent crime, but is thought to be living with a severe mental illness and is considered to be a danger to themselves or others, then the MHL (Article 28) allows a “close family member” to request a psychiatric institution to assess them for what is known as involuntary hospitalization (非自愿住院) or civil commitment (民事收治). The same Article also gives that right to their employers or the local police, provided that they have been violent or are at risk of being violent.

Despite the principle of “voluntariness” supposedly embodied in the MHL, this loophole allowing a family member, the employer, or the police to request a psychiatric evaluation opens the system up to exploitation.

In practice, police routinely and directly send victims to psychiatric hospitals, bypassing the judicial review process and sometimes not even informing the family. In some cases, they seek family members to approve the commitment.

In 2016, petitioner Luo Guilian (罗贵莲), from Inner Mongolia, was grabbed by police as she was about to board a train to Beijing. She was attempting to petition authorities to seek

The CPL (Article 303) reads: “Prior to the people’s courts making a compulsory treatment decision, the public security organs may adopt temporary protective measures for mentally ill persons exhibiting violent behaviour.”³²

Among the 99 victims in this report, not a single one said they had been given a judicial review.

justice for police inaction in pursuing a knife attack on her (she accuses her neighbour of stabbing her following a land dispute). Police took her to the First Specialized Hospital of Harbin and forced her husband to go to there to approve Luo’s commitment by threatening that if he did not cooperate, they would confiscate his land and punish his wife even more harshly. The following year, she tried to petition again and was sent to Qiqihar Mental Health Centre. Again, police forced her husband to sign the paperwork for her treatment.

Among the 99 victims in this report, not a single one said they had been given a judicial review.

After being harassed by the police, the family of petitioner Deng Fuquan, signed paperwork to approve his commitment for involuntary treatment in 2019. His family were told all costs would be borne by the government.

Three types of psychiatric hospital

In 2015, China had 1,650 mental health professional institutions nationwide³³ split into three types based on the ministry that administers them. The Ministry of Health (MOH)

oversees regular **psychiatric hospitals** (精神病医院) or **mental health centres** (精神卫生中心) that provide treatment for the general public. The Ministry of Civil Affairs (MCA) oversees

Youfu hospitals (优抚医院) (sometimes called Kangfu (康复) or Kangding (康宁) hospitals). These are responsible for treating retired members of the military as well as individuals who are unemployed and have no other form of financial support. Finally, the Ministry of Public Security (MPS) or police administered **Ankang hospitals** (安康医院) are responsible for the treatment of offenders who are suspected to have committed acts of violence or who have seriously endangered public order but are deemed not to be criminally responsible because of mental illness.

Of the 144 cases in this report, only four took place in an Ankang facility.

There are around 25 Ankang hospitals in China. The police also make use of general psychiatric facilities run by the MOH and MCA, described above. Of the 144 cases in this report, only **four** took place in an Ankang facility.

Many Ankang hospitals often add “Municipal Public Security Bureau”(市公安局) or “Provincial Public Security Department”(省公安厅) to their name. And in recent years, they have also dropped the name “Ankang” in favour of “强制治疗” or compulsory treatment. For example, Beijing Ankang Hospital (北京安康医院) is also called Beijing Municipal Public Security Bureau Compulsory Treatment Administration (北京市公安局强制治疗管理处). It is located in Fangshan District in the southwest of the city and has 1,800 beds (800 in the psychiatric department and 1,000 in the Drug Rehabilitation Centre).³⁴



Entrance to Beijing Ankang hospital. The sign on the right shows the new “style” name, with Ankang removed. 北京市公安局强制治疗管理处 Beijing PSB Compulsory Treatment Management Administration.

Ankang in function if not in name

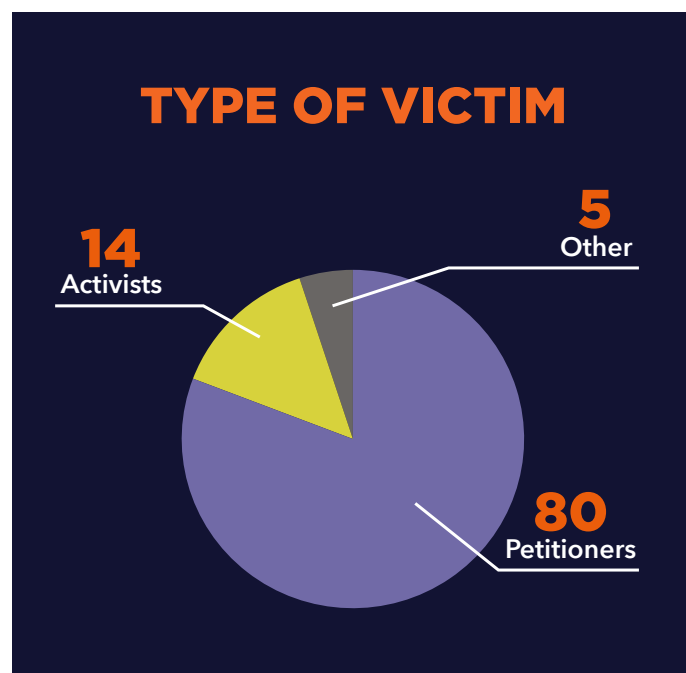
All three types of hospital are involved in the widespread and politically-motivated abuse of psychiatric treatment even though they are controlled by different ministries, operate under different systems and have different facilities.

Therefore, in this report we use the term 'Ankang' to refer to all hospitals that subject victims to politically-motivated compulsory psychiatric treatment and all such cases as 'Ankang' cases.

Two types of patient

By far, the largest proportion of Ankang victims are petitioners. Their name comes from their efforts to petition via the use of a system called "letters and visits" (信访) that has been used since imperial times as a way for the public to file complaints against local officials. Under the CCP, the system rarely works and petitioners are routinely rounded up, bussed home and punished with a spell in a black jail or psychiatric hospital for compulsory treatment to discourage them from petitioning again. Because they do not have the knowledge to reach out on social media or to groups to publicize their situation, petitioners are often overlooked by international NGOs and media. Many petitioners are from poor rural backgrounds with few resources.

Petitioner Jiang Tianlu (姜天禄), now in his 40s, from Hubei province, has been sent to Ankang so many times since 2005 that he has lost count. The latest spell occurred in January 2021, which could be his sixth time, was at Zhushan County Psychiatric Hospital in Hubei. He is still a prisoner in the hospital at the time of writing this report. Jiang's situation is especially tragic since the original reason for his petition was



to ask for justice after his father was beaten to death in 2005 by an official working at a petitioning office. His father had gone there to lodge a complaint about the illegal seizure of their family land.

The other main targets of Ankang are rights activists and other human rights defenders, often people who post political views online or take part in street protests.

Dong Yaoqiong (董瑶琼), sometimes called “ink girl”, is a woman in her early 30s, who live-tweeted a video of herself splashing ink on a portrait of Xi Jinping in Shanghai in July 2018, calling his rule a “tyranny” (see page 30).³⁵ Shanghai police swiftly detained her, handing her over to police in her hometown in Hunan, who promptly sent her for compulsory treatment at the Zhuzhou No. 3 Hospital, (which specializes in mental health).

In 2018, police in Chongqing municipality sent around a dozen activists to psychiatric facilities after they took part in a protest against forced evictions. Supporters formed a group to protest the use of psychiatric detentions and wrote an open letter to protest the move. “Chongqing is sending all of its rights defenders to psychiatric hospitals for diagnosis right now,” one activist told media.³⁶

Psychiatric evaluations

For both civil and criminal commitments, mental health assessments or psychiatric evaluations (精神病鉴定) are legally required before hospital admittance. In order to qualify for involuntary commitment, the patient should be diagnosed with a severe mental illness and to also be a danger to themselves or to others.

The CPL calls it “evaluated through statutory procedures” (Article 302) while the MHL describes it as a “psychiatric evaluation” (Article 30). The MHL further stipulates that only “registered psychiatrists” may perform evaluations (Article 29) and that they should be “face-to-face” (Article 33). However, it gives no details on diagnostic standards.

Under the CPL, involuntary commitment is imposed on an individual whose psychiatric evaluation concludes that their mental health is such that they cannot be held criminally responsible for their acts. These acts should be violent in nature, have endangered public safety or citizens’ personal safety and the individual is at risk of repeating such behaviour (Article 302).

For those forcibly hospitalized under the MHL, under the recommendation of a doctor or family member, the result of the mental health assessment should be that the individual has “a severe mental disorder” and has self-harmed recently or is in danger of currently

self-harming, or harmed others recently or in danger of currently harming others (Article 30).

However, many are never given an evaluation. Activist Tu Qiang (涂强), a small business owner from Sichuan province, said police grabbed him shortly after he criticized Mao Zedong in an online post in 2016. They sent him to the Fifth People’s Hospital of Zigong without conducting a psychiatric evaluation first. “The police didn’t say I was mentally ill at that time,” he said. “They just sent me there



and the hospital admitted me. Once inside, the doctors forced me to take injections for days, but I couldn't take it anymore and asked to be discharged." Shortly afterwards, the hospital did release him.

Even those who were evaluated described the process as being cursory, neither thorough nor transparent. The results were rarely explained or shown to the patient. A few said the doctor told them orally.

In 2018, police in Chongqing municipality sent around a dozen activists to psychiatric facilities after they took part in a protest against forced evictions.

Beijing activist Zhang Wenhe (张文和), who was locked up in Ankang three times, said he was never given the results of any of his psychiatric evaluations.

Former lawyer turned citizen journalist, Zhang Zhan (张展), now famous for being the first person to be sentenced to jail time for independently reporting on China's Covid-19 pandemic in 2020,³⁷ told media that police sent her for psychiatric evaluation twice in 2019 after she spoke out in support of Hong Kong protesters. "Every time I go in, they subject me to a psychiatric evaluation, it's stressful, and they insist I am mentally ill," she told media.³⁸

According to the MHL (Article 34), "Evaluators who conduct the certification shall make an ongoing record of the evaluation process and sign the record. The recorded content shall

be truthful, objective, accurate, and complete; written records and recordings shall be stored appropriately."

If the psychiatric evaluation returns a negative diagnosis, according to the MHL (Article 35), the individual cannot be subjected to compulsory treatment. In civil cases, they should be allowed to go free; in a criminal matter, they should be returned to a detention centre and processed through the justice system. However, several of those interviewed in this report said that even when the doctor told them they did not have a severe mental disorder, **police still illegally sent them to psychiatric detention and the hospital illegally accepted them for compulsory treatment.**

Zhang Jilin (张吉林), an activist in his 40s from Chongqing, was grabbed by police after he gave a speech in a public square calling for the removal of Xi Jinping. This is how he described his psychiatric evaluation in January 2019:

"The doctors asked me a number of questions, including whether there was a history of mental illness in my family, whether I usually had psychiatric symptoms, and *my views on patriotism and democracy*. At the end of the evaluation, the doctor told me that I was not mentally ill."

Zhang was sent back to detention for 37 days but then locked up in a different psychiatric hospital for another 28 days.

Petitioner Jiang Tianlu was held for eight days in the Zhushan County Psychiatric Hospital in 2018. He said the government agents asked the doctors to give him a false diagnosis, stating that he had a "personality disorder".

Ankang in Hong Kong?

Andy Li (李宇轩), one of the Hong Kong 12 (a group of Hong Kong pro-democracy protesters who had been intercepted by Chinese customs as they tried to escape to Taiwan in a speedboat in 2020), disappeared in March 2021 after he was escorted back to the city. He had already served seven months on the mainland for illegally crossing a border. Later it was revealed that he spent several days locked up at Hong Kong's Siu Lam Psychiatric Centre (小榄精神病治疗中心),³⁹ a maximum security institution,⁴⁰ only re-emerging in early April for a court appearance.⁴¹ During the days when he was disappeared, his family were not notified of his whereabouts - essentially making his commitment at Siu Lam an enforced disappearance. Li's case appears to be a worrying sign that the political abuse of psychiatry practised on the mainland is now being exported into Hong Kong following the introduction of the draconian National Security Law in 2020.

WHAT CAN GET YOU PUT INTO ANKANG IN CHINA?



NAME: ZENG JIPING

YEAR: 2017

WHY: Petitioning central authorities because local police refused to properly investigate the robbery of his house

HOW LONG: almost 2 years



NAME: DONG YAOQIONG

YEAR: 2018

WHY: Live tweeting herself splashing paint over a portrait of Xi Jinping

HOW LONG: 1 year 4 months



NAME: LI TIANTIAN

YEAR: 2021

WHY: Publicly supporting a journalism professor who was punished for encouraging her students to query official historical narratives

HOW LONG: around 1 week



NAME: DENG FUQUAN

YEAR: 2019

WHY: Petitioning central authorities for medical compensation for injuries he sustained while in the army

HOW LONG: more than 2 months



NAME: SONG ZAIMIN

YEAR: 2017

WHY: Publicly shouting support for controversial CCP critic Guo Wengui

HOW LONG: 2 months

DONG YAOQIONG: THE 'INK GIRL' WHO DISAPPEARED INTO ANKANG

Dong Yaoqiong (董瑶琼), from Hunan province, was a property agent living in Shanghai when she hit headlines for live tweeting herself splashing ink on a portrait of Xi Jinping in July 2018. Using the Twitter handle @feefeefly, she said: "I am using my real name to oppose Xi Jinping's tyranny and dictatorship, and the oppressive brain control perpetrated on me by the Chinese Communist Party."⁴² Shanghai police detained her the same day, handed her over to police in her hometown in Hunan, who then placed her in Zhuzhou No. 3 Hospital, a psychiatric institution.⁴³



In the following weeks, police harassed her father Dong Jianbiao (董建彪) and activists who tried to publicize her story. They visited her father at the mine where he worked to ask about any family history of mental illness. Shortly afterwards, he lost his job. Police then detained him and activist Hua Yong (华涌) after they teamed up to try to raise attention to her case.⁴⁴

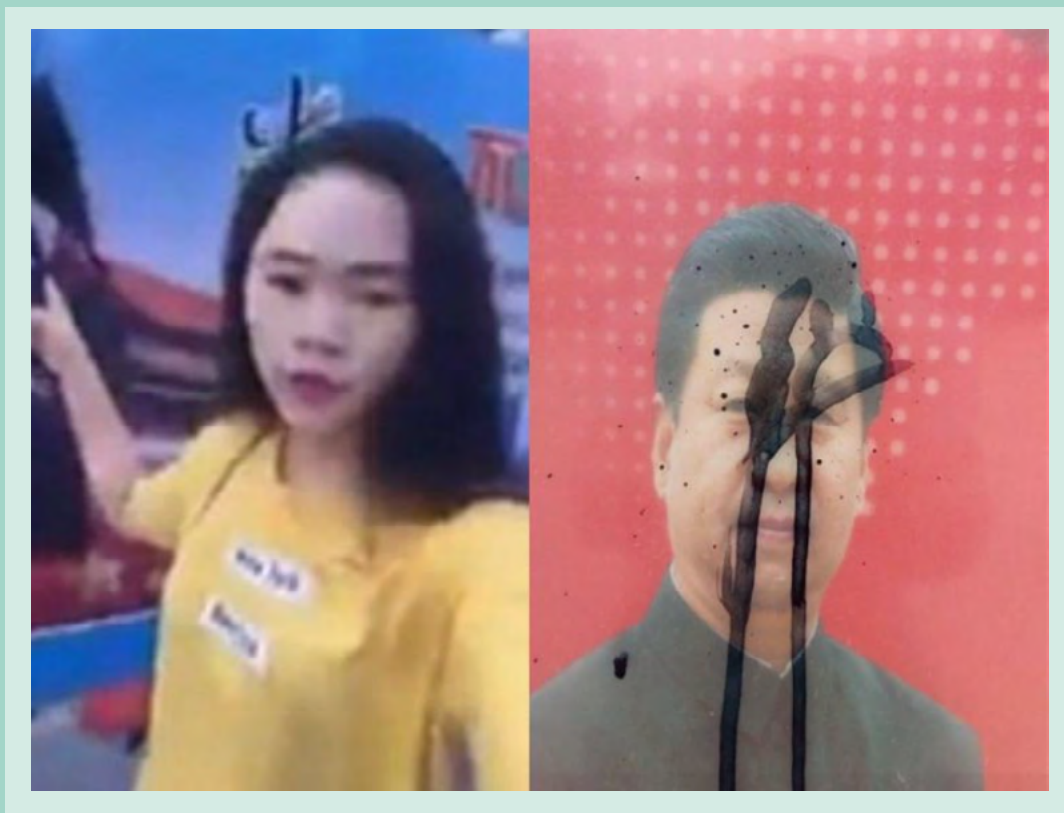
Dong's mother said that she had not been allowed to keep any of the official paperwork from the police but that she was told that a psychiatric evaluation by the hospital found that her daughter was living with mental illness. Her family members and her ex-husband all maintain that that is not true.

