

Mental health, human rights and standards of care

Dr Dan Chisholm and Ms Melita Murko
Mental Health Programme
WHO Regional Office for Europe

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6-9 April 2019

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3 questions

1. What should we be aiming for?
2. Where are we at?
3. How can we do things better?



CONVENTION
ON THE RIGHTS
OF PERSONS
WITH DISABILITIES

1 NO
POVERTY



2 ZERO
HUNGER



3 GOOD HEALTH
AND WELL-BEING



4 QUALITY
EDUCATION



5 GENDER
EQUALITY



6 CLEAN WATER
AND SANITATION



7 AFFORDABLE AND
CLEAN ENERGY



8 DECENT WORK AND
ECONOMIC GROWTH



9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



10 REDUCED
INEQUALITIES



11 SUSTAINABLE CITIES
AND COMMUNITIES



THE GLOBAL GOALS

For Sustainable Development

12 RESPONSIBLE
CONSUMPTION
AND PRODUCTION



13 CLIMATE
ACTION



14 LIFE BELOW
WATER



15 LIFE
ON LAND



16 PEACE AND JUSTICE
STRONG INSTITUTIONS



17 PARTNERSHIPS
FOR THE GOALS



WHO Comprehensive (global) Mental Health Action Plan 2013-2020

Vision

A world in which mental health is valued, mental disorders are effectively prevented and in which persons affected by these disorders are able to access evidence-based health and social care, and exercise the full range of human rights to attain the highest possible level of health and functioning free from stigma and discrimination.

WHO European Mental Health Action Plan 2013-2020

Overarching aims

- Improve the mental well-being of the population and reduce the burden of mental disorders, with special focus on vulnerable groups, exposure to determinants and risks.
- Respect the rights of people with mental health problems and offer equitable opportunities to attain the highest quality of life, addressing stigma and discrimination.
- Establish accessible, safe and effective services that meet people's mental, physical and social needs and the expectations of people with mental health problems and their families.

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Challenges and context

- Sub-standard **living conditions** and wide-spread incidents of **humiliation, neglect and abuse**
- Difficulties and obstacles in implementing national **deinstitutionalization strategies**
- **Poor collaboration** between the health and social care sectors
- **Lack of data** about long-term institutions for adults with mental disabilities

WHO Europe project on adults with psychosocial & intellectual disabilities living in institutions in the European Region

Phase 1 (2016): Region-wide **survey** on the number and characteristics of institutions providing long-term care for adults with mental conditions, psychosocial or intellectual disabilities.

Phase 2 (2017): 98 facilities/wards across 24 Member States and Kosovo¹ underwent the WHO *QualityRights* **assessment**.

Phase 3 (2018/19): Implementation of quality standards in selected facilities based on national assessment reports and the UN CRPD.

¹ In accordance with UN Security Council resolution 1244(1999)



Mental health, human rights and standards of care

Assessment of the quality of institutional care for adults with psychosocial and intellectual disabilities in the WHO European Region



European mental health institutions fall 'far below the standard,' WHO reports

By Rory Smith, CNN

Updated 1838 GMT (0238 HKT) June 8, 2016



A WHO report examines European mental health institutions.

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Mental health

Europe's mental health institutions uniformly substandard, says WHO

None of the 75 sites visited by experts met the standards of care set by the United Nations

Nicola Davis

@NicolaKDavis

Tue 5 Jun 2018 23:01 BST

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A bed in a psychiatric day care centre in France. Photograph: BSIPA/Lamy

Mental health institutions in Europe are failing to safeguard residents' human rights, with many described as shocking by experts who have found not one institution among 75 visited across the continent fully met all of the standards set by the United Nations.

While some institutions took care to train staff to deal with crises, create individual recovery plans and provide access to legal support, others failed to even partially meet such standards.

