



Indian Journal of Psychiatry

OFFICIAL PUBLICATION OF THE INDIAN PSYCHIATRIC SOCIETY

ISSN 0019-5545

Volume 58, Number 3

July-September 2016

Now indexed with PubMed & Covered in Journal Citation Reports (JCR)

Announcement

Indian Journal of Psychiatry is shortly available on iOS & Android - tablets and phones



For more information visit page no. ix



Online at www.indianjpsychiatry.org

Medknow

EDITORIALS

- Gay rights, psychiatric fraternity, and India
T. S. SATHYANARAYANA RAO, G. PRASAD RAO, M. S. V. K. RAJU, GAUTAM SAHA, MUKESH JAGIWALA, K. S. JACOB 241
- Mental Health Care Bill, 2016: A boon or bane?
GUNDUGURTI PRASAD RAO, SURESH BADA MATH, M. S. V. K. RAJU, GAUTAM SAHA, MUKESH JAGIWALA, RAJESH SAGAR, T. S. SATHYANARAYANA RAO 244

GUEST EDITORIAL

- Mental health and human rights: Working in partnership with persons with a lived experience and their families and friends
AFZAL JAVED, M. AMERING 250

EDITORIAL COMMENTARY

- Five year plans and once in a decade interventions: Need to move from filling gaps to bridging chasms in mental health care in India
PRATIMA MURTHY, MOHAN K. ISAAC 253

REVIEW ARTICLE

- Management of obsessive compulsive disorder comorbid with bipolar disorder
FIROZ KAZHUNGIL, E. MOHANDAS 259

PLENARY ADDRESS

- Contemporary issues for delivery of mental health services in Commonwealth countries
RAJEN PRASAD, SIR ANAND SATYANAND 270

ORIGINAL ARTICLES

- Prevalence of psychiatric morbidity among cancer patients – hospital based, cross sectional survey
MOHAN ROY GOPALAN, VIDHUKUMAR KARUNAKARAN, ANIL PRABHAKARAN, KRISHNANNAIR LALITHAMMA JAYAKUMAR 275
- Metabolic syndrome and central obesity in depression: A cross sectional study
ANJU AGARWAL, MANU AGARWAL, KABIR GARG, PRONOB KUMAR DALAL, JITENDRA KUMAR TRIVEDI, J. S. SRIVASTAVA 281
- Psychiatrists' responsibilities with regards to patients' fitness to drive
MEHBOOB YAQUB, SHAJAHAN ISMAIL, SALLY BABIKER, T. S. SATHYANARAYANA RAO 287
- Stigma and its correlates in patients with schizophrenia attending a general hospital psychiatric unit
AAKANKSHA SINGH, SURENDRA K. MATTOO, SANDEEP GROVER 291
- Revisiting profile of deliberate self harm at a tertiary care hospital after an interval of 10 years
PARAMJEET SINGH, RAGHAV SHAH, PURAV MIDHA, AJITABH SONI, SUNIL BAGOTIA, KUSUM LATA GAUR 301
- Factors associated with resilience in wives of individuals with alcohol dependence syndrome
SREEJA SREEKUMAR, T. P. SUBHALAKSHMI, P. JOSEPH VARGHESE 307
- Olanzapine has better efficacy compared to risperidone for treatment of negative symptoms in schizophrenia
P. N. SURESH KUMAR, P. K. ANISH, V. RAJMOHAN 311
- Role of membrane cholesterol and lipid peroxidation in regulating the Na⁺/K⁺ ATPase activity in schizophrenia
SUPARNA ROY, ANINDYA DASGUPTA, USHASI BANERJEE, PIALI CHOWDHURY, ASHIS MUKHOPADHYAY, GAUTAM SAHA, OMPRAKASH SINGH 317

BRIEF RESEARCH COMMUNICATION

- Role of mindfulness in dissociative disorders among adolescents
TANYA SHARMA, VINOD K. SINHA, NEHA SAYEED 326

PG CME

- Premenstrual dysphoric disorder: General overview, treatment strategies, and focus on sertraline for symptom onset dosing
CHITTARANJAN ANDRADE 329
- Medicine, medical writing, and India
M. JACOB, K. S. JACOB 332

MISCELLANY

- Homosexuality – leaves from antiquity: Lesbian, gay, bisexual, and transgender population: A Tamil perspective
OTTILINGAM SOMASUNDARAM, A. G. TEJUS MURTHY 336