Her father, who visited her in July 2018, said she was being kept in a room by herself under 24-hour surveillance. When reporters called the hospital, staff claimed there was no one there by that name. Later, the person who answered the phone said she was a political prisoner.⁴⁵

Her condition had worsened dramatically – signs of dementia were stronger, she was unresponsive, had lost control of her bladder and was suffering from night terrors.

She was quietly released in November 2019 after almost a year and a half in Ankang. When she met with her father a few months later, he said she had changed – she had put on weight, was much quieter and more nervous and suffering from a kind of dementia (at the time, she was around 30 years old). She told him she was taking an antipsychotic medicine called Olanzapine, which the hospital had prescribed for her.

A few months later, in May 2020, she was sent back to hospital. During this time, she was not allowed any visitors and when she resisted taking the medication, she was beaten. She was also tied to her bed. When they released her in July, her father said her condition had worsened dramatically - signs of dementia were stronger, she was unresponsive, had lost control of her bladder and was suffering from night terrors.



In November that year she tweeted another video of herself describing how she was on the verge of a breakdown because of the intense police surveillance she was living under. She added that she was not suffering from mental illness and if she was sent back to hospital, she feared she might not survive. "I won't think about the consequences of tweeting tonight, I will take the consequences. I just want to ask what did I do wrong? Have I violated the law?" she asked in the tweet.

Rights activist Ou Biaofeng (欧彪峰), who retweeted that video was later promptly placed under Residential Surveillance at a Designated Location (RSDL), a type of legalized black jail, on charges of inciting subversion of state power.

Then in February 2021, her father told media that local government agents had sent her back to the same hospital for the third time, where she is still thought to be at the time of writing this report.⁴⁶

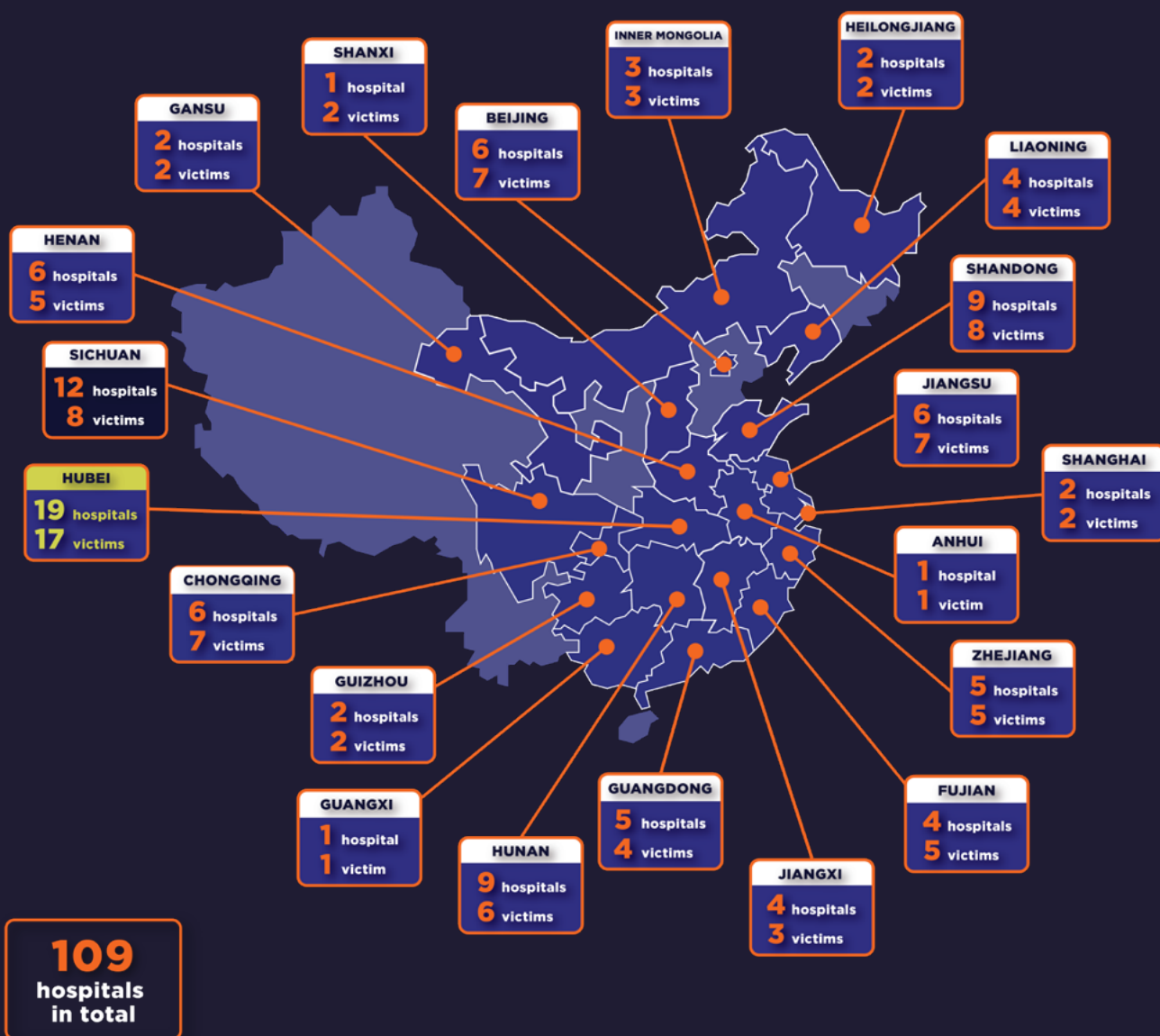
CHAPTER 3:

Abuses inside Ankang

The hardest part of being held in the psychiatric hospital is that there is no expiry date... you could be there for 20 years or 30 years."

activist Song Zaimin

DISTRIBUTION OF ANKANG CASES ACROSS CHINA (2015-2022)



The above map shows the distribution of Ankang cases (all three types of hospital) across China in the **144** cases recorded in this report. Hubei has both the most hospitals and the highest number of victims in our sample (19 hospitals and 17 victims). While this data is just a small snapshot of the real distribution and numbers of cases involved in the political abuse of psychiatry in China (see page 18), it still indicates that psychiatric detention is

being imposed on political victims **across the whole of the country**. Note that because of the difficulties in obtaining data from the politically-sensitive ethnic regions of Tibet and Xinjiang, these appear blank on the map.

The following pages describe the kinds of abuse suffered by victims of Ankang in the hospitals shown in the map above.

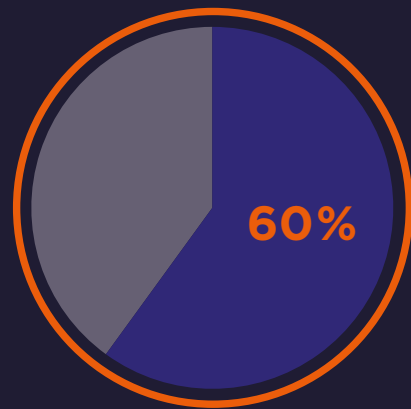
Tied to a bed

Victims are tied up and strapped to a bed, usually with belts or ropes and routinely left for hours. This dehumanizing and frightening experience amounts to torture, when implemented outside of medical necessity. Victims talked about feeling extremely helpless and vulnerable. They were unable to eat or drink unassisted and, in some cases, left to urinate and defecate where they lay. With the patient immobilized, medical staff were then free to administer forced injections or other kinds of medication.

Police placed Lu Liming (陆立明), a petitioner from Shanghai, in the psychiatric wing of Beijing Changping Hospital of Integrated Chinese and Western Medicine in February 2016. Lu told the doctor that police had injured his head and hands and requested treatment, but the doctors refused, and then ordered him to be strapped to his bed. The other patients, who appeared to be genuinely suffering from mental illness, were told to give him food and water. Some of them had tremors and spilled water over him and the bed. Lu said he was terrified the other patients would hurt him and as he was tied up, he could neither defend himself nor escape. Later, medical staff tied him onto another bed that was soiled with another patient's urine and faeces.

"Medical staff tied me for long periods to a bed. I could not go to the toilet and had to defecate directly on the bed. As a result, the prolonged immersion of my buttocks in my faeces made my skin ulcerate."

RESTRAINED TO A BED



In **three in five cases (60%)**, victims were tied to their beds

(data known in 86 cases)

Sichuan petitioner Yang Zhixiang, who was twice imprisoned in The Fourth People's Hospital of Ya'an said that: "Medical staff tied me for long periods to a bed. I could not go to the toilet and had to defecate directly on the bed. As a result, the prolonged immersion of my buttocks in my faeces made my skin ulcerate. It also caused injuries to my arms and legs."

When police forced Zhang Jilin through the doors of Yubei District Traditional Chinese Medicine Hospital in Chongqing in 2019, he began to struggle. Police asked doctors to sedate him after which he was dragged into a room and locked inside. "They brought ropes and roughly tied me to the bed for a day and a night until I surrendered," he said. "The medical staff untied me and intimidated me, saying that if I didn't obey, they would tie me up again and keep me tied up like that."

Beatings

Sichuan petitioner Yang Zhixiang said he was in a state of constant terror when he was inside Ankang. "I saw many mental patients abusing themselves; I saw so many mentally ill people who self-harmed or beat others, it made me feel completely insecure. I couldn't sleep at night, and I was dizzy every day due to poor sleep and stress."

Activist Song Zaimin (宋再民) said medical staff beat and abused patients at the Pinggu District Psychiatric Hospital of Beijing when he was locked up there in 2017. Patients fought with each other and no one did anything to stop them. He said he'd seen a patient in his room beat another man to death in the night over a minor conflict. "It's normal to be killed or maimed there, there's no safety at all in the hospital."

Other times, medical staff turn a blind eye while police or government agents assault patients. Petitioner Jiang Tianlu was held for eight days in the Zhushan County Psychiatric Hospital in Hubei province in 2018. He said government agents ordered medical staff to tie his hands and feet to the bed and then they beat him repeatedly on his face and head. A few days later, the government also sent



several gangsters disguised as mental patients to live in his hospital room, specifically tasked with beating and intimidating him. "I could tell these guys were not mentally ill at all because they didn't hit anyone else, but specifically hit me. They even stared at me when I was in the bathroom, and it was so humiliating! They were worried about me escaping and followed me every inch of the way."

Forced medication

When a patient is genuinely suffering from mental illness, medication, if prescribed correctly, may be beneficial. In cases where the individual is not suffering from mental illness, the forced administration of psychiatric drugs can cause great harm physically and psychologically. Anti-psychotic drugs having a broad range of side effects that can sometimes be intolerable.

"The medical staff forced me to take medication and injections every day, and when I refused, they would tie me up, forcibly pry my mouth open and give me drugs and injections..."

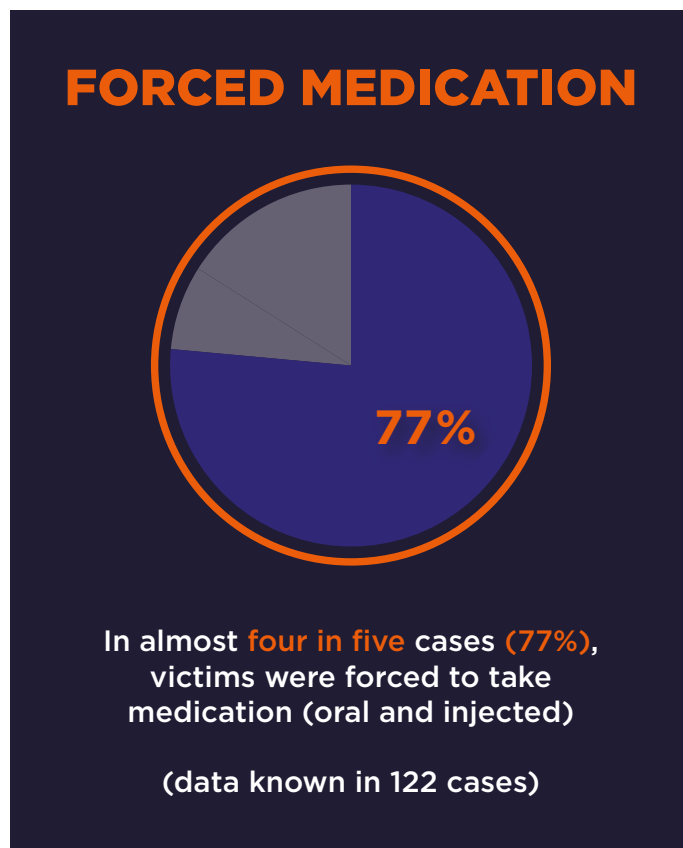
Medical staff rarely informed victims the names of drugs they administered. Side effects such as nausea, dizziness, and inability to think clearly were reported by victims. In some cases, these effects last many months or years.

Petitioner Luo Guilian from Inner Mongolia spent about a week in The First Specialized Hospital of Harbin in Heilongjiang province in 2016. "The medical staff forced me to take medication and injections every day, and when I refused, they would tie me up, forcibly pry my mouth open and give me drugs and injections... I asked them to tell me what kind of drug I was being injected with, but they ignored me. When I repeatedly told them I was a 'patient' so I had the right to know, they got annoyed and tied my hands and feet with belts and then forcibly injected me. Soon afterwards, I began to experience dizziness, difficulty speaking, numbness in my upper and lower jaws, and lost my ability to bite so I couldn't eat for two days. Then I started to lose control of my bowels: my excrement just flowed down my pants; my body and bed were wet all the time; the smell was awful. The medical staff did not change my clothes or bedding quickly and left me to lie in my faeces, which caused my skin to become infected and inflamed and it itched excruciatingly."