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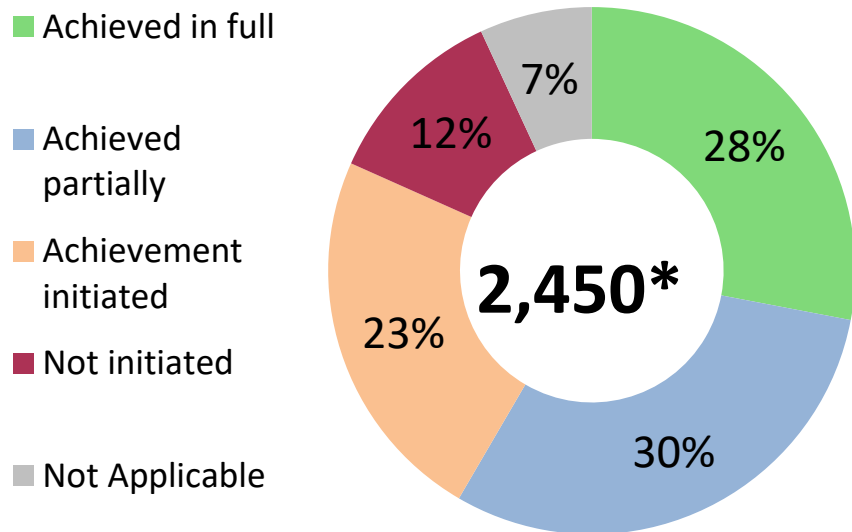
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Phase 2: WHO *QualityRights* assessment themes (relevant article of the CRPD)

1. Standard of living (*Article 28*)
2. Physical and mental health (*Article 25*)
3. Legal capacity and personal liberty (*Article 12 and 14*)
4. Freedom from torture and abuse (*Article 15 and 16*)
5. Independent living (*Article 19*)

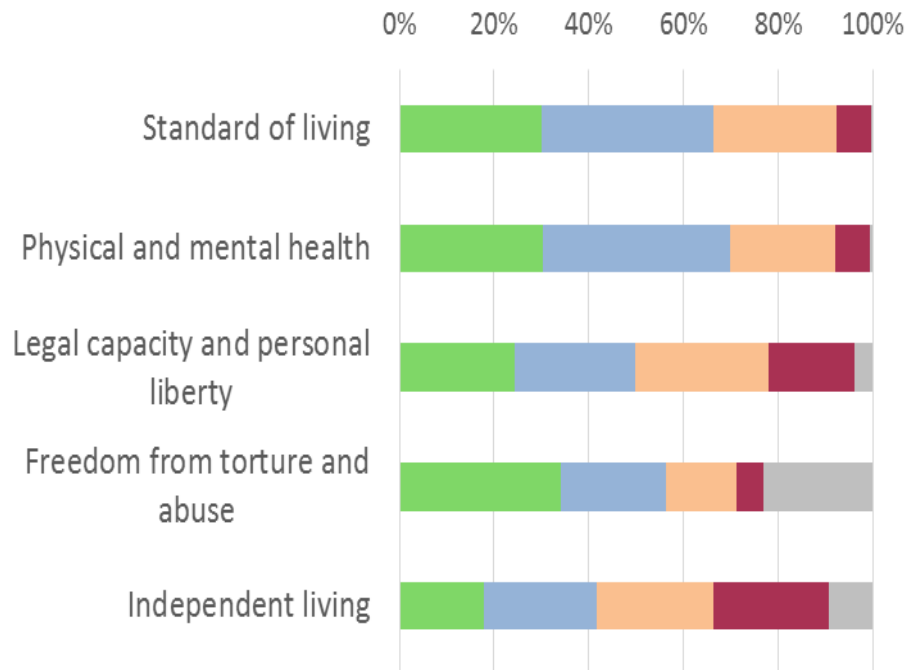
The percentage of scoring opportunities for Standards

In total:



* 98 facilities x
25 standards

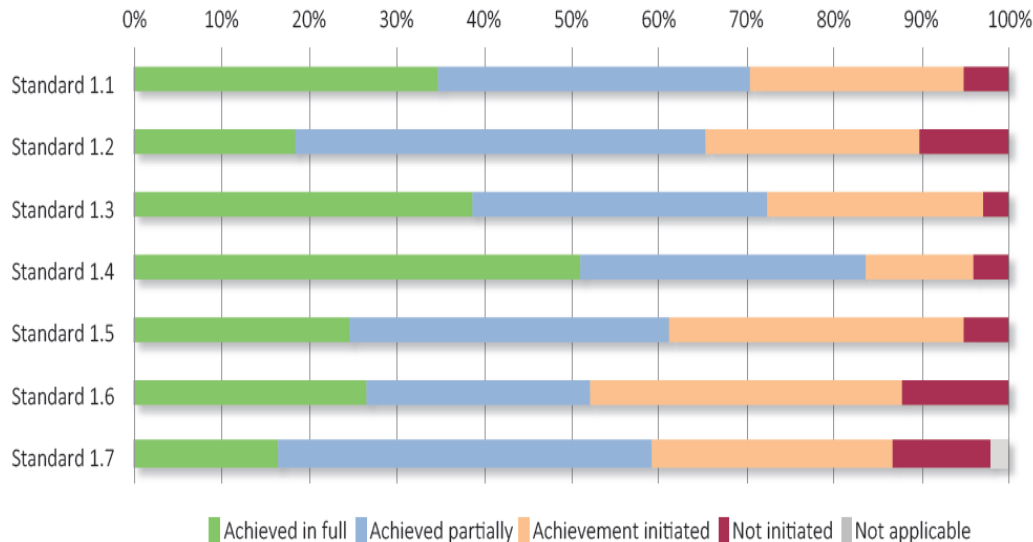
Within each Theme:



