

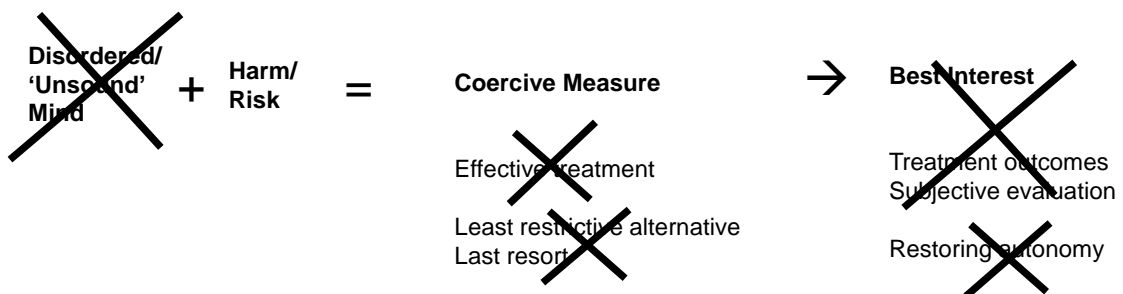
Human rights-based mental health support – An outline

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The ethical justification of coercive measures in mental health care



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Who is in charge of definitions and terminologies of mental health issues?



Feature

WHO DECIDES THE AUTISM SCIENCE AGENDA?

Despite broader acceptance of neurodiversity, autistic advocates and scientists are still fighting for a chance to set priorities in the research. **By Emiliano Rodríguez Mega**

238 | Nature | Vol 617 | 11 May 2023

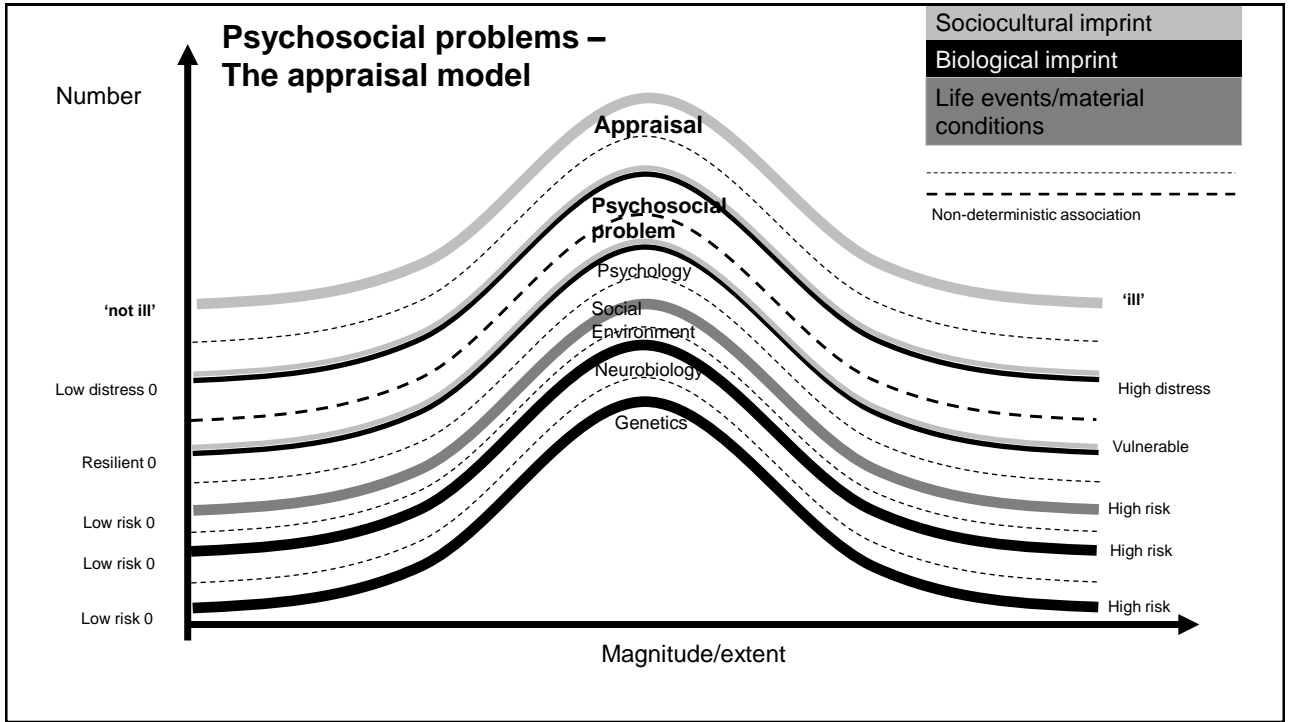
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Terminology is key...