"It's normal to be killed or maimed there, there's no safety at all in the hospital."

On 18 July 2017, Luo was sent back to Ankang, this time to Qiqihar Mental Health Centre in Inner Mongolia. She was tied up and forced fed drugs which made her feel nauseous, light-headed and groggy. "I had to sleep as much as possible to ease the pain", she said.

Lv Qianrong from Anhui province, who spent several years in a labour camp in the 1990s for his activism, had more recently caught the



attention of the police for his political posts on overseas websites. On 1 August 2018, Changzhou police officers in Jiangsu province detained him on charges of "picking quarrels and provoking trouble". That evening, police escorted him to the Psychiatric Department of Changzhou De'an Hospital, where he was forced to take medicine. Police raided his home and confiscated his electronic devices and visited him at the hospital to demand he delete his Twitter, Facebook, Gmail, and blog accounts.

"First, they pinned me down on the hospital bed, and then tied my limbs to the bed," he remembered. "Then they yanked my mouth open and put some unknown drug into my mouth, and then poured water into it. Finally, they brought a flashlight to shine in my mouth to check if I had buried the drug at the base of my tongue, and they left only after they were sure it was completely swallowed. They tied me to the bed for two days and two nights, and all the muscles in my body went numb. Shortly after being drugged, I developed dizziness and headaches, then lethargy, and was depressed all day."

Activist Song Zaimin said that he was tied to a bed and drugged twice by staff. During his time in hospital, two of his teeth were broken when staff forced his mouth open to feed him drugs. After he and his mother protested his forced medication, the hospital stopped giving him drugs, but he went on hunger strike. He started to bleed internally and then fell unconscious. A few days after the hospital resuscitated him, they discharged him, possibly because they

During his time in hospital, two of his teeth were broken when staff forced his mouth open to feed him drugs.

were afraid that he might die in hospital and they did not want the negative press.

Mystery drugs

Many victims described how medical staff refused to tell them what medications they were on. A few victims who continued to be prescribed drugs after their release were able to identify their medication. The majority were anti-psychotics such as Thioridazine, Perphenazine, Risperidone, Aripiprazole and Clozapine. Side effects of such drugs include drowsiness, anxiety, memory loss, difficulty in thinking, tremors and insomnia.

Chongqing activist Zhang Jilin, who spent 28 days in Ankang in early 2019, was forced fed drugs three times a day. If he tried to resist, medical staff resorted to injecting him. "They didn't tell me what kind of medication I was taking, but I suspect it was two different kinds, one to make me feel euphoric and another to

sedate me... Each time I took the medication, I felt dizzy and nauseous. A couple of times in the beginning, I vomited, and there was blood in my vomit as well."

Another Chongqing activist, Liu Gang (刘刚), also described feeling very sick after receiving injections when he was locked up in Rongchang District Mental Health Centre in 2017. One of the drugs caused his stomach swell up.

Activist Feng Xiaoyan said she was forced fed a large number of psychotropic drugs three times a day, but was not told any of the names of the medications while she was at the hospital. She told her daughter that they made it difficult for her to speak, think and sleep. Her tongue swelled up and her body ached.⁴⁷

Medicated to misery

The father of “Ink girl” Dong Yaoqiong noticed that his 30-year-old daughter had changed dramatically after she was released from psychiatric hospital: she’d gained weight, she was quieter and more nervous, and she seemed to be showing signs of dementia. He noticed that she was taking the antipsychotic medicine Olanzapine, usually prescribed for schizophrenia. Weight gain and drowsiness are two of the side effects associated with Olanzapine.⁴⁸

Shandong activist Feng Xiaoyan was locked up for three months in The Fourth Hospital of Linyi after she distributed political leaflets in a Beijing shopping district in April 2020. Feng’s daughter said her mother looked terrible on her release. Her tongue was swollen, her thinking sluggish, her movements stiff and she had severe back pain. The hospital had prescribed her Lithium

Feng’s daughter said her mother looked terrible on her release. Her tongue was swollen, her thinking sluggish, her movements stiff and she had severe back pain.

Carbonate, used to treat mania in bipolar disorder; Paliperidone, used to treat schizophrenia and schizoaffective disorder and Quetiapine, used for the treatment of schizophrenia, bipolar disorder and major depressive disorder. All of these have serious side effects including drowsiness and weight gain, among others.

On 29 August 2020, Feng’s husband forced her to go back into hospital. Her daughter has said that Yang Guang (杨光) has been violent towards her mother for years. After her discharge a few weeks later, she was prescribed Sodium Valproate, used for treating epilepsy and bipolar disorder; Olanzapine again and Lorazepam, used for anxiety disorders.⁴⁹ Side effects of these new drugs include nausea, sleepiness, weakness and problems breathing.

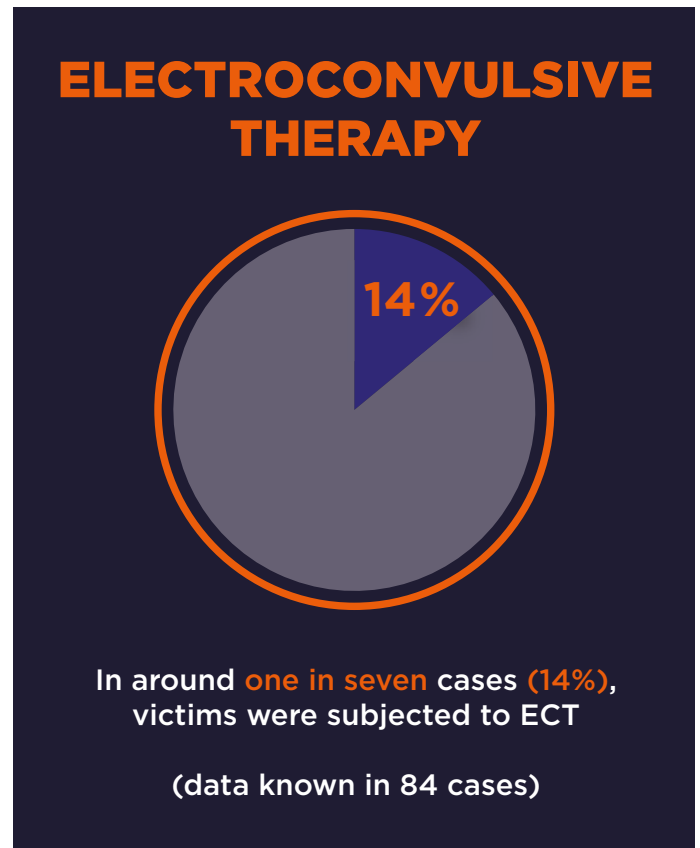
Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a mainstream psychiatric treatment where a brief electrical current is passed through the patient's brain when they are **under anaesthesia**. It is typically only used to treat severe depression or bipolar disorder that has not responded to other therapies.⁵⁰ China is known to use ECT to treat both Internet addiction⁵¹ and schizophrenia;⁵² and even more controversially as a treatment in gay conversion therapy.⁵³

Most concerning is that many victims report being subjected to ECT in Ankang but while **fully conscious**. Some victims described how they passed out because the pain of ECT was unbearable. Others said they were unable to urinate for a while after being forced to undergo ECT.

Hubei petitioner Jiang Tianlu talked about the physical impacts of his compulsory treatment in 2019. "They gave me electroshock therapy, and when the electricity came on, I would shake all over, and then I would feel paralyzed, and then afterwards a little more comfortable. After the electroshock therapy was over, I was dizzy all day, with nausea and vomiting, and I was limp, which caused me to fall down several times when I had to go to the bathroom."

For victims of China's political abuse of psychiatry, ECT is more a torture than a therapy.



ECT without anaesthesia is not only unimaginably painful and frightening for the patient but carries serious side effects, including the risk of bone fractures, joint dislocation, muscle tears, disruption of the heart beat and lung damage.⁵⁴

For victims of China's political abuse of psychiatry, ECT is more a torture than a therapy. Chongqing petitioner, Zeng Jiping was given ECT repeatedly in Chongqing Youfu Hospital. He said it made him dizzy and lose his appetite. During Tu Qiang's second Ankang detention in early 2016, doctors at West China Hospital, told him they would only release him after eight sessions of ECT. He said he was given anaesthesia, but that when he woke up after the treatment, his mind felt "blank".

Disappeared and isolated

Victims of Ankang are routinely cut off from the outside world, and denied visitors and phone calls. This includes access to a lawyer (Article 304 of the CPL grants those subjected to compulsory treatment the same rights to a lawyer that it grants detainees),⁵⁵ leaving them isolated from sources of emotional and legal support. In cases where the family are not even informed of the compulsory treatment, the Ankang case becomes an **enforced disappearance**.

Keeping the victim incommunicado prevents news of the psychiatric commitment from becoming public and efforts by family to free them (Article 32 of the MHL also allows close family members or guardians the right to apply for a reassessment of the involuntary hospitalization order).

Hospital staff routinely lie, claiming the patient is not there or that visits are not allowed. Similar strategies are practiced at detention centres, including using fake names to hide the prisoner, while secret jail systems like RSDL and Liuzhi are designed to keep the victim in isolation and incommunicado.

Petitioner Yang Zhixiang said his phone, petitioning documents and other personal items were confiscated when he was admitted to hospital, so he had no means of contacting his family or friends. "I missed them terribly; it was a mental torture," he said.

Ex-policeman Wang Jun (汪军), who was committed to Wuhan Medical Health Centre in Hubei province by his family for four months in 2015, was kept incommunicado for the first two weeks. "For the first 15 days, I was not allowed to contact the outside world at all. After 15 days, I could only make one phone call a day from the hospital's landline after dinner," he said."



Feng Xiaoyan's daughter visited her at the beginning of May 2020 at The Fourth Hospital of Linyi in Shandong province. A week later, when she called the hospital to check on her mother, the person who answered lied and said she was not there, only backtracking when the daughter said she had just visited her mother there a week earlier.

In many cases, the family have no idea that the individual has been sent to hospital, which amounts to an **enforced disappearance**. Such disappearances may last weeks, months, and even years.

Activist Ma Shengfen (马胜芬) disappeared for around two years in 2015 after police picked her up in Beijing trying to petition and brought her back to southern China. Fellow activist Liao Jianhao (廖剑豪) searched for her and in January 2018, eventually discovered that she had been sent the Psychiatric Hospital

of Tongren District in Guizhou province in late 2016. When Liao tried to visit her, the medical staff refused him permission. When he argued that the hospital allows visits, the nurse suddenly denied there was any patient by that name in the hospital.

Even when family and friends are allowed to visit, police may punish them in an effort to prevent them from trying to help. After several activist friends visited Yang Zhixiang in hospital, police detained them later the same day. Yang said, "The friends who had come to visit me had been punished by the police. Tan Xiaohua (谭晓华), Liu Yu (刘钰) and Chen Deping (陈德平) were detained on charges of 'picking quarrels and provoking trouble.'" Later, two other friends of his who came to visit had their phones confiscated by the police just outside the hospital.

When Feng Xiaoyan's daughter attempted to persuade staff to release her mother, she was harassed by hospital staff. "I kept telling the attending physician, Pan Hong (潘虹), that my mother was locked up for political dissent and that it was inhumane to force-feed her drugs," she said. "One nurse even threatened me that if I made any more trouble, the police would detain me."⁵⁶

Petitioner Deng Guangying (邓光英) had been subjected to years of abuse even before she was locked up in Ankang. She had spent a year in a labour camp, where she said she witnessed organ harvesting of Falun Gong prisoners. After her release, she was beaten, raped and illegally detained for her petitioning. In October 2016, after she gave an interview with an overseas Falun Gong media organ

harvesting, Beijing police arrested Deng and sent her to Chongqing, at which point she disappeared.⁵⁷ When her friends went to find her father, he told them government agents had asked him repeatedly to sign paperwork claiming Deng was mentally ill. He refused. In the coming weeks, her family members began asking around and finally in January 2017 they discovered that she was being held at the Sanmiao Mental Hospital of Hechuan in Chongqing. "On 4 January, I met my sister at the Sanmiao Psychiatric Hospital in Hechuan District, where she was force-fed medication," her sister said. "When the nurse found me, she kicked me out and said I needed permission from the police to see my sister, after which I was not allowed to meet her again. I went to the Tuchang town police station in Hechuan District to ask for a permit from the police, but I was refused."

Years later, in February 2021, when Deng's friends, Chongqing petitioners Liu Gaosheng (刘高胜) and He Zhaozheng (何朝正), tried to visit her and another victim Zhang Fen (张芬) at the same hospital, they were turned away. A staff member who did not give his name said they needed to ask the government for permission as it was on their orders that the two were committed to the hospital.

