Mental health, human rights and standards of care

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## Faculty Disclosure

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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?
### 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.
3 questions

1. What should we be aiming for?
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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)
European mental health institutions fall 'far below the standard,' WHO reports

By Rory Smith, CNN

Updated 19:38 GMT (02:38 HK) June 4, 2018

A WHO report examines European mental health institutions.
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

Mental health

Europe's mental health institutions uniformly substandard, says WHO

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.
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:

- Achieved in full: 28%
- Achieved partially: 12%
- Achievement initiated: 7%
- Not initiated: 23%
- Not Applicable: 30%

2,450*

Within each Theme:

- Standard of living
- Physical and mental health
- Legal capacity and personal liberty
- Freedom from torture and abuse
- Independent living

* 98 facilities x 25 standards
✓ 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.

In some cases, the medical files of residents have not been updated for years.

The number of mental health professionals is insufficient.

Occasionally, there is a shortage of essential psychotropic medication in the facility.

Residents face discrimination when accessing services at local hospitals.

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 institution 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 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
### 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
Lessons (quizzes, short videos, fact sheets)

Gamification features (eg. challenges, leader’s board)

Discussion forums

Peer learning, sharing & coaching

Certificates

Quality Rights capacity building: E-training
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
• Transfererability
Thanks and feel free to contact:

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