

Mental Health, human rights and legislation. Guidance and Practice.Gabriele Rocca¹¹WAPR President (garocca2015@gmail.com)

A very important event took place on the 9. October 2023: The presentation of the “*Mental Health, human rights and legislation. Guidance and practice*” document co-published by the World Health Organization and the United Nations (on behalf of the Office of the United Nations High Commissioner for Human Rights). The joint participation of these two bodies underlines the relationship between mental health and human rights, and the need to create mental health systems capable of responding to population needs. The Convention on the Rights of Persons with Disabilities (CRPD) clearly defined the boundaries within which legal relationships between citizens and institutions should be established: everyone (including people with disabilities) has the right to access high-quality care and support without discrimination or the violation of any of their human rights. With the aim of establishing mental health systems that are capable of providing person-centered care, the Guidance reaffirms these values and suggests operational models to promote personal autonomy and remove the barriers obstructing access to the full rights of citizenship. The implementation of rights-based mental health systems requires de-institutionalization, the ending of coercive practices, and the promotion of supported decision making. It furthermore requires community inclusion, and full participation in all aspects of life. It is emphasized that this requires action not only in terms of health care interventions, but also economic and social policies that commit governments, institutions and agencies to supporting them. Cross-sectoral reform is needed to activate all community resources, influence the social determinants affecting well-being, and create mental health services that are not limited to health care.

All of the phases of legislative action can be enhanced by the broad involvement of all stakeholders, including people with lived experience and their family members. The Guidance urges the participation of local and national associations as intermediaries representing particular interests that can provide qualified indications concerning the implementation of services, but the involvement of people with lived experience gives voice to their subjectivity and places the life stories of users at the center of the reform debate. The constitution of the WAPR indicates that its main objectives include “promoting the adoption of policies and legislation by national governments and intergovernmental agencies designed to strengthen rehabilitation services, opportunities, and financial resources, to meet both the basic and special needs of the population”. This means we have to go beyond seeing mental health as a medical issue. One of the qualifying aspects of the care of and collaboration with persons with a mental health condition is an ability to face social stigma. We must create conditions that ensure respect for legal capacity and that informed consent is included in any therapeutic project. Respect for human rights and the involvement of people with lived experience cannot be considered mere ideological dressing but need to represent substantial technical aspects of everyday practice that affect the quality of care and, consequently, treatment outcomes. Furthermore, appropriate consideration of social determinants requires the implementation of mental health services that, without losing any of their healthcare specificity, are integrated with social and other services in order to overcome the barriers limiting full participation in social life in the community.

To do this, it is necessary to promote pathways aimed at developing new rules and designing new institutional structures capable of reflecting the complexity of the issues involved while fully respecting the history and culture of individual countries. These pathways require the broad involvement of various stakeholders in order to ensure that mental health system reform goes hand in hand with legal and cultural

change, particularly in the crucial field of the relationships between individuals and institutions.

The recent joint publication of the WHO and UN gives substance to the principles inspiring possible reforms and simultaneously provides the elements necessary to define an operational process that is capable of meeting the challenge represented by the complexity of mental health.

Finally, I would like to take this opportunity to thank Michelle Funk and Deborah Kestel for inviting the WAPR to contribute suggestions during the drawing up of the Guidance. Our collaboration with the WHO forms of part of our history and will also characterize our activities in the future.

<https://www.who.int/publications/i/item/9789240080737>