In May 2015, Zhao Guirong (赵桂荣) and several friends tried to visit Zhao's husband Xing Shiku (邢世库) at the Daowai District Psychiatric Hospital of Harbin in Heilongjiang province. When they left, a bunch of thugs beat Zhao, leaving her bleeding and with multiple injuries. **Xing has been in Ankang since 2007 and is still locked up at the time of writing this report.**

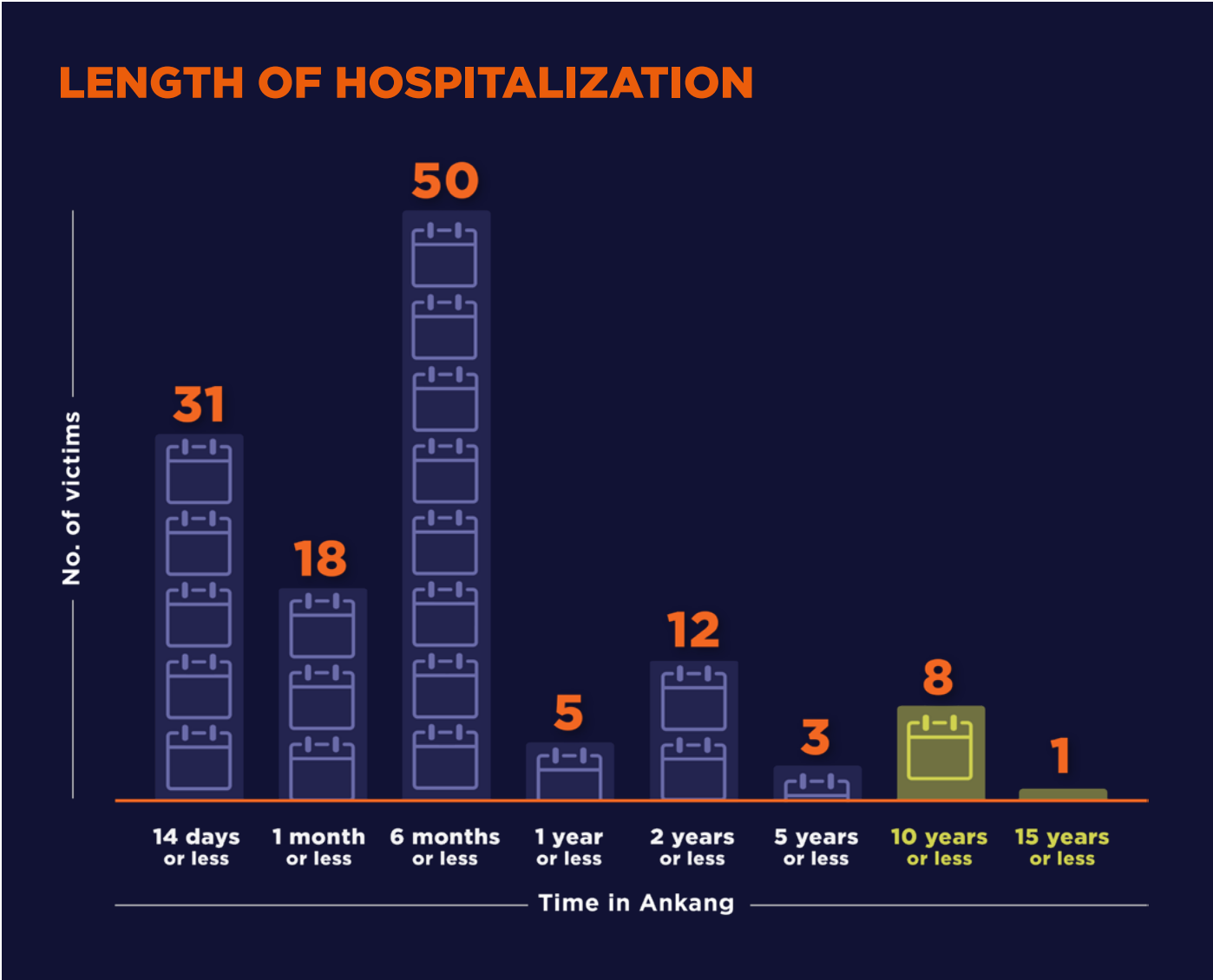
Locked up with no time limit

Compulsory treatment can be a very frightening and psychologically-damaging experience. Despite legislative safeguards, political victims of Ankaung are routinely denied access to a lawyer and judicial review. There is no time limit to an Ankaung sentence, leaving victims in the dark about how long they will be kept locked up in hospital, unlike those who are sentenced to fixed jail time.

There is no time limit to an Ankaung sentence, leaving victims in the dark about how long they will be kept locked up in hospital.

Activist Song Zaimin describes how that uncertainty made the ordeal even more frightening. "The hardest part of being held in the psychiatric hospital is that there is no expiry date... you could be there for 20 years or 30 years."

While many victims are locked up for a month or less, others spent years languishing in Ankaung, for some that has meant more than a decade. The longest known period is petitioner Xing Shiku, who has been locked up in a mental institution since 2007 in Heilongjiang province.

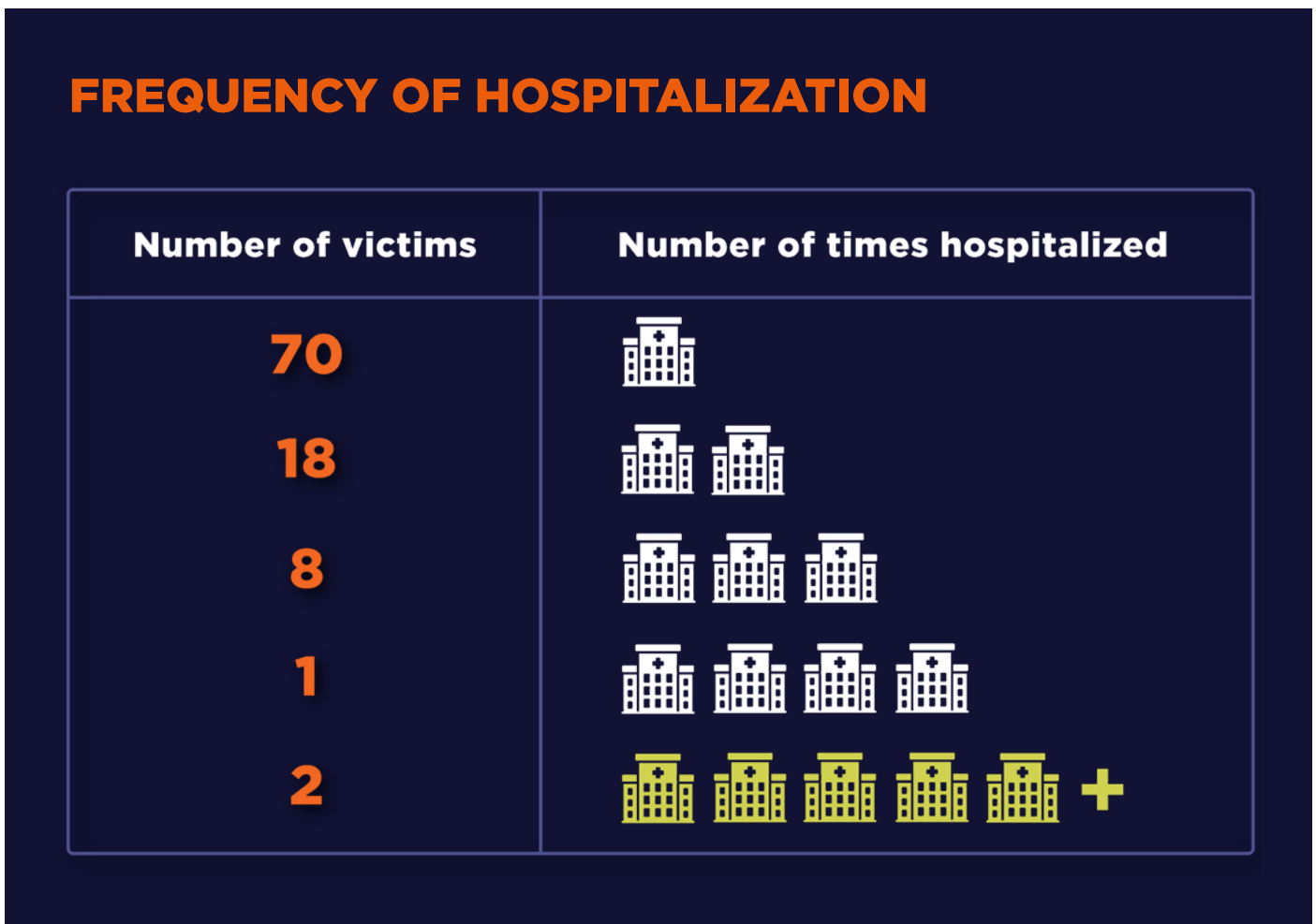


He is still imprisoned as of the time this report was being written. His wife Zhao Guirong was sent to prison for trying to secure his freedom (see page 41).

The last news of petitioner Deng Guangying came in 2021, when she was still locked up in Sanmiao Mental Hospital of Hechuan, making

her incarceration lasting more than six years. There is also no news from Guizhou human rights defender Ma Shengfen; it is likely that she is still imprisoned in the Psychiatric Hospital of Tongren District. Since she was placed into Ankang at the end of 2016, she also has also been locked up for more than six years.

Repeated incarceration



Almost one third of the 99 Ankang victims in our report have been subjected to compulsory treatment or involuntary hospitalization multiple times. An extreme case is petitioner Gu Xianghong (辜湘红) who has been locked

up **more than 20 times**.⁵⁸ Once someone has compulsory treatment on their medical records, it becomes easier to persuade doctors to hospitalize them again.

JIANG TIANLU: DETAINED IN ANKANG SO MANY TIMES HE HAS LOST COUNT

Jiang Tianlu (姜天禄) is a petitioner from Hubei province who is now in his fifties. He has been trying to secure justice for his father who was kicked to death in public in 2004 by a government official as he tried to petition authorities over an illegal land grab. The police took no action because the official was well connected. A year later, Jiang was placed into his first Ankang to punish him for trying to petition Beijing authorities over his father's death. Since then, he has repeatedly been subjected to beatings, detentions and compulsory treatment.

Jiang has been sent to Ankang so often that he has lost track of how many times, but believes it could be around seven. Recently, he spent eight days at the Zhushan County Psychiatric Hospital in 2018 following another attempt to petition in Beijing. He said that the authorities tried to get his family to approve his compulsory treatment, but they refused.



Jiang was taking his seven-year-old daughter to school when police kidnapped him and took him to a local psychiatric hospital.

He was tied to a bed and beaten around the head. Jiang said during his time there he believed that the government sent thugs to the hospital in the guise of patients to also intimidate and beat him up. "I could tell these guys did not have a mental illness because they only beat me. They would stare at me when I went to the bathroom. I felt so humiliated... They followed me everywhere."

He was forced to take drugs and was given ECT. "After taking those drugs, I would feel numb and weak... they also gave me electroshock therapy. When the electricity came on, I would shake all over and then I would feel paralyzed... After it was over, I would feel dizzy all day. I felt nauseous and vomited. I was also weak, and I fell over when I tried to go to the bathroom. I used to be physically fit and worked as a porter every day, mainly



helping customers move heavy construction materials such as cement and tiles, so I can say that I was physically strong... Now, I can't do that job anymore... I sweat all over and my limbs tremble whenever I do heavy work."

His latest Ankang detention began on 4 January 2021. Jiang was taking his seven-year-old daughter to school when police kidnapped him and took him to a local psychiatric hospital. His family were not allowed to speak to nor see him, A few days later, he was transferred to another hospital, and his wife and sister broke into the hospital to try to rescue him. They failed but did manage to snap a few photos as evidence.⁵⁹



CHAPTER 4:

Leaving Ankang and its Consequences

*When you get out, don't tell anyone about the
dark things [that happened here].*

Ankang doctor to Yang Zhixiang

Securing freedom

Leaving Ankang is not easy, many victims may linger for years within the system. Hospitals may be on official orders to keep someone locked up until the police or local government give their permission for release. Even if family, acting as the victim's guardian, attempt to secure discharge, the hospital may refuse to cooperate if the police or government authorized the hospitalization, in violation of the MHL. There are also allegations that

hospitals are incentivized not to discharge political patients because of monetary benefits (see page 20). Routes to freedom may depend on striking a deal with the authorities to promise to keep quiet or for family or friends to continue to pressure the hospital for the patient's release. International scrutiny has occasionally worked and hospitals sometimes approve release when the patient needs to go and care for a sick family member.

What does the MHL say about patient release?

For a patient placed in hospital under involuntary civil commitment, the MHL outlines two ways they may be discharged: (1) at the request of the guardian or (2) the hospital decides that the patient's situation has changed and they can be released after conducting another psychiatric evaluation.⁶⁰ The latter case is reportedly rare and the hospital may still require the guardian to handle the paperwork.⁶¹ For the first case, the hospital is only obliged to agree to the discharge if the patient was admitted on the basis of having a "severe mental disorder" and of "harming others or endangering the safety of others in the immediate past" (MHL, Article 44, paragraph 2). If the hospital opposes discharge, but the guardian insists, the guardian must first provide written confirmation that they have received the hospital's opinion about the discharge and advice on the patient's continuing medical treatment (MHL, Article 44, paragraph 3) in order to secure the family member's freedom. If the patient was admitted because they were thought to be a danger to others, then **the guardian has no power to insist on their release**; their discharge can only be initiated by the hospital following a psychiatric re-evaluation that finds the patient no longer poses a danger to others (MHL, Article 44, paragraph 5).

Family, friends pressure

Sometimes when friends or family pressure the hospital, they can secure the victim's release.

In 2016, Lei Zonglin (雷宗林), a petitioner from Fuzhou, disappeared. His friends eventually found out that he had been sent to Fuzhou Shengkang Psychiatric Hospital. When they went to the hospital to plead for his release, staff there refused, saying the government had authorized his treatment so they could not release him. But as more and more supporters arrived to help, they relented and Lei was discharged after 23 days inside.⁶²

Also in 2016, Luo Guilian, the petitioner from Inner Mongolia, was released after a week following an appeal raised by her husband with the local government. Police had tried to coerce him into signing paperwork to place his wife in compulsory treatment, but after he saw how miserable she was in hospital he refused. The following year, when she was committed again, it was a doctor who intervened on her behalf. He told her husband that: "Your wife is not mentally ill; she is only slightly

depressed because of her injuries and having been bedridden for a long time... This is not a serious mental illness, and does not need hospital treatment." He urged her husband to tell the police what he had said and ask for their permission to release her. The police agreed and this time Luo only spent three days in Ankang.

Following days of protests and appeals from family members including activist Yang Zhixiang's aged mother and fellow activists, Ya'an Psychiatric Hospital agreed to release him after 27 days inside in 2016. Initially the hospital said the local government had to approve his discharge but after his mother camped out at the hospital, refusing to leave until her son was allowed to go too, the doctors discharged him.

An online protest staged by friends of Shanghai petitioner Lu Liming forced Beijing Changping Hospital of Integrated Chinese and Western Medicine to agree to his release in February 2016.

International scrutiny

International pressure or attention can sometimes help victims of Ankang secure release from hospital.

For example, it is widely believed that the decision to release Dong Yaoqiong from psychiatric hospital in November 2019 was linked to an upcoming review of China's implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD). It is

thought that the CCP did not want unwelcome media attention on Dong's case and so freed her ahead of the review, which took place between 30 March and 3 April 2020. Despite her release, she was kept under tight surveillance and prevented from seeing her father and posting online. Just a month after the review concluded in May, Dong was locked up again ahead of the two sessions in May 2020 (a sensitive political date).

The cost of helping

Those who try to secure their friend or relative's freedom often end up being persecuted themselves.

In 2020, after Feng Xiaoyan's daughter tried to get the hospital to release her mother, police stationed agents outside her apartment building. On one visit to her mother, she attempted to film the men following her with her phone, but they snatched it off her and bundled her into a consultation room for a psychiatric evaluation of her own. The agents threatened her until she agreed to delete her posts about her mother on Chinese social media platforms Weibo and WeChat. They also prevented her from hiring a lawyer to try to get her mother out of the hospital. Eventually, they placed her under house arrest. If she tried to leave, posted online about her mother or talked to media, they threatened that she too would be placed under involuntary commitment.⁶³

Zhao Guirong, the wife of Xing Shiku, who has been locked up in Ankang since 2007, was arrested in 2015 after petitioning for her husband's release from hospital. She was accused of 'picking quarrels and provoking trouble'.

Zhao Guirong, the wife of Xing Shiku, who has been locked up in Ankang since 2007, was arrested in 2015 after petitioning for her husband's release from hospital. She was accused of 'picking quarrels and provoking trouble'. In December 2016, the court found her not guilty, however she remained in detention until August 2018.⁶⁴

Promises to police

Police or local government may agree to release the victim if they make a signed statement promising to give up activism or petitioning.