CASE REPORT

- Thrombocytopenia associated with olanzapine: A case report and review of literature
SWAPNAJEET SAHOO, HIMANSHU SINGLA, M. SPOORTY, PANKAJ MALHOTRA, SANDEEP GROVER 339

FROM THE ARCHIVES

- Madness and sanity at the time of Indian independence
SANJEEV JAIN, PRATIMA MURTHY, ALOK SARIN 342

ART AND PSYCHIATRY

- Free your mind: Mindfulness practice of Buddhist philosophy
SRAVANTI SANIVARAPU 345

LETTERS TO EDITOR

- Neuroscience based nomenclature and medicolegal significance
SMITHA RAMADAS 346
- Neuroscience based nomenclature and medicolegal significance: Response
CHITTARANJAN ANDRADE, T. S. SATHYANARAYANA RAO 346
- Clomipramine, clomiphene, and generic drug dispensing errors
AMAR BAVLE, CHITTARANJAN ANDRADE 347
- Feasibility and utility of short course fellowship training in brain stimulation techniques: Perspective of the trainee and trainer
SUJITA KUMAR KAR, URVAKHSH MEHERWAN MEHTA, GANESAN VENKATASUBRAMANIAN, JAGADISHA THIRTHALLI, BANGALORE N. GANGADHAR 348
- Depression among adolescent students in South India: How serious is the issue?
DIVYA TRIVEDI, NEHA DHAKAPPA, PARUL GHILDIAL, SHRAYYA DEEKONDA, SUMITHA SUBRAMANIAM, J. SRIVIDYA IYER, M. SHASHIDAR KOTIYAN 349
- Electroconvulsive therapy in a 73 year old woman with an implanted sacral neurostimulation device
RAJA MAHABALESHWAR HIREMANI 350
- Internet addiction disorder: Hype, a myth
RAJSHEKHAR BIPETA 351
- Response to "Letter To Editor: Internet addiction disorder: Hype, a myth"
P. K. DALAL, DEBASISH BASU 352

BOOK REVIEW

- Psychiatrist Dhirendranath
ASHISH SRIVASTAVA 354
- Statistical Methods in Psychiatric Research and SPSS
K. S. JACOB 356

Mental health and human rights: Working in partnership with persons with a lived experience and their families and friends

Afzal Javed, M. Amering¹

The Medical Centre, Nuneaton, CV11 6AS, UK, ¹Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria

The concept of human rights increasingly defines the discourse on ethical, moral, and legal frameworks of nations as well as international organizations. Their international and universal character was set out in the 1948 Universal Declaration of Human Rights and reinforced consistently ever since. At the same time, discussions on differences regarding their interpretation and application involve all of us on a daily basis on a political, professional, and personal level.

Although human rights are promoted in a wider perspective and all population groups fall under their protection, there are on-going discourses around the world over the human rights needs of individuals diagnosed with psychiatric disorders and those experiencing mental health problems. Reports have confirmed the severity of human rights violations among this group almost in all cultures and countries though there are variations in frequency, intensity or severity. The practices and policies to follow human rights also change from one country to another with a number of concerns for disparities.

RECENT HISTORIC FIRSTS

In recent years, several historic firsts occurred, which have a strong bearing on the current developments in mental health and human rights:

- For the first time in history, the human rights for persons with disabilities were specifically formulated in the 2006 United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD). This was deemed necessary because persons with disabilities have been denied their human rights on many levels and in all cultures and societies despite the fact that all prior human rights legislation, of course, applies to persons with disabilities in the same way as to every human being. This process of assessing the human rights situation of a particular group of people responding to the documented need for extra attention can be understood in analogy with the formulation of

the UN-Convention on the Elimination of All Forms of Discrimination against Women in 1979 or the UN-Convention on the Rights of the Child in 1989

- For the first time in history persons with a lived experience of disability were part of the negotiating process at the United Nations. This brought about a plethora of novel experiences and “New Diplomacy” strategies with remarkable successes and only partly overcome stumble blocks^[1]
- For the first time in history persons with a lived experience of disabilities from mental health problems (psychosocial disabilities) joined the movement of disability activists and were equal partners in the process of drafting the UN-CRPD. As a result, the convention obliges states to involve persons with disabilities in policy development. Therefore, from now on, people with a lived experience background will as rights-holders be part of the activities of international and national monitoring bodies with regard to UN-CRPD as well as all negotiating processes of international, national or local policies that concern their care and their lives in their communities.