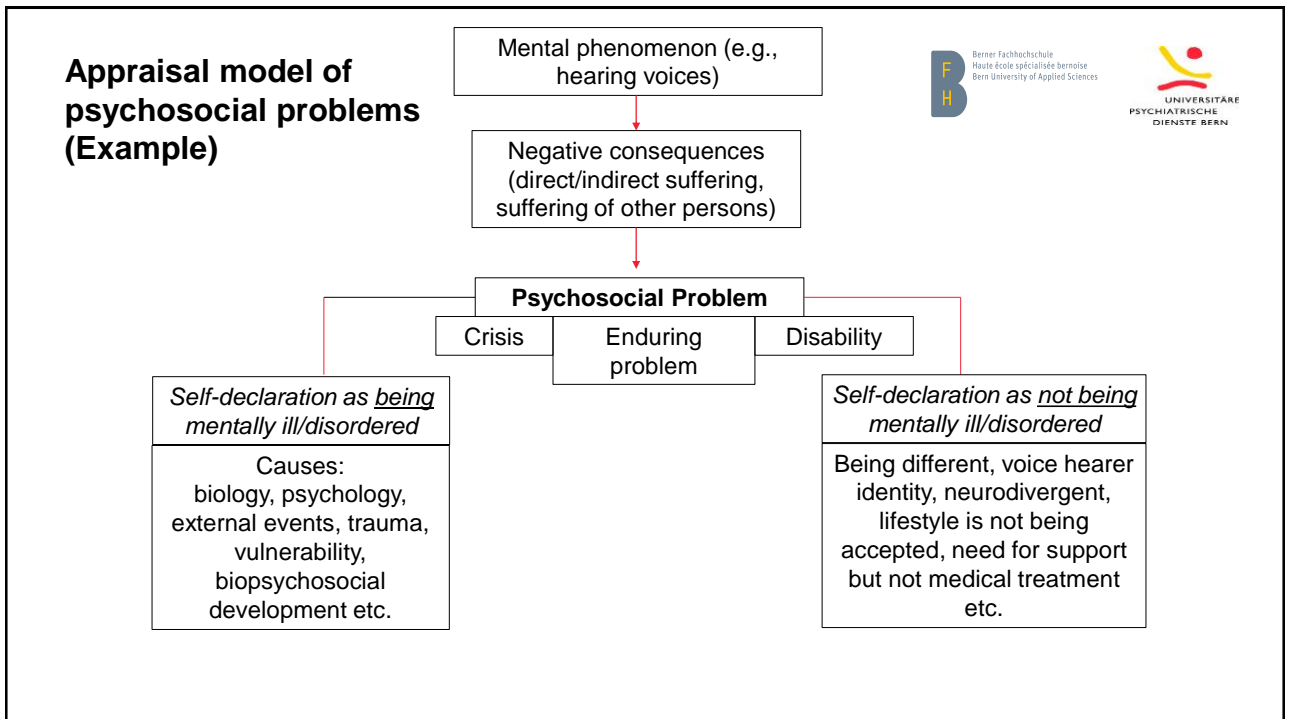


- Human rights-based mental health support is based on the will and preferences of people concerned
- To respect the diversity of perspectives and to be as inclusive as possible, we've got to rename crucial aspects related to mental health:
 - Mental health care → mental health support (which may include a medical care perspective)
 - Mental disorders → mental health issues/psychosocial problems (which may include an illness perspective)