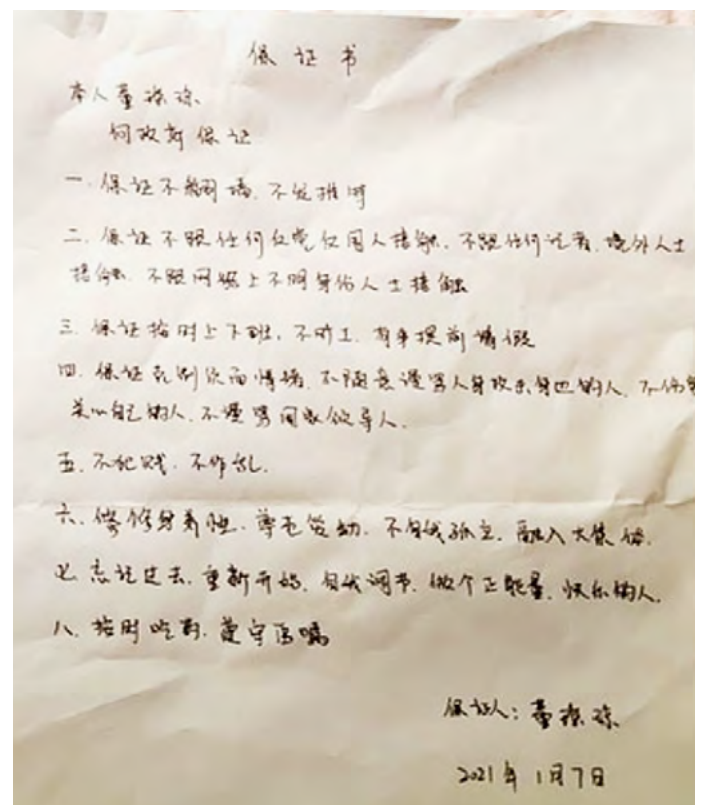
"[They] repeatedly asked me to promise that I would not speak out against the Party and the state online in the future, or else I wouldn't be released or that I would be forced back in for [psychiatric] treatment."

In 2019, activist Zhang Jilin was locked up in a psychiatric hospital for the second time that year. Doctors at Yubei District Traditional Chinese Medicine Hospital in Chongqing agreed that his hospitalization was not medically justified, but they couldn't release him unless the police agreed to his discharge. After he had been there for several weeks, the police arrived and told Zhang he would be allowed to go free if he signed a statement promising to give up his activism. "I couldn't hold on any longer, it was too hard to be locked up in the hospital, and I missed my wife and child very much, so I wrote the police the pledge," he said. "I had to promise I would never say anything against the government and never talk about politics in public." Police restricted his movements after he went home. He was not allowed to meet with his other activist friends and if he wanted to leave the city, he needed to apply for permission.

Anhui activist Lv Qianrong was locked up in the Psychiatric Department of Changzhou De'an Hospital in August 2018 even though his psychiatric evaluation showed him not to be suffering from mental illness. Lv said doctors

told him the police were paying for his treatment so they would not release him unless the police agreed. After almost two months in the hospital, police told him he could go free if he signed a letter promising to leave Changzhou and stop his political speeches. "On October 16, 2018, 75 days after I was committed to the psychiatric hospital, Changzhou police said I could be released. [They] repeatedly asked me to promise that I would not speak out against the Party and the state online in the future, or else I wouldn't be released or that I would be forced back in for [psychiatric] treatment."

An example of the kinds of promises Ankang victims are forced to make by the police can be seen in a photo tweeted by Dong Yaoqiong in January 2021 (since deleted). She posted an image of a hand-written letter (see below and page 51) that she said police forced her to write. It is not clear why she was being forced to do so, at the time she was not in Ankang, however a month later, her father said she had been sent back to psychiatric hospital for the third time. At the time of writing this report, she had still not been released.



Letter of Guarantee

I, Dong Yaoqiong, make the following promises to the government:

1 - Not to breach the Great Firewall or tweet

2 - Not to have any contact with anti-Party or anti-China people, nor with any reporters nor people overseas, nor with unknown people online

3 - To start and leave work on time, not to skip work, and to apply for leave ahead of time

4 - To control my negative emotions, not to randomly abuse people around me, not to hurt people who care about me and not to curse China's leaders

5 - Not to be mean or disruptive

6 - To cultivate my moral character, to respect my elders and love those younger than me, not to isolate myself and to integrate into society

7 - To forget about the past and to start anew; to control myself, and to be a positive and happy person

8 - To take my medicine on time and to listen to my doctor

Signed: Dong Yaoqiong
7 January 2021

Ailing family member

Several victims have said police freed them from Ankang so that they could take care of a sick family member. Such a “humanitarian release” would reflect better on the local authorities and avoid the negative press coverage if the individual was not allowed home.

In 2015, Beijing activist Zhang Wenhe, who had been locked up in Changping Mental Health Care Hospital for almost 20 months, was allowed to leave after his son appealed to the

local police to free him so that he could help take care of Zhang’s ex-wife, who was sick.

Shanxi activist Lv Xiaoguang (吕晓光) was allowed to leave Ankang in 2018 after around three months to take care of his mother who was in hospital having her foot amputated from diabetes complications. Lv had earlier appealed to the prosecutor’s office to be released following a medical assessment that showed he was not suffering from mental illness. That appeal was rejected.

Escape

For the very desperate, escape from psychiatric hospital has seemed to be the only way out.

In 2016, police sent Guangdong petitioner Wang Haiying to the psychiatric ward of Zhongshan Third People’s Hospital. Despite protests by her two daughters and son-in-law to the hospital that she should be released

because she was not suffering from severe mental illness and her family members did not agree to her compulsory treatment, the hospital refused, saying they were keeping her on police orders. The next day they returned with her husband. He broke into Wang’s hospital room and helped her escape after tussling with the security guards.

After Ankang

Physical impacts

Many victims of Ankang report serious health problems from their time in hospital and the forced medications.

Guangdong petitioner Wang Haiying, who has been locked up in Ankang three times, said she has suffered many health problems from her hospitalizations. She has had “frequent blood in my urine and faeces, irregular periods, hair loss, puffiness and memory loss. I believe that this is strongly linked to being forced to receive injections and medication in psychiatric hospital.”

“I had been in good health before... but in the 59 days I was confined to this psychiatric hospital, I lost nearly 51 pounds. I am still weak now and have blood in my stool.”

Hubei petitioner Jiang Tianlu described the physical impacts of his compulsory treatment in 2019. "I used to be physically fit... [I would] move heavy construction materials such as cement and tiles, so I can say that I was physically strong. I never fainted before I was locked up in psychiatric hospital. Now, I cannot work [as before]... My health has been damaged by unknown drugs in the hospital, and now I sweat all over and my limbs tremble whenever I do heavy work."

Sichuan petitioner Yang Zhixiang, who was tied up for long periods and made to lie in his own urine and faeces when he was locked up in Ankang in 2016 and 2019, said that to this

day he still has the marks on his arms and legs from being restrained. The injection sites on his body are painful and itchy. "I suffered badly in the hospital: I weighed 80 kg before and was less than 63 kg when I was discharged."

Activist Song Zemin, who was locked up in Pinggu District Psychiatric Hospital of Beijing in June 2017, went on hunger strike to protest his compulsory treatment. Song said during his imprisonment at Pinggu two of his teeth were broken. "I had been in good health before... but in the 59 days I was confined to this psychiatric hospital, I lost nearly 51 pounds. I am still weak now and have blood in my stool."

Psychological impacts

The terrifying experience of being confined in a psychiatric institution, cut off from family and friends, subjected to forced medication with its own side effects, excruciatingly painful ECT, and not knowing how or when you will be set free has left enduring psychological scars on victims of Ankang.

"I live in fear every day in China, and completely insecure, because I don't know when I will be put in a mental hospital by the Chinese authorities again."

After Dong Yaoqiong was released from the second time she was locked up in Ankang, her father said that her condition had worsened: she appeared to be suffering from dementia; her thinking was sluggish; she lost control of her bladder and suffered from night terrors. She would scream at people to stay away from her at times, especially during thunderstorms.⁶⁵

Tu Qiang said following his release from his fifth time in Ankang in 2018, he started suffering from memory loss and poor sleep. In addition to his physical ailments, which include abdominal pain and swelling and numbness in his hands and feet, he says he often feels suicidal. "I live in fear every day in China, and am completely insecure, because I don't know when I will be put in a mental hospital by the Chinese authorities again," he said.

Stigmatization

Having been an involuntary patient at a psychiatric hospital carries a huge stigma in Chinese society. As discussed earlier (see page 19), this is likely one of the reasons why police choose Ankang over detention, as it helps to

isolate the individual even after they have been released from hospital. If they try to petition or engage in activism again, others will see their actions as those of someone living with mental illness. This also causes great suffering for the

victim, with feelings of being misunderstood and isolated. In some cases, they may even lose their independence and be forced to accept the control of a legally-appointed guardian.

After activist Lv Xiaoguang was released, his mother was appointed to be his legal guardian.

Lv said his friends and neighbours still believe that he genuinely suffers from mental illness. They keep their distance and ridicule him. He's found it difficult to find work, causing him immense distress. He said he felt troubled and helpless and didn't know when he would be able to return to a normal life.

Deadly consequences

Chongqing petitioner Zeng Jiping died from liver cancer in 2019 at home, shortly after he was released from Chongqing Youfu Hospital after more than two years inside. His son said that the cancer had been discovered when he was inside Ankang, but the hospital would not release him to be treated in a cancer ward despite desperate pleas from his family, arguing they could look after him. However, Zeng said the only medication Youfu Hospital gave him as far as he knows were painkillers. When the son protested, the hospital said that Zeng had refused treatment. Untreated, the cancer spread. Just before his death, the police approved his release from hospital so he could die at home. Such release on medical grounds is quite common in China's custodial system; prisons, detention centres and Ankang hospitals do not want the bad press of having a prisoner die on their watch. "Soon after returning home [from psychiatric detention], my father passed away," the son said. "Because we believe my father's death was related to his delayed treatment in the psychiatric hospital, we did not sign off on his cremation. My father's body remains frozen in the funeral home, unable to be buried to this day."

Soon after returning home [from psychiatric detention], my father passed away.

Repeated Ankang

Victims who continue to engage in activism or petition following their release from Ankang are most likely to end up back in psychiatric hospital under compulsory treatment (see page 43). Several victims in our research have been placed multiple times under Ankang.

A prior spell in a psychiatric ward means that subsequent incarcerations are easier to authorize, with doctors more willing to diagnose mental illness on the basis of their medical history.

Hunan petitioner Gu Xianghong may hold the record for having the highest number of Ankaang detentions at **around 20 so far**.⁶⁶ Her first detention was in 1999, after she was beaten almost to death by government agents and then sent to a psychiatric hospital in Beijing for 10 days. After her release from her 16th incarceration, this one at Loudi Kangle Hospital in Hunan in 2016, she said there were 10 other petitioners locked up with her.⁶⁷

Chongqing activist Liu Gang has also been locked up in Ankaang multiple times, so many he cannot remember. Based on CLRW records, it is at least seven times.

Hubei petitioner Jiang Tianlu has also been sent to Ankaang multiple times, also so often he cannot remember, but estimates it is around seven. At the time of writing this report, Jiang was still imprisoned in Zhushan County Psychiatric Hospital.

Gu Xianghong, a petitioner from Hunan, may hold the record for having the highest number of Ankaang detentions at around 20 so far.

Seeking redress

On paper, at least, victims of Ankaang and their family members can sue for damages. The MHL (Article 82) reads: "Persons with mental disorders and their guardians and close relatives who believe that administrative bodies, medical facilities, other relevant agencies, or individuals have violated the provisions of this law and infringed on the legal rights and interests of persons with mental disorders may legally initiate a lawsuit."

If the police are the initiator of the involuntary commitment, in theory it is possible to file an administrative lawsuit under the Administrative Litigation Law (ALL). One option is to use Article 12, paragraph 2 of the ALL in which a citizen may sue the police for "a compulsory administrative measure, such as restricting freedom of the person." Another option is to use Article 70, which calls on a court to revoke the administrative action if evidence is deemed insufficient.⁶⁸

However, it is extremely difficult for victims of Ankaang to seek compensation or hold the police accountable for compulsory treatment. The first hurdle is getting the evidence – since hospitals cooperate with the police or local

government to commit the individual in the first place, they often stonewall ex-patients and refuse to hand over any paperwork, making it impossible to prove their case. Some victims also said that hospital staff explicitly warned them against talking about their compulsory treatment to any one once they were released.

For example, former soldier turned petitioner, Deng Fuquan, attempted to sue the police for his unlawful three-month psychiatric detention in 2019, but he could not obtain his medical records from Nanchong Mental Health Centre to prove he had undergone compulsory treatment. The centre's staff told him that since the police had brought him in and paid for his treatment, they could only release the documents to them. In the end, he had no choice but to give up.

The same thing happened to Sichuan petitioner Yang Zhixiang, who spent approximately a month each in two different hospitals in 2016 and 2019. For his second Ankaang, just before he was released, the hospital's assistant director told him: "When you get out, don't tell anyone about the dark things [that happened here]."

On both occasions, Yang requested his paperwork but both times he was refused. "The hospital refused to give me my medical records. They said that since my hospitalization was due to government action, I was therefore not entitled to get my medical records as an individual. I have always wanted to sue the hospital and the police, but the lack of evidence has made it difficult for me to pursue legal avenues to get justice in my case."

"The doctor told me that it was the Secretary of the Political and Legal Committee in Beijing who personally ordered the police to bring me to the psychiatric hospital, and the Health Bureau doesn't dare handle a case like mine."

Shanghai petitioner Lu Liming said he also wanted to file a complaint about his compulsory treatment but since his phone was confiscated when he was admitted, he could not collect any photographic evidence. Lu added: "The doctor told me that it was the Secretary of the Political and Legal Committee in Beijing who personally ordered the police to bring me to the psychiatric hospital, and the Health Bureau doesn't dare handle a case like mine."

In cases, where the police are not involved, victims have been able to at least secure evidence of their hospitalization. For example, Wang Jun filed a civil lawsuit with the Wuhan Anjiang District People's Court in 2017 requesting an apology and compensation for damages from the Wuhan Mental Health Centre.⁶⁹ His family members authorized his involuntary hospitalization. The results of that court case are not known.

Political victim Wang Haiying also succeeded in taking the police of Zhongshan Torch Development Zone (a hi-tech industrial zone in Zhongshan in southern Guangdong province not far from the border with Macau) and the psychiatric hospital to court in November 2018. She also tried to sue the local residents committee for colluding with the police to involuntarily commit her to a psychiatric ward against the wishes of her immediate family - her husband and two daughters who were not allowed to visit her. The hospital would not release any documents connected with her case. In March 2019, the court in Zhongshan Torch Development Zone heard Wang's case for the second time but did not pass a verdict.

For those who did try to seek redress, most found that their complaints were simply rejected, often because a time limit had been exceeded or for other spurious reasons.

ZHANG JILIN: FORCED TO PROMISE POLICE TO STAY SILENT FOR HIS FREEDOM

Zhang Jilin (张吉林) a father in his 40s from Chongqing was well known to the police for his activism work in the past for which he had been detained several times.

In January 2019, they grabbed him again while he was giving a speech at Guanyinqiao Square calling for the removal of Xi Jinping from power. He was initially detained for picking quarrels and provoking trouble at Chongqing's Jiangbei District Detention Centre but then was sent for a psychiatric evaluation.