Furthermore, the UN-CRPD has a place in history with an exceptionally fast ratification process. By June 2016, 165 States Parties have ratified the UN-CRPD, thereby making it applicable in their countries. The consequent changes in policy and practice of mental health care concern high- as well as low- and middle-income countries.^[2] As a majority of people will be experiencing some form of disability either personally or as a family carer or friend at some point in time in their lives and disabilities from mental health problems affect millions of people all around the globe the significance of the claims and consequences of a successful meeting of the obligations of this particular UN-Convention can hardly be overestimated.

THE UN-CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

The UN-CRPD includes freedom rights, such as the right to be free from exploitation, violence and abuse and requests nondiscrimination in terms of capacity and equal recognition before the law. The first of many to

Address for correspondence: Dr. Afzal Javed,
The Medical Centre, Manor Court Avenue, Nuneaton,
CV11 6AS, UK.
E-mail: afzal.javed@ntlworld.com

follow comments by the UN Convention on the Rights of Persons with Disabilities (CRPD), a body of independent experts which monitors implementation of the convention by the States Parties, concerned a most controversial issue for psychiatry. In 2014, the committee set forth an interpretation of Article 12 on equal recognition before the law, which requests the replacing of all substituted decision-making regimes with supported decision-making alternatives. At the same time – in another historical first the UN Rapporteur on torture and other cruel, inhuman or degrading treatment – an independent expert appointed by the UN Human Rights Council – voiced serious concerns about discrimination against people with psychosocial disabilities and the domestic legislations and practices in many parts of the world. The comment was widely contested as was the report. Efforts toward a realistic way forward include calls for a broad discussion including mental health practitioners and a wide range of service user groups and family carers as well as specific interventions such as reform of guardianship laws or the promotion of advance directives in mental health care. The latter have received special attention in India as they were introduced in 2013 as part of the Mental Health Care Bill.^[3]

The concept of nondiscrimination also informs another essential part of UN-CRPD provisions, which formulate core entitlement rights, for example, Article 19 on Living Independently and Being Included in the Community stating that “States Parties to this convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.” The UN Committee on the Rights of Persons with Disabilities held a Day of General Discussion specifically on Article 19 of the CRPD in April 2016.

Our work with the World Association of Psychosocial Rehabilitation (WAPR) along with its joint work with WHO in line with the WHO Community-based Rehabilitation Guidelines^[4] and the WHO QualityRights Tool Kit^[5] also directs our attention especially to the following UN-CRPD articles pertinent to the core tasks of psychosocial rehabilitation:

- Article 24 - Education
- Article 25 - Health
- Article 26 - Habilitation and rehabilitation
- Article 27 - Work and employment
- Article 28 - Adequate standard of living and social protection
- Article 29 - Participation in political and public life
- Article 30 - Participation in cultural life, recreation, leisure, and sport
- Article 31 - Statistics and data
- Article 32 - International cooperation.

WAPR in their general board meeting at the 2015 World Congress in Seoul approved a policy document and statement supporting UN-CRPD guidance and urged its incorporation, also in daily practices in the field of rehabilitation.^[6]

WORKING IN PARTNERSHIP

The UN-CRPD highlights the role of barriers that hinder the full and equal enjoyment of all human rights by persons with disabilities on different levels. Its focus on nondiscrimination and social inclusion goes hand in hand with the participatory process of its drafting. Consequently, it makes the consultation of its constituency mandatory: No policy development, no amendment of legislation or elaboration of new regulations shall be undertaken without including experts in their own right: Persons with a lived experience of mental health problems and services. Specific examples concern the obligations to “closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations in the development and implementation of legislation and policies to implement the present convention, and in other decision-making processes, concerning issues relating to persons with disabilities (Article 4 (3)) as well as in the mandatory monitoring process CRPD (Article 33 (3)).”

WHO in its Mental Health Action Plan 2013-2020 relies on human rights as one of six cross-cutting principles formulating that “mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the convention on the rights of persons with disabilities and other international and regional human rights instruments”^[7] and proposes actions for collaborations with users and family carers and to ensure the involvement of people with a lived experience through formal mechanisms giving them the “authority to influence the process of designing, planning and implementing policies, laws and services.”^[7]

