



EPA 2019

27th EUROPEAN CONGRESS
OF PSYCHIATRY



PSYCHIATRY IN
TRANSITION

TOWARDS
NEW MODELS,
GOALS &
CHALLENGES

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6-9 April 2019

#EPA2019

The Impact of the UN Convention on the Rights of Persons with Disabilities (CRPD) on Mental Health Policies, Research and Care

The users' and the EPA perspective

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GAMIAN-Europe, Secretary General

Warsaw, 06.04.2019

GAMIAN-Europe

We are a representative coalition of 53 patient organisations across 25 countries that seeks to put persons with mental health issues at the centre of all issues of the EU healthcare debate.

We bring together and support the development and policy influencing capacity of local, regional and national organisations active in the field of mental health.

Our GOALS are to represent the views of persons with mental health issues, ensure that this voice is heard in the development of sound EU and national level policies and ensure good services, care and empowerment for those affected by mental health issues.

GAMIAN-Europe and EPA

- Many of our interests are the same, such as investment in mental health, good quality care and respect for human rights.
- Memorandum of Understanding 2016
- European Parliament Interest Group on Mental Health)
- Joint policy statements
- Joint projects (Value of Treatment, Developing trust and effective care)



GAMIAN-Europe and EPA



important different priorities,
perspectives and interests,

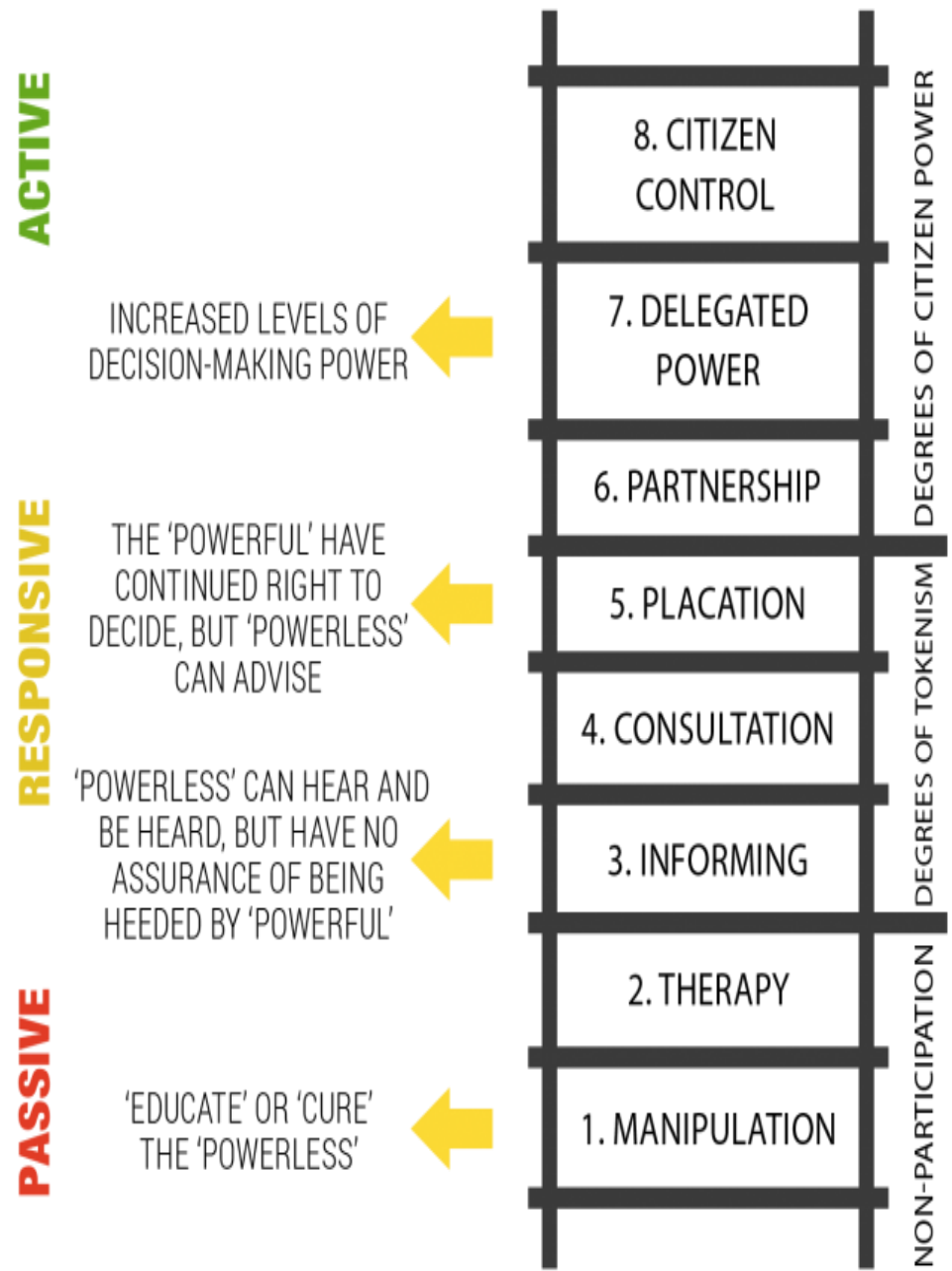
working together we will be much
more effective.