- ✓ Bathing and toilet facilities are adequate, modern and adapted to service users' needs. Privacy is guaranteed.
- ✓ Individual recovery plans are used and reviewed regularly with the service users.
- ✓ Contact details of legal representatives are posted in all areas of the institution.
- ✓ Clear information about the rights of service users is provided in written form.

- ✓ Staff are trained in alternative interventions to deal with crises.
- ✓ The policy of the institution is to grant paid employment to as many residents as possible.
- ✓ Service users participate in community activities and some work in the community.
- ✓ The institution has zero tolerance policy for disrespectful communication.

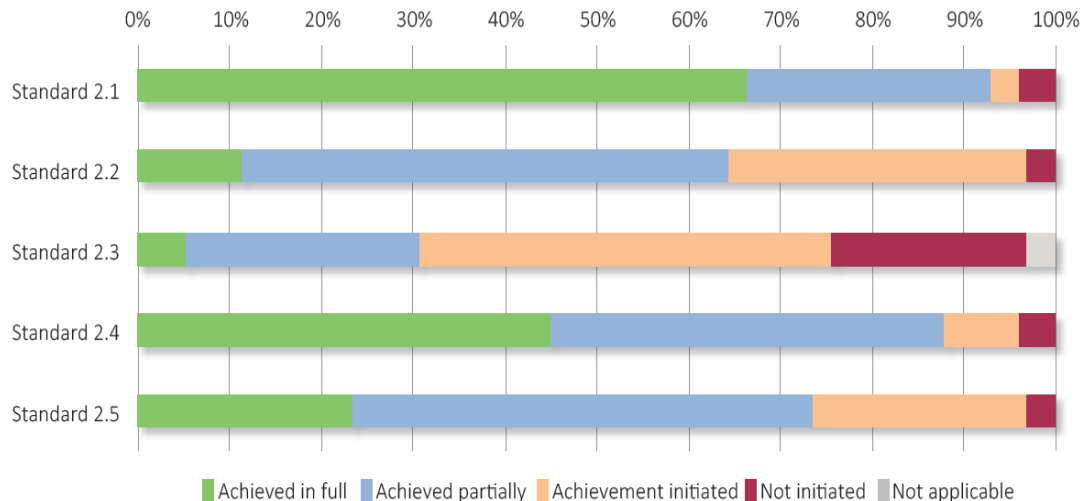
Theme 1: Standard of living



1. Physical conditions
2. Sleeping conditions
3. Hygiene/sanitation
4. Food/water, clothing
5. Free communication
6. Stimulating environment
7. Fulfilling social and personal life

- The building is dilapidated; many windows are broken; floors are uneven and with holes; doors to toilets are not wide enough for wheelchair users.
- There is no privacy in bathrooms, no toilet paper, no towels, no toothpaste, and no sanitary products for women.
- Some residents sleep on the floor.
- Service users are totally isolated and excluded from community life and activities.
- Residents live under supervision and control.

