

# Human rights in mental healthcare; A review of current global situation

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## Background

Recent mental health reports from global health organizations identify mental health as a global priority. Besides aiming at proximal low-stigma care, another motivator for a move of the locus of care from institutional to community-based has been to reduce the frequent human rights violations documented especially in institutional settings. Within the key recommended components of what mental health service delivery should look like - including evidence-based, easily available, and accessible treatments as well as recovery-oriented services - human rights are a cross-cutting consideration 6.

The relationship between mental health and human rights is complex and bidirectional. On the one hand, human rights violations in mental health services can themselves negatively impact mental health, while protecting human rights can buttress or even improve mental health outcomes. Generally, having a mental health condition is more likely to place an individual at risk for human rights abuses. Among the human rights, there is in psychiatric clinical contexts, particular concern around the issue of involuntary psychiatric interventions such as involuntary preventive confinement, treatments, and other coercive measures.

The United Nations introduced an international law focused on the human rights of persons with disabilities, and that includes persons with psychosocial, intellectual and cognitive disabilities almost 15 years ago; the "Convention on the Rights of Persons with Disabilities" (CRPD). The CRPD aims at nothing short of social change and development in all areas of society through the respect of human rights of people with disabilities. To this goal the convention is intended as a human rights instrument with an explicit social development dimension. It reaffirms that all people with all types of disabilities including mental health conditions and psychosocial disabilities must enjoy all human rights and fundamental freedoms.

## Methods

Our review aims to identify articles that are directly related to the human rights issues in mental health care services. For this purpose, a sequence of selection processes has been employed. The main inclusion criterion was that the focus be on human rights. We excluded articles that did not contain human rights in their title, abstract or keywords. After screening, only the articles about human rights in mental health were retained. For the purpose of this review we searched for any of the following terms in titles, abstracts or keywords: "mental health", "mental illness", "mental disorder", "psychiatry" or explicit mention of any diagnosis from the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders" (DSM) V and "International Classification of Diseases" (ICD) 10. We selected all the articles directly focusing on human rights aspects of mental health, including those invoking the CRPD, the WHO's QualityRights and other national and international human rights charters. The authors read title, keywords, and abstracts of the articles.

### Eight guiding principles that underlie the CRPD

Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons

Non-discrimination

Full and effective participation and inclusion in society

Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity

Equality of opportunity

Accessibility

Equality between men and women

Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

## Results:

We categorized the articles based on their major focus into three main categories:

1. Tools to assess compliance with human rights in mental health services
2. Current status of human rights in mental health service delivery
3. Coercive Measures in Psychiatry and Human Rights

Shortcomings of the current legislations such as:

- Failure to distinguish between voluntary and involuntary admission and treatment
- A strong focus on confinement and coercion
- No provision for equitable mental health care
- No special consideration of vulnerable groups
- No provision for promoting and protecting the rights of people with mental health conditions and psychosocial disabilities, including right to humane treatment, right to privacy, autonomy, and confidentiality, right to non-discrimination, right to treatment and medications, and right to informed consent on admission.

## References:

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