unify efforts to make the present
scenario of mental health, research
and care more comprehensive,
evidence-based and rights-centered

Historic decision

**GAMIAN-Europe President
joined
EPA Board**

From manipulation to control



“Closely consult with and actively involve”

is an obligation

under human rights law

The right to participation

CRPD article 4 point 3

CRPD article 33 point 3

- **Article 4.3 says** countries should work together with Organisations of Persons with Disabilities when they do anything to **make the rights in the Convention real** for persons with disabilities (make laws, use laws, make decisions that affect persons with disabilities)
- **“of” vs. “for”**

1966 International Covenant on Economic, Social and Cultural Rights [ICESCR]

the right to health:

**‘the right to the enjoyment of the highest
attainable standard of health without
discrimination’**

The CRPD & healthcare

CRPD, article 25 reiterates the formulation of the right to health as set out in the ICESCR

CRPD is not focused on health and/or healthcare

CRPD = based on a number of principles including the principles of autonomy and free choice, **equality**, respect for difference and non-discrimination, participation, inclusion and accessibility (CRPD, article 3)

Equality: a complex issue achieved
by law and through law

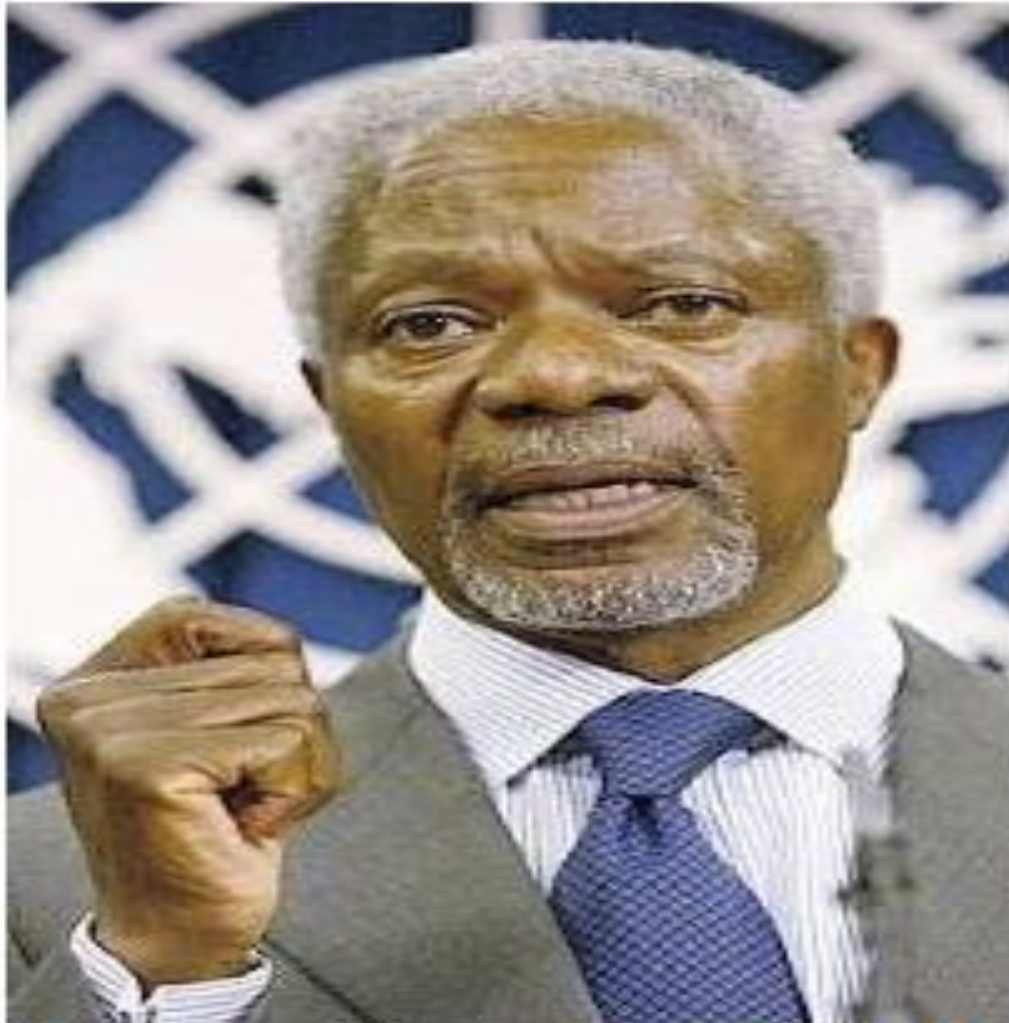
Fundamental rights are founded **in law** and
achieved **through the law**, for all