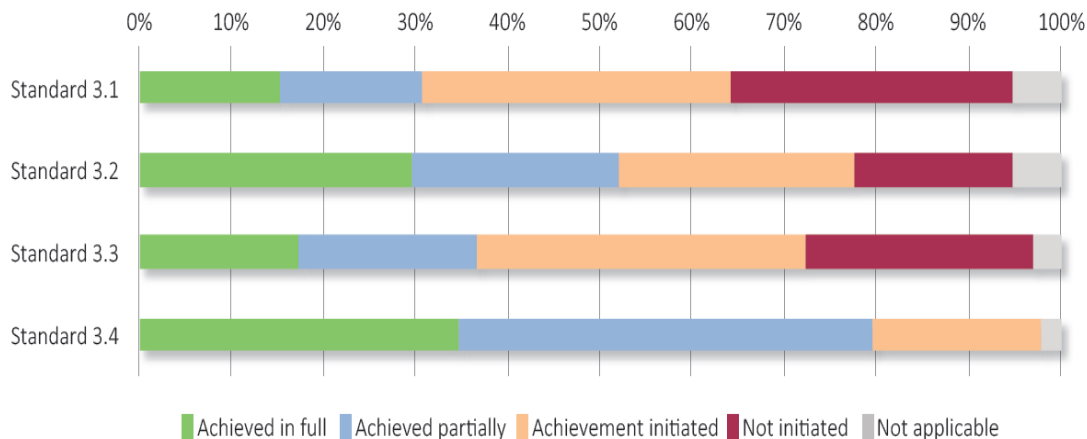
Theme 2: Physical and mental health



1. Availability
2. Skilled staff/quality MH care
3. Recovery approach
4. Psychotropic medication
5. General and reproductive health services

- Residents are poorly informed about their treatment and are not in a position to question it.
- Occasionally, there is a shortage of essential psychotropic medication in the facility.
- In some cases, the medical files of residents have not been updated for years.
- Residents face discrimination when accessing services at local hospitals.
- The number of mental health professionals is insufficient.
- Almost all residents in this institution have missing teeth.

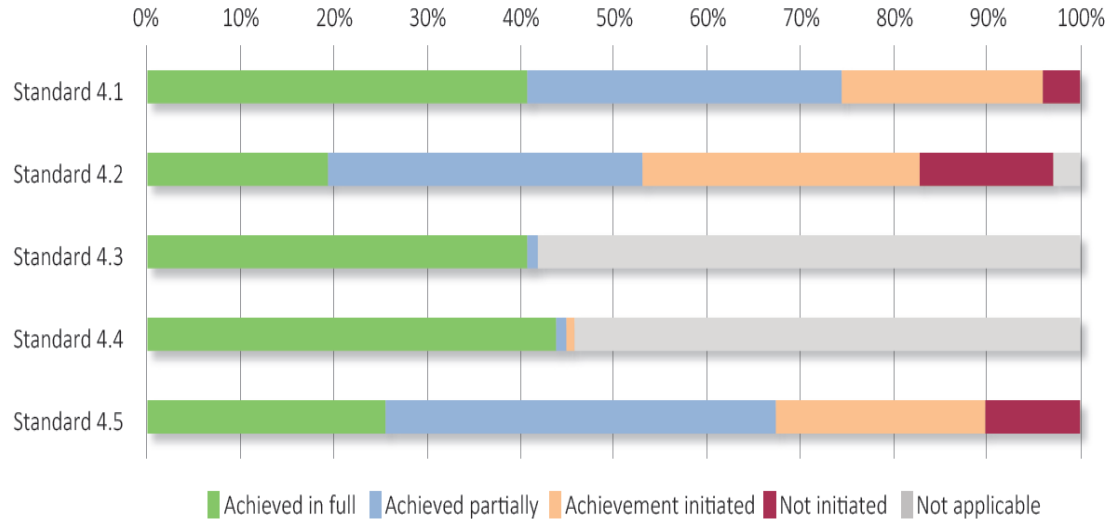
Theme 3: Legal capacity and personal liberty



1. Service user's preferences
2. Free and informed consent
3. Legal capacity
4. Confidentiality

- Unclear records and procedures concerning involuntary admission.
- Lack of evidence of the “informed” part of consent.
- Service users are given no information about their rights upon admission.
- Informed consent forms signed by guardians constitute “voluntary” admission.
- Most service users are admitted on the basis of a court decision.
- Movement inside and outside the facility is severely restricted.