"[The doctors] asked me a number of questions, including whether there was a history of mental illness in my family; whether I usually had psychiatric symptoms; and my views on patriotism and democratic politics. Finally, the doctor told me that the evaluation concluded that I was not mentally ill and that I was a good patriot."



Despite this, after 37 days in custody (the maximum allowed under Chinese law before an arrest must be made), he was taken to a hospital for compulsory treatment for one month. He was forced to take medication three times a day and if he refused, the staff would hold him down and inject the drugs into him.

"The staff didn't tell me what kind of medication I was taking, but I suspect two kinds: drugs that promote euphoria, and some kind of sedative... Every time I took the medication, I felt dizzy and nauseous. A couple of times when I first started taking them, I vomited, and there was blood in my vomit as well.

"You should do what the police say, and if you do, they'll agree to let you out."

"On the first day, I told them that I didn't have mental illness... and I wanted to go home. However, the hospital staff member said that they would never let me go without the consent of the police."

They agreed that he was not suffering from mental illness but argued that he must have done something wrong, or the police would not have sent him to the hospital. "You should do what the police say, and if you do, they'll agree to let you out," he was advised.



Finally, the police came and told him they would release him if he signed a guarantee promising not to make speeches again. Zhang agreed. Once he was freed, they ordered him not to leave the immediate area around his home, to stop posting his political views online, and to cut off his other "activist" friends.

In July that year, however, Zhang returned to Guanyinqiao Square to deliver a speech supporting Hong Kong protests against the proposed extradition bill. It wasn't long before the police detained him again. From the station, the police sent him to Yubei District Chinese Hospital in Chongqing.

Zhang struggled and so staff sedated him, dragged him to a room and locked him inside. Later, they brought ropes and tied him to the bed for 24 hours. When they freed him, they warned him that if he protested again, they would tie him up again. "Just like the last time, they forced me to take medicine three times a day, and each time I felt miserable," he remembered.

After 37 days, he became very ill, and the police sent a message to him telling him they would release him if he signed another guarantee otherwise he would be kept in the hospital for another two months.

"I couldn't hold on any longer, because it was too hard to be locked up in the hospital, and I missed my wife and child very much. That is why I wrote a pledge to the political police. I promised that I would never say anything anti-government again, I would never talk about politics in public and I would never return to Guanyinqiao Square."

CHAPTER 5:

Lawless

Domestic law

In 2012 and 2013, China revised the CPL and introduced the MHL. Both include important legislation on the criteria for admitting individuals into involuntary hospitalization on criminal or civil grounds. A few years earlier in 2008, China had ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and that also put pressure on Beijing to at least adopt a stance where it looked like it was cleaning up its poor record in psychiatric care.

The CPL introduced a layer of accountability on the police by ruling that compulsory treatments must ultimately be approved by a judicial review

for criminal suspects and must be confirmed by psychiatric evaluation. The MHL introduced and highlighted the principle of patient choice for cases that did not involve violence or risk of violence, but allowed guardians, employers or local police to authorize a hospital to assess an individual for involuntary hospitalization if the individual had been violent or was at risk of being violent.

As is clear from this research and many others,⁷⁰ these legal changes have not prevented the widespread abuse of psychiatry, whether for political or for personal reasons, from happening.

Criminal Procedure Law

(All translations for the CPL are taken from ChinaLawTranslate)⁷¹

The CPL (Articles 302 to 307), under “Chapter 5, Procedures for the Compulsory Treatment of Mentally Ill Persons not Bearing Criminal Responsibility under the Law”, covers procedures for handling compulsory commitment cases.

Article 302 outlines the criteria for putting an individual into psychiatric care against their will:

“Mentally ill persons evaluated through **statutory procedures** as not bearing criminal responsibility under law who **exhibit violent behaviour, endanger public safety or endanger citizens’ personal safety, and might continue to endanger society,** may be given compulsory treatment.”

That is:

- They must first be professionally diagnosed with mental illness;

- They must have been violent, threatened public safety or hurt someone;
- And, there is a risk they will do so again.

Article 303 rules that a court, **not the police**, must decide on whether or not to subject someone to compulsory treatment. Police apply for such measures to the procuratorate, who must then assess it, and if they believe the application is valid, they must transfer it to a court for a decision.

Article 304 says the court must then hold a hearing at which the individual’s lawyer must be present.

However, Article 303 gives police emergency powers to “adopt temporary protective measures for mentally ill persons exhibiting violent behaviour.” Essentially, this puts the power of sending someone to compulsory treatment back in the hands of the police.

While Article 305 says the court must make a decision within **one month** of receiving the

case, the CPL does **not give a time limit** from the initial detention to the holding of a hearing, which means “temporary protective measures” may last many months.

Article 306 orders the hospital to conduct regular assessments and if the individual is deemed to be no longer suffering from mental illness and no longer poses a threat, an application to the court for their release may be made. The individual and their close family members have the right to apply for their release.

Finally, Article 307, places the supervisory responsibility on the shoulders of the procuratorate with a single sentence: “The people’s procuratorates supervise compulsory treatment decisions and enforcement.”

Guidance on how judicial reviews of criminal commitments are conducted are outlined in

Mental Health Law

*(All translations for the MHL are taken from the US-based National Library of Medicine)*⁷³

The stated purpose of the MHL is “to develop the field of mental health, to standardize mental health services, and to guarantee the legal rights and interests of persons with mental disorders.” The MHL came into effect on 1 May 2013, and was amended on 27 April 2018.⁷⁴

The MHL highlighted the idea of voluntariness or free will for hospitalization. “In general,” individuals cannot be forced to undergo a psychiatric evaluation nor to take psychiatric therapies:

“Except when laws specify otherwise, it is prohibited to force persons against their will to undergo a medical examination to determine whether or not they have a mental disorder.” (Article 27) “Inpatient treatment of mental disorders shall **generally** be voluntary.” (Article 30)

Notice of the Supreme People’s Procuratorate on Issuing the Provisions for the Supervision of the Involuntary Medical Treatment Decision Procedures by the People’s Procuratorates.⁷² Article 3 gives responsibility to the prosecutor’s office to assess the police decision to send a suspect for involuntary psychiatric treatment. Article 4 gives them the power to interview the patient, police officers involved, and crucially meet with the patient’s lawyer as well interview the doctors involved and the patient’s family members. Article 6 guides the prosecutor into issuing “correction opinions” if there are problems with the case including errors or falsified psychiatric evaluations.

In our research, we found no cases where the victim had been given a court review, and only one case where the victim was visited by an officer from the procuratorate.

However, there are exceptions:

“Persons with a suspected mental disorder may be taken to a medical facility for a psychiatric assessment by a close family member” or by the local police if they have exhibited violent behaviour or there is a risk they will exhibit violent behaviour (Article 28).

Involuntary treatment is also authorized when the individual is both suffering from a “severe mental disorder” and has either harmed themselves or others, or are at risk of harming themselves or others (Article 30).

Involuntary hospitalization can take place if the results of that evaluation show that the individual has:

1. self-harmed in the immediate past or is at current risk of self-harm;
2. harmed others or endangered the safety of others in the immediate past or there is a current risk to the safety of others.”

Guardians can only oppose involuntary hospitalization if the patient is admitted on the basis of "harming others or endangering the safety of others in the immediate past" (Article 31).

In such cases, close family or guardians have the right to ask for a reassessment and a legal ruling on the case (Article 32). However, if subsequent psychiatric assessments find that the patient poses a current risk to the safety of others, then the hospital has the right to continue hospitalization and may request the help of the police to do so if the patient leaves without authorization (Article 35).

On psychiatric evaluations, the MHL says: "The diagnosis of mental disorders shall only be made by registered psychiatrists," but gives no further details.

As to the living conditions and therapies under compulsory treatment, the MHL is clear. The hospital must "ensure safety and to prevent injury in persons with mental disorders who seek care or receive inpatient treatment; and they shall provide those who receive inpatient treatment **a living environment that is as close to normal as possible.**" (Article 38). Restraints may only be used when the patient is in danger of harming themselves or others. "The use of restraints, isolation, or other protective medical measures to punish persons with mental disorders is prohibited" (Article 40).

In our research, many victims said they had been beaten, physically abused, tied down, left to lie in their own faeces and urine, and humiliated while under involuntary hospitalization.

The hospital "shall inform the patients or their guardians about the treatment plan and about the methods, goals and potential adverse effects of the treatment" (Article 39).

In our research, many victims said they were never told what medications they were being forced to take.

The hospital cannot hold the patient incommunicado. "Medical facilities and the health care providers in these facilities shall respect the rights of persons with mental disorders receiving inpatient treatment to communicate with the outside and to see visitors. Except in circumstances when these rights may be temporarily suspended during acute episodes of illness or in order to prevent interference with treatment, patients' rights to communicate with the outside and to see visitors must not be restricted" (Article 46).

In our research, many victims said their phones were confiscated and friends and family were not allowed to visit.

The MHL also gives victims and their families the legal right to sue for violations. "Persons with mental disorders and their guardians and close relatives who believe that administrative bodies, medical facilities, other relevant agencies, or individuals have violated the provisions of this law and infringed on the legal rights and interests of persons with mental disorders may legally initiate a lawsuit." (Article 82).

Patients and their relatives are also given the right to access medical records that must be stored for at least 30 years (Article 47) unless it would be "detrimental to their treatment".

In our research, none of the victims who tried to sue for illegal hospitalization and forced medication won their case. In some cases, hospitals refused to give the former patient access to their medical records.

Impacts of the Mental Health Law

In his 2021 book *Being Mentally Disordered: Intentional Misdiagnosis of Mental Illness in China*, the author Gao Jian⁷⁵ wrote that the introduction of the MHL did not appear to immediately reduce the numbers of people being subjected to compulsory treatment, in fact he believes the numbers actually rose. Gao concludes that the MHL was focused on protecting patients who were genuinely suffering from mental illness and did not do much to protect those who were victims of illegal forced psychiatric treatment. Police and local governments continued to abuse the system for the purposes of stability maintenance because there was almost no cost for them in doing so.

His main criticisms of the law are that it did not include a comprehensive set of standards on how to admit patients nor standardized psychiatric evaluation procedures. However, he argues that the MHL did empower some hospitals and doctors to oppose the police and refuse their request for involuntary hospitalization for individuals who clearly did not qualify by citing the law in their objections.

International Human Rights Law and Standards

Forced psychiatric incarceration is a terrifying experience for its victims and their loved ones, and raises many serious concerns under international human rights law.

Right to Health

The Universal Declaration of Human Rights (UDHR) affirms, at Article 25, that everyone has the right to a standard of living adequate for their health and well-being. This right is further clarified in the International Covenant on Economic, Social and Cultural Rights (ICESCR), which China ratified in 2001. Article 12 says States must ensure “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

The object and purpose the right to physical and mental health clearly conveys are the right to be free from coercive and abusive

physical and mental treatment, and that the intentional false diagnosis of mental illness is a fundamental violation of the right to health.

The Committee on Economic, Social and Cultural Rights interprets the right to health under Article 12 of the ICESCR⁷⁶, placing States under the specific legal obligation “to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services.”

The Committee continues that States' obligations include not only refraining from prohibiting or impeding care but also prohibiting coercive medical treatments, except in the most extreme cases and in such cases that comply with international human rights law.

The non-binding UN Principles for the Protection of Persons with Mental Illnesses and the Improvement of Mental Health Care (Principles)⁷⁷ reaffirms, as its first principle, the right of all to the best available mental health care, and elaborates that "all persons with a mental illness, or who are being treated as such persons, have the right to protection from economic, sexual and other forms of exploitation, physical or other abuse and degrading treatment."

The Principles hold that "every person with a mental illness [or who are being treated as such] shall have the right to exercise all civil, political, economic, social and cultural rights as recognized in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, and in other relevant instruments, such as the Declaration on the Rights of Disabled Persons and the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment."

Of particular concern in relation to the determination of mental illness, in that human rights defenders may be intentionally

misdiagnosed for coercive incarceration, Principle 4 is explicit that the determination of mental illness must be made in accordance with internationally-accepted medical standards. As such, the "**determination of mental illness shall never be made on the basis of political, economic or social status, or membership of a cultural, racial or religious group, or any other reason not directly relevant to mental health status.**"

Principle 11, requires informed consent, except in the strictest of exceptions, while Principle 15 continues that "every effort shall be made to avoid involuntary admission."

Principle 11 goes on to establish that "physical restraint or involuntary seclusion of a patient shall not be employed except in accordance with the officially-approved procedures of the mental health facility and only when it is the only means available to prevent immediate or imminent harm to the patient or others. It shall not be prolonged beyond the period which is strictly necessary for this purpose," and that "a personal representative, if any and if relevant, shall be given prompt notice of any physical restraint or involuntary seclusion of the patient."

Principle 18 establishes procedural safeguards, including that all patients be entitled to choose and appoint a legal aid representative, including representation in any complaint procedure or appeal. Principle 19 establishes that all patients and former patients shall be entitled to access information concerning their health and treatment in any mental health facility.

Right to Liberty

The UDHR,⁷⁸ Article 3, establishes the right to life, liberty and security of a person. While the International Covenant on Civil and Political Rights (ICCPR), Article 9, elaborates the prohibition of arbitrary arrest or detention, holding that no one shall be deprived of liberty except as in accordance with strict

adherence to the law and international human rights norms. This includes being confined in a psychiatric facility. The ICCPR further notes that anyone who has been the victim of arbitrary detention shall be entitled to judicial appeal without delay on the lawfulness of their detention and be entitled to immediate release

if not lawful. It also establishes an enforceable right to compensation in the event of arbitrary detention.

The United Nations Working Group on Arbitrary Detention (WGAD)⁷⁹ has likewise found that “with regard to persons deprived of their liberty on health grounds... all persons affected by such measures must have judicial means of challenging their detention.”

The WGAD also states that holding people of unsound mind against their will in psychiatric hospitals, and presumably holding people of sound mind but that have been wilfully misdiagnosed, may amount to a deprivation of their liberty, which can only be permitted

under extreme circumstances as permitted by law and in accordance with international norms. Furthermore, “the continued necessity of keeping the person deprived of her or his liberty must be regularly reviewed by a court or other independent and impartial organ, before which adversarial proceedings are conducted.” In holding that, **“psychiatric detention shall not be used to jeopardize someone’s freedom of expression nor to punish, deter or discredit him on account of his political, ideological, or religious views, convictions or activity,”** the WGAD would find that any coercive incarceration in a psychiatric facility on such grounds would be considered arbitrary detention.

Right to be Free from Abuse

The UDHR, Article 5, states that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. This is further enshrined in Article 7 of the ICCPR. The right to be free from torture is a fundamental international human right with no permissible exceptions. The Human Rights Committee, responsible for the interpretation of the ICCPR, has confirmed that there are no justifications or circumstances that may be invoked as an excuse to violate this fundamental prohibition.

The Convention Against Torture (CAT)⁸⁰ defines torture as “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public

official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.”