CRPD requires an **adjustment of these
principles and the approach
of medical law and ethics**

in order to do justice to the human rights of
people with disabilities
in the healthcare sector

- **Medical ethics** = traditionally centered on the principles of autonomy, beneficence, non-maleficence and justice.
- Health professionals decide how these principles are to be applied in individual cases.
- **The human rights of people with mental health issues** have frequently been disregarded or devalued within the healthcare system (explained by a lack of cooperation between the human rights and healthcare fields,
by voiceless and choiceless people,
by discriminatory laws which result in poor practices, and
by a lack of Inclusion of mental health issues in public health)

When treatment results in ill-treatment



"It is my aspiration that health will finally be seen not as a blessing to be wished for, but as a human right to be fought for."
former United Nations Secretary General,
Kofi Annan

Address to the 70th World Health Assembly
Dr Margaret Chan - Director-General of the WHO

Never forget the people.

Public health is trained in compassion and driven by passion.

This will always be our strength, our true comparative advantage.

Persuading others to share this value system is another way to maintain the momentum for better health.



- Though clear on informed consent, the CRPD is silent on forced treatment.
- CRPD neither explicitly permits force when someone lacks the capacity to consent to treatment nor does it ban forced psychiatric treatment.
- CRPD does not offer guidance as to the actions health professionals should take when, for whatever reason, it is not possible to seek patient consent.
- Void filled by UN Special Rapporteurs on Torture and on the right to health

CRPD = not focused on regulating the performance of health professionals.

CRPD = focused on guaranteeing that people with disabilities, irrespective of the cause, nature or severity of their impairments, and no matter their needs for medical care, actually get the healthcare they need and want

CRPD establishes priorities, ensuring that people with disabilities get ‘the same range, **quality** and standard of free or affordable healthcare and programmes as provided to other persons’ (CRPD, article 25(a))

Quality healthcare is an issue of social justice and a human right enshrined in the International Human Rights Treaties

**the People's Voice Advisory Board to the Lancet Global Health
Commission on High Quality Health System's
main conclusions:**

The care people receive is often inadequate, and poor quality care is common across conditions and countries, with the most vulnerable populations faring the worst

Health systems should measure and report what matters most to people, such as competent care, user experience, health outcomes, and confidence in the system

September 2018

<https://cdn2.sph.harvard.edu/wp-content/uploads/sites/90/2018/09/20180821-Peoples-Voice-FINAL1.pdf>

Modern concept of rule of law
urges us to avoid
the criminalisation of psychiatry
and
the psychiatrisation of criminal law



OBSERVER

Revealed: Greece's official persecution of its 'concentration camps' admits

Europe's guilty secret



1,300 lost souls left to rot

REPORT
State Power
Corruption

Over 100
thousand
Greek
refugees
left to rot



CITY FINAL
Express & Star
National Newspaper of the Year

STAFFORD HOSPITAL SCANDAL: THE FRANCIS REPORT

TODAY'S FOCUS - FOUR-PAGE SPECIAL INSIDE **THURSDAY** - EIGHT PAGES OF ANALYSIS

Patients paid with their lives as
hospital cut costs to hit targets

SACRIFICED

Nurses
had no
respect
or care

Stafford Hospital scandal: Francis report
Nurses had no respect or care
Patients paid with their lives as hospital cut costs to hit targets

The Daily Telegraph

3,000 more patients have died needlessly in hospital

Excessive mortality rates at the 100 most crowded hospitals in 1991, when 1,200 died

JAIL THREAT TO STAFF AT DEATH SCANDAL HOSPITAL



**Smile that says
Philip's on mind**



NORMALISATION OF **DEVIANCE**

We realize that we shouldn't be living in that situation BUT it has become normal;

It's nobody's individual responsibility to account for it OR to do anything;

Legal and ethical dilemmas for the responsible healthcare providers

what to do when laws prescribe forms of forced treatment, ignoring the consent of the patient, while the conditions under which the patient will be treated amount to inhuman and degrading treatment ???

- CRPD offers no guidance as to the actions health professionals must take beyond a non-discrimination approach.
- CRPD makes a process point about how these issues are to be discussed and decided upon.
- Article 4(3) of the CRPD imposes on States a general obligation when laws and policies are developed and implemented.

- Health professionals must abide by their national laws. What if their national laws do not comply with international human rights standards?
- Health professionals can capitalize on the authority of their prof. organizations and **liaise with patients' rights organizations** about how to instigate legal reform that better meets the healthcare needs of people with disabilities.

- Health professionals must become acquainted with the current international human rights standards.
- This coincides with recommendations made by the CRPD Committee: “training and legislative reforms should be done **‘in consultation and cooperation with persons with disabilities and their representative organizations, at the national, regional and local levels for all actors’**”



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