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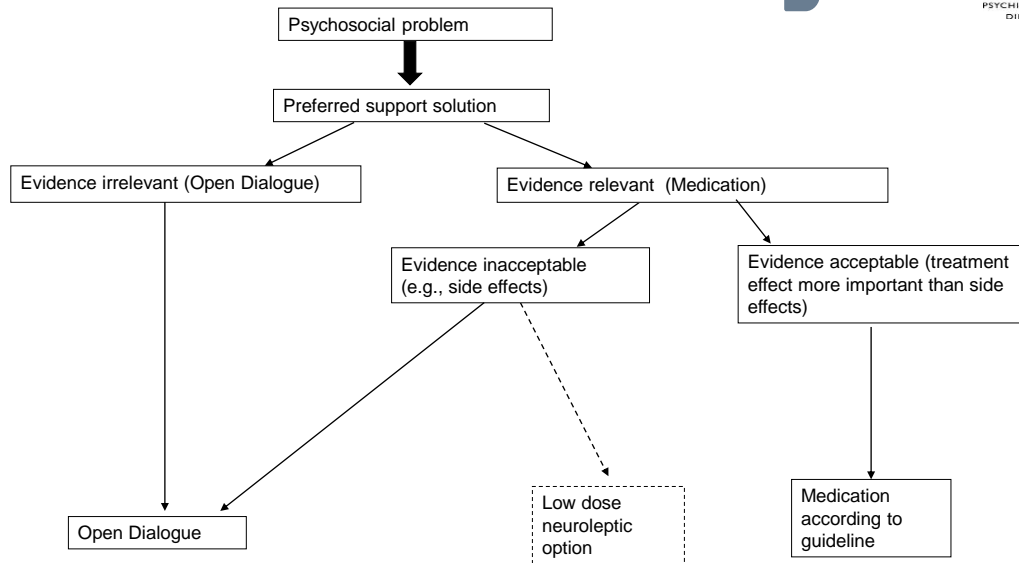


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Preference first algorithm



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Human rights in the history of psychiatry

- ?? until 18th century: human rights were basically unknown
 - It was up to the family to keep 'difficult' people apart from the public
- 18th century until the 1970s/1980s: human rights were ignored
 - Asylum era; oftentimes long-term stay and treatment against people's will
- 1970s/1980s until today: human rights are to be considered
 - Restriction of individual rights have to be medically justified

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Outline of human-rights based mental health support I

	Disregarding human rights	Consideration of human rights	Based on human rights
Focus	Institution-centered	Person-centered	Person-driven
Decision criterion	Eminence (medical-scientific authority)	Evidence	Preference of the person concerned
Decision making	Professional substituted decision	Intended but not realized shared decision making	Supported decision making
Legal basis of the supply	Predominantly involuntary	Full voluntariness, informal coercion, compulsory measure	Only voluntary (Ulysses clauses excluded)
Legal capacity	Predominantly denied	Restricted under certain circumstances	Extensively granted
Coercion	Predominantly forced placement and treatment	Social control in the community; coercive treatment not the rule, but frequent	No coercion in care; normality principle; quarantine in case of enduring danger to others

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Outline of human-rights based mental health support II

	Disregarding human rights	Consideration of human rights	Based on human rights
Point of care/support	Asylum/Institution	Hospital and community	According to preference
Supply model	Institutional psychiatry	Community psychiatry	Psychosocial support according to preference (also exclusively medical treatment)
Disease model	Psychodynamic, biomedical	Biopsychosocial	Psychosocial problems - plurality of models
Health Model	None	Symptom absence, later quality of life	Psychosocial health - individual priorities
Professional approach	Detention	Treatment/Care	According to preference (treatment/support/coaching/peer support)
Symptoms	Suppressed	Treated	Handling according to preference