The 2013 report⁸¹ of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment states that both the Special Rapporteur and various United Nations treaty bodies have established that “involuntary treatment and other psychiatric interventions in health-care facilities are forms of torture and ill-treatment,” and to the extent it inflicts “severe pain and suffering, they violate the absolute prohibition of torture and cruel, inhuman and degrading treatment.”⁸²

The United Nations Special Rapporteur on Torture, in a 2008 report, further clarified that “when assessing the pain inflicted by deprivation of liberty, the length of institutionalization, the conditions of detention and the treatment inflicted must be taken into account.”⁸³

Right to Remedy

The right to remedy for human rights abuses is enshrined in major binding and non-binding international human rights treaties: Article 8 of the UDHR, Article 2 of the ICCPR, Article 14 of the CAT, Article 6 of the International Covenant on the International Convention on the Elimination of All Forms of Racial Discrimination, and others. It should be considered a fundamental principle of international law. It is further elaborated upon in the non-binding Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law (Basic Principles).⁸⁴

The Basic Principles elaborate on a State's obligations, including to take steps to prevent human rights violations; investigate violations effectively, promptly, thoroughly and impartially, and where appropriate to take action against perpetrators; to provide victims with equal and effective access to justice; and to provide effective remedies to victims, including reparation.

Reparation includes the following. *Restitution*, to restore the victim to their original situation

before the human rights abuse took place, such as the loss of liberty, a job, housing, or others. *Compensation* includes for economic loss, such as lost employment during a period of prolonged arbitrary confinement in a psychiatric facility. Compensation shall also be provided for physical or mental harm, moral damages, and others.

Rehabilitation shall include medical or psychological care, as well as legal or social services, of particular concern for an individual who has been arbitrarily detained and tortured or suffered mental and physical harm as a result of forced incarceration in a psychiatric facility. *Satisfaction*, furthermore should include that the reparation measures continue and are effective, which may also include a public apology or judicial and administrative sanction against the perpetrator.

And finally, the *guarantees of non-repetition* should absolutely protect the victim from repeat abuses. And as this report makes clear, too many victims have been repeatedly and unlawfully subjected to forced incarceration in a psychiatric facility for their political activism or petitioning activities.

Convention on the Rights of Persons with Disabilities

China ratified the Convention on the Rights of Persons with Disabilities (CRPD)⁸⁵ in 2008 with no reservations. The widespread political abuse of psychiatry in China and the impunity with which police, local governments and hospitals continue to operate in respect of this, violate several of the Convention's General Principles and Articles including "Respect for

inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons" (General Principle 1), Access to Justice (Article 13), Liberty and security (Article 14), Freedom from torture or cruel, inhuman or degrading treatment or punishment (Article 15), and Freedom from exploitation, violence and abuse (Article 16).

Conclusions

The **144 cases** of unlawful involuntary psychiatric commitment of **99 individuals**, most of them **human rights defenders**, documented in this report, are clear evidence that the CCP continues to routinely abuse psychiatry for political reasons. It's been a decade since revisions were made to the Criminal Procedure Law and the introduction of a Mental Health Law that were supposed to put an end to this gross human rights violation, but neither has worked. Police and government agents, with complete impunity, continue to send petitioners and activists to psychiatric hospitals where they can be kept for years at a time and may be repeatedly sent back after their release. Freedom, when granted, is not based on medical grounds but rather on the whims of the authorities.

We found evidence of this abuse taking place **every year** that data was collected (2015 to 2021). It took place in **109 hospitals** in **21 provinces, municipalities and regions**. **One third** of victims were sent back into psychiatric prison again and again, with one victim locked up **20 times**. Many victims were forcibly treated for years, with nine victims locked up for **around ten or more years**. In **two thirds** of the cases, even a psychiatric evaluation was not performed, which is required by law, before they were locked up. Inside the psychiatric wing, victims were **forcibly medicated**, subjected to **painful electroshock therapy** without anaesthesia, **beaten** and tied to a bed and **left to lie in their own waste**.

This data indicates that the political abuse of psychiatry in China is:

- Constant (cases recorded every year)
- Geographically widespread and routinely practiced (cases recorded in over 100 hospitals across China)

- Unlawful (with no psychiatric evaluation, patients have no severe mental illness and no history or risk of violence)
- Often equivalent to an enforced disappearance with family members routinely not being informed
- Violates human rights norms including the rights to health, liberty, to be free from abuse and remedy
- And, a grave violation of the right to dignity, enshrined in the Convention on the Rights of Persons with Disabilities, that China ratified in 2008.

After Xi Jinping took power in 2012, the space for civil society has been shrinking and access to human rights-related data is growing more difficult to obtain. This is why the publication of this report, *Drugged and Detained; China's Psychiatric Prisons* is so important: While it is still possible to collect a fraction of this data, our intention is to sound an urgent warning that this formerly much discussed rights violation is still happening on a large scale in China today.

Safeguard Defenders urges China to take immediate steps to put a stop to the political abuse of psychiatry in the country, whether perpetrated by police or by local governments, release all those unjustly imprisoned in psychiatric hospitals and provide them with full access to remedy in seeking compensation for their ordeal and timely medical assistance in dealing with the psychological and physical impacts. In addition, China should urgently review its responsibilities under international law as regards the treatment of psychiatric patients and endeavour to revise current legislation and improve the medical sector's understanding of such legislation to prevent this kind of abuse from happening ever again.

Victim interviews

The below testimonies are taken from CRLW interviews with victims or their families or stories. This list is in the order the individual is first mentioned in the text of this report. Other victim sources are detailed in endnotes.

Yang Zhixiang (杨志祥): Based on a published interview with Yang Zhixiang by CRLW on 12 July 2019. Retrieved from: <https://msguancha.com/a/lanmu12/2019/0822/18879.html> and Huang, Q. 11 May 2016. 四川雅安杨志祥被关精神病院 访民探望, CRLW. Retrieved from: <https://msguancha.com/a/lanmu51/disishiliuqi/2016/0511/14383.html>

Lv Qianrong (吕千荣): Based on a published interview with Lv Qianrong by CRLW on 17 November 2019. Retrieved from: <https://msguancha.com/a/lanmu12/2019/1120/19135.html> and CRLW, 2 July 2019. 安徽吕千荣发帖被关押禁言. Retrieved from: <https://msguancha.com/a/lanmu4/2019/0702/18738.html>

Zeng Jiping (曾继平) : Based on a published interview with Zeng Jiping's son by CRLW on 23 December 2019. Retrieved from: <https://msguancha.com/a/lanmu12/2019/1228/19253.html>

Chen Bixiang (陈碧香): Based on an interview with Chen Bixiang by CRLW and published in their 2019 human rights report. Please see: <https://msguancha.com/a/lanmu2/2020/0306/19482.html>

Deng Fuquan (邓福全): Based on a published interview with Deng Fuquan by CRLW on 17 June 2020. Retrieved from: <https://msguancha.com/a/lanmu12/2020/0703/19908.html>

Wang Haiying (王海英) : Based on a published interview with Wang Haiying by CRLW, on 27 March 2019. Retrieved from: <https://msguancha.com/a/lanmu12/2019/0327/18491.html> and CRLW, 16 November 2018, 广东访民王海英被精神病案开庭. Retrieved from: <https://msguancha.com/a/lanmu7/2018/1116/18116.html>

Luo Guilian (罗贵莲): Based on a published interview with Luo Guilian by CRLW on 26 September 2018. Retrieved from: <https://msguancha.com/a/lanmu12/2018/1008/18019.html>

Jiang Tianlu (姜天禄): Based on a published interview with Jiang Tianlu by CRLW on 20 April 2019. Retrieved from: <https://msguancha.com/a/lanmu12/2019/0428/18566.html>

Tu Qiang (涂强): Based on a published interview with Tu Qiang by CRLW on 10 July 2019. Retrieved from: <https://msguancha.com/a/lanmu12/2019/0719/18782.html>

Zhang Wenhe (张文和): Based on a published interview with Zhang Wenhe by CRLW on 9 December 2015. Retrieved from: <https://msguancha.com/a/lanmu51/disishiyiqi/2015/1207/13616.html>

Zhang Jilin (张吉林): Based on a published interview with Zhang Jilin by CRLW on 27 August 2020. Retrieved from: <https://msguancha.com/a/lanmu12/2020/0914/20163.html>

Lu Liming (陆立明): Based on a published interview with Lu Liming by CRLW on 19 April 2018. Retrieved from: <https://msguancha.com/a/lanmu12/2018/0519/17482.html>

Song Zaimin (宋再民): Based on an interview with Song Zaimin by CRLW published on 16 September 2017. Retrieved from: <https://msguancha.com/a/lanmu51/diliushiyiqi/2017/0916/16428.html> and CRLW, 16 September 2017, 北京民主战士宋再民自述被关精神病院经历. Retrieved from: <https://msguancha.com/a/lanmu51/diliushiyiqi/2017/0916/16428.html>

Liu Gang (刘刚): Based on a published interview with Liu Gang by CRLW on 21 January 2018. Retrieved from: <https://msguancha.com/a/lanmu51/diliushiliuqi/2018/0125/16964.html> and CRLW's database entry on Liu Gang: <https://msguancha.com/a/lanmu31/zhongqing/20160622/14544.html>

Wang Jun (汪军): CRLW, 15 September 2017, 湖北警察汪军被家人两次强制送精神病院. Retrieved from: <https://msguancha.com/a/lanmu51/diliushiyiqi/2017/0915/16422.html>

Ma Shengfen (马胜芬): CRLW, 23 January 2018, 友人多方打探得知马胜芬被关精神病院. Retrieved from: <https://msguancha.com/a/lanmu12/2018/0123/16956.html>

Deng Guangying (邓光英): CRLW, 9 March 2017, 重庆邓光英被关精神病院四月有余 政府一直不放. Retrieved from: <https://msguancha.com/a/lanmu51/diwushisiqi/2017/0307/15571.html> and CRLW, 22 February 2021, 重庆友人探望邓光英张芬被拒. Retrieved from: <https://msguancha.com/a/lanmu4/2021/0222/20764.html>

Xing Shiku (邢世库): CRLW, 17 May 2015, 赵桂荣探望被关精神病院九年的丈夫邢世库遭痛殴致伤. Retrieved from: <https://msguancha.com/a/lanmu12/2015/0517/12432.html>

Lv Xiaoguang (吕晓光): CRLW, 17 January 2019, 吕晓光因网络言论被强治精神病. Retrieved from: <https://msguancha.com/a/lanmu7/2019/0117/18274.html>

References

- ¹ Buckley, C. (23 December 2021). *Fury in China After Li Tiantian, an Outspoken Teacher, Disappears*. The New York Times. Retrieved from: <https://www.nytimes.com/2021/12/23/world/asia/li-tiantian-disappearance.html>
- ² Long Q. & Chingman (27 December 2021). *Hunan teacher who supported fired journalism lecturer released under surveillance*. Radio Free Asia. Retrieved from: <https://www.rfa.org/english/news/china/teacher-12272021142707.html>
- ³ Some scholars suggest this strategy has been copied from the former Soviet Union's practice of viewing political dissent as a psychiatric illness. Please see: https://en.wikipedia.org/wiki/Political_abuse_of_psychiatry_in_the_Soviet_Union and Human Rights Watch 2002 report *Dangerous Minds*: <https://www.hrw.org/reports/2002/china02/>
- ⁴ Gao, Z.H. & Feeney, F, (2018), *The New Chinese Mental Health Laws*, *Washington University Global Studies Law Review* (Vol. 17, Issue 12). Retrieved from: https://openscholarship.wustl.edu/law_globalstudies/vol17/iss2/8
- ⁵ On 29 January 1988, the MPS issued "Record of the First National Conference on the Governance of Mental Illness in Public Security Authorities", requesting psychiatric hospitals under the management of local public security authorities be set up as a matter of urgency, and that such institutions be uniformly named "Ankang Hospitals". Please see: <https://wenku.baidu.com/view/c22aab4ce518964bcf847ccf>
- ⁶ Guo Z. *Psychiatric commitment under the criminal law in China: An empirical perspective*. *International Journal of Law Psychiatry*. Nov-Dec 2020;73:101629.
- ⁷ Human Rights Watch & Geneva Initiative on Psychiatry, 2002, *Dangerous Minds: Political Psychiatry in China Today and its Origins in the Mao Era*, Retrieved from: <https://www.hrw.org/reports/2002/china02/>
- ⁸ For a copy of the report please contact Safeguard Defenders: info@safeguarddefenders.com
- ⁹ Chinese Human Rights Defenders, August 2012, *The Darkest Corners: Abuses of Involuntary Psychiatric Commitment in China*. Retrieved from: https://www.nchrd.org/wp-content/uploads/2012/08/CRPD_report_FINAL-edited2.pdf
- ¹⁰ Human Rights Watch, 2 November 2005, *China: Political Prisoner Exposes Brutality in Police-Run Mental Hospital*. Retrieved from: <https://www.hrw.org/news/2005/11/02/china-political-prisoner-exposes-brutality-police-run-mental-hospital>
- ¹¹ This report uses the English translation of the Mental Health Law provided by the US Government's National Library of Medicine, see here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4198897/>
- ¹² Gao, Z.H. & Feeney, F, (*The New Chinese Mental Health Laws*, *Washington University Global Studies Law Review* (2018, Vol. 17, Issue 12). Retrieved from: https://openscholarship.wustl.edu/law_globalstudies/vol17/iss2/8
- ¹³ This report uses the English translation of the Criminal Procedure Law (2018) by ChinaLawTranslate, please see: https://www.chinalawtranslate.com/en/criminal-procedure-law-2018/#_Toc528744309

¹⁴ For example, please see Civil Rights & Livelihood Watch 2016 *Report on Mental Health and Human Rights in China* at <https://msguancha.com/a/lanmu12/2017/0126/15449.html>

¹⁵ Out of an estimated population of around a million petitioners and activists combined and the fact that the data collected in this report is just a fraction of the true number, we believe it is fair to say that the CCP's political abuse of psychiatry is routinely practiced within that population cohort.

¹⁶ It is also true that the CCP is able to disappear and persecute rich and powerful people too. Celebrities (actress Fan Bingbing), CEOs (Alibaba founder Jack Ma), and top officials (former vice-minister of public security Sun Lijun) number among the CCP's recent victims, but they are usually not subjected to Ankang, presumably at least partly because the police would have trouble arguing they are violent and have severe mental illness.

