



**GOVERNEMENT**

*Liberté  
Égalité  
Fraternité*

*Sommet mondial  
sur la santé mentale*

**« Mind  
Our Rights,  
Now! »»**

## **Workshop 7**

**Recommended priority actions for promoting  
person-centred, rights-based and recovery ori-  
ented community mental health services**



## **Introduction**

Numerous reports from countries highlight that people experience extensive violations and discrimination in mental health services. Many people are unable to access mental health services – let alone services that respect and promote their rights. In the health and social care services it is common for people to experience violence, abuse and neglect. Many people in distress and experiencing mental health crises are subject to physical, mechanical and chemical restraint or are put into seclusion which leads to physical and mental harm and sometimes even death. Often a mental health diagnosis results in people being denied the right to make their own decisions about treatment, care and other important aspects of their life. This role is handed to someone else which could be their health care provider, a family member or an official guardian. This means they are denied the possibility to make decisions - whether big or small - what the person wants, often doesn't count anymore. People are also often given disempowering messages by mental health services that take away hope and dignity – for example that they should not have hopes and goals for the future because if they fail to achieve them their condition will deteriorate.

Countries need to develop and expand community based services and supports that are person-centred, recovery oriented, that respect people's rights, and that address the full range of social determinants that impact on people's mental health, including relationships, education, employment, living conditions, community, spirituality, artistic and intellectual pursuits. This requires system wide actions and reforms at many different levels:

- » **1. Community based mental health services:** align community-based mental health services with international human rights standards, thus ensuring that services use alternatives to coercive responses, respect legal capacity, promote participation, community inclusion and recovery approaches. In addition, a network of rights-based community-based mental health services should be established, covering crisis response services; community mental health centres; hospital-based services; community outreach services; peer support services and supported living services. Mental health services and social sector services should also actively and effectively collaborate to provide the necessary resources, supports and opportunities to enable people to live meaningful lives and participate fully in their communities.
- » **2. Capacity building on mental health and human rights:** Address stigmatising attitudes and discriminatory practices around mental health on a massive scale among all stakeholders in order to effectively and sustainably change societal beliefs, values and mindsets. This requires integrating education and training on human rights, disability and person-centred, recovery approaches into Continuing Professional Development (CPD) as well as into undergraduate and graduate course curricula in medicine, psychology, social work and occupational therapy, among other areas.
- » **3. Engaging people with lived experience and their organizations:** Organizations of people with psychosocial disabilities and others with lived experience need to be actively engaged to co-develop and implement policy, legislation, services and training programmes in order to better protect human rights and achieve positive recovery outcomes, including community inclusion. A prerequisite is the investment and support towards the establishment and sustainability of organizations of persons with mental health conditions and psychosocial disabilities.



- » **4. Promoting rights-based implementation and research among funders:** Investment bodies and funding agencies should provide funding for rights-based research and programmatic funding for the implementation of rights-based mental health services, projects and initiatives and also ensure that all funding provided meets rights-based criteria. This requires increased investment and funding for research and evaluations on rights-based policy, law, services and training approaches oriented towards ending coercion, respecting legal capacity and autonomy and reducing over-reliance on medication. Programmatic and research outcomes should focus on and include outcomes related to participation and community inclusion, among other recovery dimensions, rather than solely focusing on clinical outcomes and symptom-based categories. Critically, people with mental health conditions and psychosocial disabilities should be given leadership roles for setting the research agenda and developing and implementing mental health related initiatives.
- » **5. Mental health policies and strategies:** Explicitly promote a policy shift away from current dominant biomedical models focused primarily on diagnosis, medication and symptom reduction - towards comprehensive, person-centred, holistic, recovery-oriented practices that consider people in the context of their whole lives. This means integrating the human rights and person-centred approach into all key policy and strategies promoting respect for people's will and preferences in treatment, services free from coercive practices, people's rights to participation and community inclusion.
- » **6. Mental health related legislation:** Establish mental health related laws in line with international human rights standards in particular the UN Convention on the Rights of Persons with Disabilities. Laws need to explicitly safeguard the rights of people to make care and treatment decisions for themselves and ensure that legal provisions related to admission and treatment are based on the free and informed consent including the use of medication & ECT. Legislation also needs to provide for alternatives to involuntary admission and treatment, seclusion, restraint and other coercive practices, including, for example, supported decision-making, safe spaces of respite & de-escalation strategies, during crisis or emergency situations.

The World Health Organization's QualityRights initiative provides countries with the framework, methodology and tools to support countries in their efforts to build capacity, assess, improve, transform and scale up services, as well as develop and implement policies, plans and laws in line with current international human rights standards.

Workshop 7 – “How can we innovate to ensure rights in mental health services?” - showcases examples from countries across the world that are successfully implementing person-centred and rights based approaches, aligned with QualityRights, in order to have a positive and lasting impact on the lives of persons with psychosocial disabilities.

#### **USEFUL LINKS, MATERIALS AND RESOURCES:**

- [WHO Guidance and technical packages on rights-based community mental health services](#)
- [QualityRights materials for training, guidance and transformation](#)
- [WHO QualityRights e-training](#)