World Psychiatric Associations (WPA’s) recommendations for the international mental health community on best practices in working with service users and carers,^[8] state that “based on the understanding that recovery from mental illness includes attention to social and economic inclusion as well as adequate access to a balanced system of hospital and community mental health care, the WPA recommends to the international mental health community the following approach for collaborative work between mental health practitioners, service users, and family/carers.” The first of the ten recommendations concerns the notion that “Respecting human rights is the basis of successful partnerships for mental health.” Recommendations include the call to include users

and carers in the development of policy and practice as well as to promote and support the development of service users' and family carers' organizations and were validated by a consequent amendment of the WPA Madrid Declaration on Ethical Standards for Psychiatric Practice in 2011.^[9]

The Trialog movement, which originated in Germany almost 30 years ago^[10] and is meeting growing international interest during recent years,^[11] is an exercise in communication between service users, families and friends and mental health workers on equal footing. Trialog groups teach many of the skills we will need to make use of the mandated communications and collaborations between mental health-care users and user activists, family carers and friends, and mental health professionals and policy makers outside and beyond traditional clinical and pedagogic encounters, which are needed to strengthen a rights-based approach in the field of mental health and further civil society involvement. Trialogues are indicative of our capacity to acquire the expertise to learn from each other and to gain from serious discussions of adverse issues as well as the great possibilities of cooperative efforts and coordinated action.

CONCLUSION

The current literature clearly demonstrates the increased incorporation of human rights in supporting people with mental health problems and disabilities. This does and will further strengthen the programs addressing issues related to abuse and violations of rights in our field. These efforts should be expanded to ensure global coverage and support systems that address the needs of persons with mental health problems and their families and friends in an even more open, transparent way. While the concepts of health are getting refined, mental health will continue to be an integral component of general health with widespread consequences for human rights violations, including discrimination, in this area.

REFERENCES

1. Sabatello M, Schulze M, editors. Human Rights and Disability Advocacy. Pennsylvania, USA: University of Pennsylvania Press; 2013.
2. Poreddi V, Ramachandra, Reddemma K, Math SB. People with mental illness and human rights: A developing countries perspective. *Indian J Psychiatry* 2013;55:117-24.
3. Ratnam A, Rudra A, Chatterjee K, Das RC. Psychiatric advance directives in India: What will the future hold? *Asian J Psychiatr* 2015;16:36-40.
4. WHO (2010) Community-Based Rehabilitation Guidelines; 2010. Available from: <http://www.who.int/disabilities/cbr/guidelines/en/>. [Last retrieved on 2016 Feb 14].
5. WHO (2012) WHO QualityRights Tool Kit; 2012. Available from: http://www.who.int/mental_health/publications/QualityRights_toolkit/en/. [Last retrieved on 2016 Feb 14].
6. World Association of Psychosocial Rehabilitation; 2016. Available from: <http://www.wapr.info>. [Last retrieved on 2016 Feb 14].
7. WHO (2013) Mental Health Action Plan 2013-2020; 2013. Available from: http://www.who.int/mental_health/action_plan_2013/bw_version.pdf. [Last retrieved on 2016 Feb 14].
8. Wallcraft J, Amering M, Freidin J, Davar B, Froggatt D, Jafri H, *et al*. Partnerships for better mental health worldwide: WPA recommendations on best practices in working with service users and family carers. *World Psychiatry* 2011;10:229-36.
9. WPA Madrid Declaration on Ethical Standards for Psychiatric Practice. Available from: http://www.wpanet.org/detail.php?section_id=5&content_id=48. [Last retrieved on 2016 Feb 14].
10. Amering M, Mikus M, Steffen S. Recovery in Austria: Mental health trialogue. *Int Rev Psychiatry* 2012;24:11-8.
11. Mental Health Trialogue Network, Ireland. Available from: <http://www.trialogue.co>. [Last retrieved on 2016 Feb 14].

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online	
Website: www.indianjpsychiatry.org	Quick Response Code 
DOI: 10.4103/0019-5545.192002	

How to cite this article: Javed A, Amering M. Mental health and human rights: Working in partnership with persons with a lived experience and their families and friends. *Indian J Psychiatry* 2016;58:250-2.

"Quick Response Code" link for full text articles

The journal issue has a unique new feature for reaching to the journal's website without typing a single letter. Each article on its first page has a "Quick Response Code". Using any mobile or other hand-held device with camera and GPRS/other internet source, one can reach to the full text of that particular article on the journal's website. Start a QR-code reading software (see list of free applications from <http://tinyurl.com/yzh2tc>) and point the camera to the QR-code printed in the journal. It will automatically take you to the HTML full text of that article. One can also use a desktop or laptop with web camera for similar functionality. See <http://tinyurl.com/2bw7fn3> or <http://tinyurl.com/3ysr3me> for the free applications.