¹⁷ Radio Free Asia, 14 March 2019, 官媒: 维稳经费五年翻番 将近一万四千亿元. Retrieved from: <https://www.rfa.org/mandarin/yataibaodao/zhengzhi/ql1-03142019093727.html>

¹⁸ For more on RSDL please see Safeguard Defenders' report *Locked Up: Inside China's Secret RSDL Jails*: <https://safeguarddefenders.com/sites/default/files/pdf/Locked%20Up%20%28High%20Res%20version%29.pdf>

¹⁹ For more on Liuzhi please see: <https://safeguarddefenders.com/en/blog/new-data-exposes-increased-use-nscs-liuzhi-system>

²⁰ For more on using fake names in detention, please see Safeguard Defenders' report *Access Denied #1: China's Vanishing Suspects*: https://safeguarddefenders.com/sites/default/files/pdf/ACCESS_DENIED_%231_SGL_EN.pdf

²¹ For more on non-release release, please see Safeguard Defenders' report *Access Denied #2: China's False Freedom*: https://safeguarddefenders.com/sites/default/files/pdf/ACCESS%20DENIED%20%232%20ENGLISH%20FINAL%20VERSION%20FULL_0.pdf

²² Several cases were also extracted from media reports online and from the book *Being Mentally Disordered: Intentional Misdiagnosis of Mental Illness in China* by Gao Jian, (2021), Bouden House. Safeguard Defenders was given a pre-publication copy of the book. Please see: <https://play.google.com/store/books/details/>

²³ Xue, X.S. (19 October 2020), 又有访民“被精神病”, RFA. Retrieved from: <https://www.rfa.org/mandarin/yataibaodao/renquanfazhi/xx-10192020102931.html> 被精神病 中国精神病乱象调查报告

²⁴ Several victims told CRLW that when they were locked up in hospital, they met many other political victims forced into involuntary treatment there.

²⁵ Huang, Q. 11 May 2016. 四川雅安杨志祥被关精神病院 访民探望, CRLW. Retrieved from: <https://msguancha.com/a/lanmu51/disishiliuqi/2016/0511/14383.html>

²⁶ CRLW, 2 July 2019. 安徽吕千荣发帖被关押禁言. Retrieved from: <https://msguancha.com/a/lanmu4/2019/0702/18738.html>

²⁷ *Being Mentally Disordered: Intentional Misdiagnosis of Mental Illness in China* by Gao Jian, (2021), Bouden House.

²⁸ According to China's Public Security Administration Punishment Law (Article 26), 15 days is the longest sentence that can be given to someone who commits a serious misdemeanor. For an English translation of the law please see: <https://www.cecc.gov/resources/legal-provisions/public-security-administration-punishment-law-chinese-text>

²⁹ Please see: <http://news.cntv.cn/special/view/10/1012/index.shtml>

³⁰ Yin, C. & Cohen, J.A., 13 August 2020, *The Misuse of China's Mental Hospitals*, The Diplomat. Retrieved from: <https://thediplomat.com/2020/08/the-misuse-of-chinas-mental-hospitals/>

³¹ Van der Made, J., 28 May 2020, *One democracy activist's detention in mental health facility belies China's legal reforms*, RFI, Retrieved from: <https://www.rfi.fr/en/international/20200528-one-democracy-activist-s-detention-in-mental-health-facility-belies-china-s-legal-reforms>

³² This report uses the English translation of the Criminal Procedure Law (2018) by ChinaLawTranslate, please see: https://www.chinalawtranslate.com/en/criminal-procedure-law-2018/#_Toc528744309

³³ Data taken from the National Health and Family Planning Commission's *Interpretation of the National Mental Health Work Plan (2015-2020)*. Please see: http://www.gov.cn/zhengce/2015-06/18/content_2881440.htm

³⁴ Please see: <https://zh.m.wikipedia.org/zh-hant/%E5%8C%97%E4%BA%AC%E5%B8%82%E5%85%AC%E5%AE%89%E5%B1%80%E5%BC%BA%E5%88%B6%E6%B2%BB%E7%96%97%E7%AE%A1%E7%90%86%E5%A4%84>

³⁵ Yang, F. (23 July 2018). *Woman who splashed Xi Jinping poster sent to psychiatric hospital*, RFA. Retrieved from: <https://www.rfa.org/english/news/china/hospitalized-07232018105734.html>

³⁶ Long, Q. 20 February 2018, *Protesting Evictees in China's Chongqing Locked up in Psychiatric Facilities*, RFA. Retrieved from: <https://www.rfa.org/english/news/china/evictees-02202018104700.html>

³⁷ Wang, V., 25 December 2020, *She Chronicled China's Crisis. Now She Is Accused of Spreading Lies*, The New York Times. Retrieved from: <https://www.nytimes.com/2020/12/25/world/asia/china-coronavirus-citizen-journalist.html>

³⁸ ABC News, 31 December 2020, "这个国家不能够后退" : 中国首位遭判刑的公民记者张展. Retrieved from: <https://www.abc.net.au/chinese/2020-12-31/china-jails-citizen-journalist-four-years-over-covid19-reporting/13023962>

³⁹ Apple Daily, 29 March 2021, *Hong Kong activist Andy Li held at psychiatric hospital in secret after return from mainland*. Web page no longer available, please see: <https://web.archive.org/web/20210328161512/https://hk.appledaily.com/news/20210329/YLYFFL47ZVGCRM2VKJNUZWGZ5Q/>

⁴⁰ Siu Lam Psychiatric Centre's website is at: https://www.csd.gov.hk/english/facility/facility_ind/ins_nt_slpc.html

⁴¹ Lau, S.F. & Fong, T.H., 7 April 2021, *Hong Kong Speedboat Fugitive Andy Li in Court After Incommunicado Detention*, RFA. Retrieved from: <https://www.rfa.org/english/news/china/court-04072021110114.html>

⁴² Yang, F., 6 July 2018, *Shanghai Woman Missing, Believed Detained After Inking Poster of President*, RFA. Retrieved from: <https://www.rfa.org/english/news/china/ink-07052018111115.html>

- ⁴³ Yang, F., 23 July 2018, *Woman Who Splashed Xi Jinping Poster Sent to Psychiatric Hospital*, RFA. Retrieved from: <https://www.rfa.org/english/news/china/hospitalized-07232018105734.html>
- ⁴⁴ CRLW, 14 July 2018, “泼墨女孩” 父亲董建彪和华涌被抓. Retrieved from: <https://msguancha.com/a/lanmu7/2018/0714/17745.html>
- ⁴⁵ RFA, 23 July 2018, 「泼墨女孩」被送精神病院 院方稱其是「政治犯」. Retrieved from: <https://www.rfa.org/cantonese/news/smearing-07232018082824.html>
- ⁴⁶ For Dong’s November video please see: <https://williamyang-35700.medium.com/the-girlwho-splashed-ink-over-xis-portrait-accused-beijing-of-ongoing-surveillance-in-a-fresh-4f90642299b5>; for Ou Biaofeng please see: <https://www.nchrd.org/2021/10/ou-biaofeng-%E6%AC%A7%E5%BD%AA%E5%B3%B0/>, while for third hospitalization please see: <https://www.rfa.org/mandarin/yataibaodao/renquanfazhi/hc-02092021112445.html>
- ⁴⁷ CRLW, 18 July 2020, 山东丰晓燕公开政治诉求被关精神病院. Retrieved from: <https://msguancha.com/a/lanmu12/2020/0718/19946.html>
- ⁴⁸ CRLW, 7 January 2020, “泼墨女孩” 董瑶琼出院后判若两人. Retrieved from: <https://msguancha.com/a/lanmu4/2020/0107/19284.html>
- ⁴⁹ Xue, X.S., 19 October 2020, 又有访民“被精神病”, RFA. Retrieved from: <https://www.rfa.org/mandarin/yataibaodao/renquanfazhi/xx-10192020102931.html>
- ⁵⁰ Please see the American Psychiatric Association’s website on ECT: <https://www.psychiatry.org/patients-families/ect>
- ⁵¹ Ives, M., 13 January 2017, *Electroshock Therapy for Internet Addicts? China vows to End It*. New York Times. Retrieved from: <https://www.nytimes.com/2017/01/13/world/asia/china-internet-addiction-electroshock-therapy.html>
- ⁵² Tang Y.L., Jiang W., Ren Y.P., Ma X., Cotes R.O. & McDonald W.M., Electroconvulsive therapy in China: clinical practice and research on efficacy. *J ECT*. 2012 Dec;28(4):206-12.
- ⁵³ Edward, D., 31 January 2019, *Trucks tour China to tackle LGBTQ stigma as dozens of clinics offer electro-shock therapy to ‘cure homosexuality’*, itv. Retrieved from: <https://www.itv.com/news/2019-02-01/gay-conversion-therapy-china-lgbtq>
- ⁵⁴ Waikar, Aparna & Davar, Bhargavi & Karhadkar, Chandra & Bansode, Darshana & Dandekar, Deepra & Kakade, Seema & Wayal, Sonali & Kulkarni, Yogita. (2003). ECT without anaesthesia is unethical. *Issues in medical ethics*. 11. 41-3.
- ⁵⁵ Another Safeguard Defenders’ study *Access Denied 3: China’s Legal Blockade*, however, shows that political detainees and other human rights defenders are routinely denied access to legal counsel of their own choice, despite that right being enshrined in the CPL, please see: <https://safeguarddefenders.com/en/blog/3-ways-china-blocks-access-lawyers>
- ⁵⁶ Xue, X.S., 29 May 2020, 临沂人大职员丰晓燕发传单求民主, 被关精神病院, RFA. Retrieved from: <https://www.rfa.org/mandarin/yataibaodao/renquanfazhi/cc-05292020095516.html>
- ⁵⁷ WeiQuanWang, 25 November 2016, 重庆访民邓光英可能被精神病, 京渝两地维权人士吁请社会关注访民人权. Retrieved from: https://wqw2010.blogspot.com/2016/11/blog-post_487.html

- ⁵⁸ All of Gu's 20 cases are not included in the data for this report because many happened before 2015. Please see CRLW's 2019 Annual Report on Mental Health and Human Rights in China (Chinese language): <https://msguancha.com/a/lanmu2/2020/0306/19482.html>
- ⁵⁹ CRLW, 18 January 2021, 湖北姜天禄再被关精神病院. Retrieved from: <https://msguancha.com/a/lanmu12/2021/0118/20665.html>
- ⁶⁰ This report uses the English translation of the Mental Health Law provided by the US Government's National Library of Medicine, see here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4198897/>
- ⁶¹ Cohen, J.A. & Yin, C., 23 August 2018, *It's Too Easy to Wind up in a Chinese Psychiatric Hospital, and Far Too Hard to Get Out*, ChinaFile. Retrieved from: <https://www.chinafile.com/reporting-opinion/viewpoint/its-too-easy-wind-chinese-psychiatric-hospital-and-far-too-hard-get-out>
- ⁶² Gao, J. (2021), *Being Mentally Disordered: Intentional Misdiagnosis of Mental Illness in China*, Bouden House.
- ⁶³ WeiQuanWang, 21 May 2020, 关于我的母亲丰晓燕因在王府井散发传单要求推行民主改革而遭当局强制送精神病医院的情况通报. Retrieved from: https://wqw2010.blogspot.com/2020/05/blog-post_67.html
- ⁶⁴ Please see CRLW's database entry on Zhao Guirong: <https://msguancha.com/a/lanmu5/2020/0505/19701.html>
- ⁶⁵ CRLW, 7 January 2020, “泼墨女孩”董瑶琼出院后判若两人. Retrieved from: <https://msguancha.com/a/lanmu4/2020/0107/19284.html>
- ⁶⁶ Please see CRLW's 2019 Annual Report on Mental Health and Human Rights in China (Chinese language): <https://msguancha.com/a/lanmu2/2020/0306/19482.html>
- ⁶⁷ CRLW, 26 March 2016, 湖南辜湘红被精神病第十六次从医院释放. Retrieved from: <https://msguancha.com/a/lanmu12/2016/0326/14150.html>
- ⁶⁸ We used the English translation of the ALL posted on Hong Fang Law's website: <https://www.hongfanglaw.com/wp-content/uploads/2019/10/Administrative-Litigation-Law-of-the-Peoples-Republic-of-China-2017-RevisionENCN.pdf>
- ⁶⁹ CRLW, 15 September 2017, 湖北警察汪军被家人两次强制送精神病院. Retrieved from: <https://msguancha.com/a/lanmu51/diliushiyiqi/2017/0915/16422.html>
- ⁷⁰ See <https://www.rfa.org/english/news/china/treatment-02112016133837.html>; <https://www.rfa.org/english/news/china/confined-02192018124530.html>; and <https://www.chinafile.com/reporting-opinion/viewpoint/its-too-easy-wind-chinese-psychiatric-hospital-and-far-too-hard-get-out>
- ⁷¹ English translation for the CPL is taken from ChinaLawTranslate. Please see: https://www.chinalawtranslate.com/en/criminal-procedure-law-2018/#_Toc528744309
- ⁷² English translation of the Notice of the Supreme People's Procuratorate on Issuing the Provisions for the Supervision of the Involuntary Medical Treatment Decision Procedures by the People's Procuratorates taken from LawInfoChina. Please see: <http://www.lawinfochina.com/display.aspx?id=28705&lib=law>
- ⁷³ English translation for the MHL is taken from US-based National Library of Medicine. Please see: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4198897/>

- ⁷⁴ Xinhua, 27 April 2018, (受权发布) 全国人民代表大会常务委员会关于修改《中华人民共和国国境卫生检疫法》等六部法律的决定. Retrieved from: http://www.xinhuanet.com/politics/2018-04/27/c_1122755552.htm
- ⁷⁵ Gao, J. (2021), *Being Mentally Disordered: Intentional Misdiagnosis of Mental Illness in China*, Bouden House.
- ⁷⁶ CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12). Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000 (Contained in Document E/C.12/2000/4)
- ⁷⁷ Principles for the protection of persons with mental illness and the improvement of mental health care. Adopted by General Assembly resolution 46/119 of 17 December 1991. Retrieved from: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/PersonsWithMentalIllness.aspx#:~:text=1.,dignity%20of%20the%20human%20person.>
- ⁷⁸ Universal Declaration of Human Rights. Retrieved from: <https://www.un.org/en/universal-declaration-human-rights/>
- ⁷⁹ DELIBERATION No. 7 ON ISSUES RELATED TO PSYCHIATRIC DETENTION in CIVIL AND POLITICAL RIGHTS, INCLUDING THE QUESTION OF TORTURE AND DETENTION Report of the Working Group on Arbitrary Detention, E/CN.4/2005/6 1 December 2004
- ⁸⁰ Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment Adopted and opened for signature, ratification and accession by General Assembly resolution 39/46 of 10 December 1984 entry into force 26 June 1987, in accordance with Article 27 (1). Retrieved from: <https://www.ohchr.org/en/professionalinterest/pages/cat.aspx>
- ⁸¹ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, A/HRC/22/53. Retrieved from: <https://undocs.org/A/HRC/22/53>
- ⁸² Joint communication, UA G/SO 214 (67-17) Assembly & Association (2010-1) Health (2002-7) G/SO 214 (107-9) G/SO 214 (53-24) UKR 2/2013. Retrieved from: <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=22750>
- ⁸³ Torture and other cruel, inhuman or degrading treatment or punishment, A/63/175. Retrieved from: <https://undocs.org/en/A/63/175>
- ⁸⁴ Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law Adopted and proclaimed by General Assembly resolution 60/147 of 16 December 2005. Retrieved from: <https://www.ohchr.org/en/professionalinterest/pages/remedyandreparation.aspx>
- ⁸⁵ For the text of the CRPD please see: https://treaties.un.org/pages/ViewDetails.aspx?chapter=4&clang=en&mtdsg_no=IV-15&src=IND