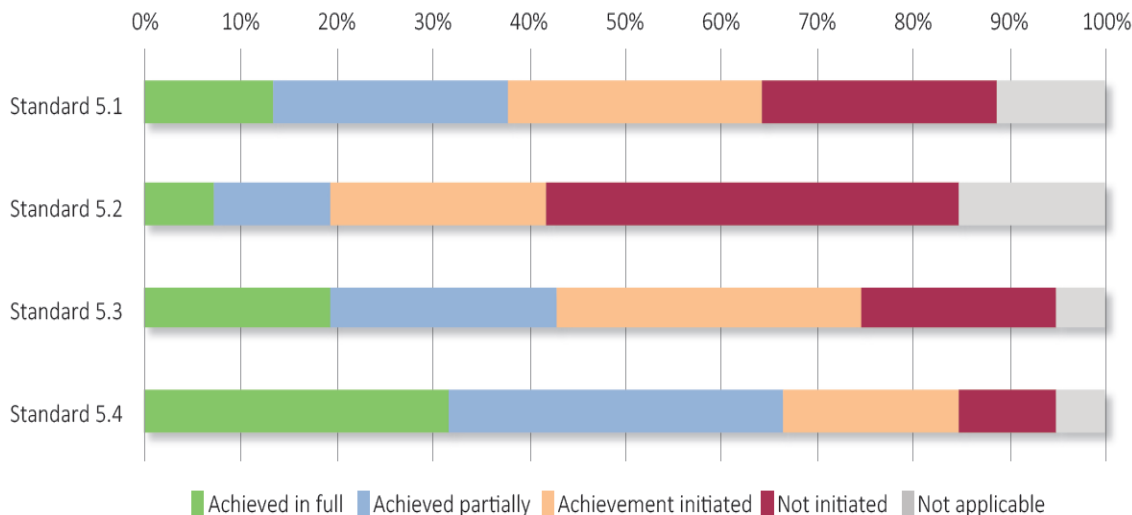
Theme 4: Freedom from torture and abuse



1. Freedom from abuse
2. Seclusion and restraint
3. Electroconvulsive therapy
4. Medical experimentation
5. Prevention of torture

- Service users are often subjected to physical restraint and are medicated while restrained.
- There is no procedure to allow residents to appeal confidentially or to file a complaint to an outside, independent legal body.
- The staff have never heard of the CRPD.
- Staff do not take residents' complaints seriously.
- Residents are discouraged from filing a complaint and some have experienced negative repercussions after making a complaint.
- Reports of sexual abuse are not investigated

Theme 5: Independent living



1. Housing in the community
2. Education and employment
3. Participation in political and public life
4. Social, cultural, religious and leisure activities

- This institutions is the end station in the existing care pathway.
- There is a shortage of independent housing options in the community.
- There are no assisted-living programmes, not even for those who own property.
- There are major systemic obstacles to employment of people with mental disabilities.
- Some staff were convinced that that their facility in essence provided supported housing, as close as possible to a normal living environment.

3 questions

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Next steps: from quality assessment to quality improvement

Aim

- To implement WHO quality standards for selected mental health facilities based on the QualityRights assessment reports and the CRPD, and to promote actions towards the realization of deinstitutionalization

Steps

- 1) Train national teams in mental health, human rights, recovery and service improvement (Vilnius, June 2018)
- 2) Develop and implement improvement plans (in association with persons with lived experience)
- 3) Evaluate costs, processes and impacts of quality improvement



Content of (face-to-face) training modules

Core mental health, human rights and recovery modules:

- Understanding human rights
- Mental health, human rights, and disability
- Improving the mental health service environment and promoting community inclusion
- Realising recovery and the right to health
- Protecting the right to legal capacity in mental health services
- Creating mental health services free from coercion, violence and abuse

Advanced modules:

- Supported decision making and advance planning
- Promoting recovery in mental health and related services
- Implementing strategies to end the use of seclusion and restraints and other coercive practices



Quality Rights capacity building: E-training

Foundation in Mental Health, Human Rights & Recovery

- Lessons (quizzes, short videos, fact sheets)
- Gamification features (eg. challenges, leader's board)
- Discussion forums
- Peer learning, sharing & coaching
- Certificates

WHO QualityRights
Act, unite and empower for mental health

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Services & supports- Best practice Guidance

Services & supports that:

- Operate without coercion
- Respond to people's needs
- Support recovery
- Promote autonomy & inclusion

Evaluation of services & supports:

- Costs
- Outcomes
- Sustainability
- Transferability





Thanks and feel free to contact:

Dan Chisholm
chisholmd@who.int

Melita Murko
murkom@who.int