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Outline of human-rights based mental health support III

	Disregarding human rights	Consideration of human rights	Based on human rights
Importance of the diagnosis	Broad diagnostic groups, prognostic function	Central feature of the treatment as well as the organization of treatment	According to preference and disease model
Objective	Monitoring the person	Symptom management	Individual goals (according to preference)
Main intervention	Body therapies/medication	Medication/psychotherapy for special indications	According to preference
Medication	Often by compulsion	Prescription, possibly against the will	Professionally supported self-determined intake
Professions in care	Dominance of the medical profession	Multi-professional team under medical leadership	Multi-professional team without dominance of professional groups; inclusion of users as peer support

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Outline of human-rights based mental health support IV

	Disregarding human rights	Consideration of human rights	Based on human rights
Social objective	Social exclusion	Social integration	Social inclusion
Rehabilitation	None (living and working in the institution)	Rehabilitation ladder (linear continuum approach)	Supported inclusion
Research perspective	Users as objects of research	Mental disorder, somewhat including the user perspective (e.g. satisfaction and quality of life)	Active involvement of service users in research planning and study conduction
Role of users in professional education	Users as exposed objects	Users as objects of clinical education	Service users as teachers
Access to documentation for users	No transparency	Semi-transparency	Full transparency

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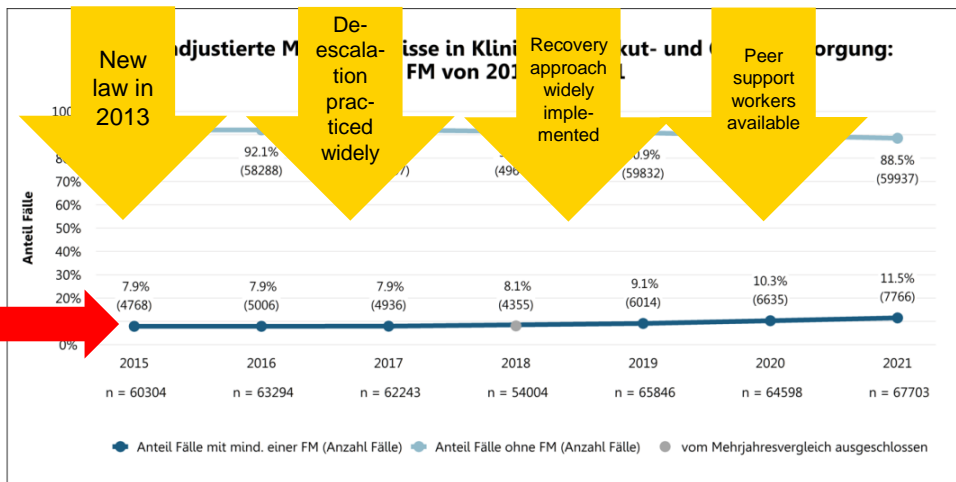
Outline of human-rights based mental health support V



	Disregarding human rights	Consideration of human rights	Based on human rights
Needs/requirements	Physical needs	'Objective' psychosocial needs (plus satisfaction and quality of life)	Subjective psychosocial and/or medical needs
Deficits/Strengths	Deficit orientation	Balance of deficits and strengths	According to preference, strengths orientation predominantly
Risk orientation	Risk avoidance	Risk minimization	Constructive handling of risks (positive risk-taking)
Power balance	In favour of the professionals	Intended but not realised balance	In favour of the service user

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Rate of coercive measures in mental health care, Switzerland 2015 to 2021



ANQ: Symptombelastung und Freiheitsbeschränkende Massnahmen – Stationäre Psychiatrie Erwachsene Nationaler Vergleichsbericht 2021

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The screenshot shows a web browser displaying an article page. The browser's address bar shows the URL: <https://www.cambridge.org/core/journals/behavioral-and-brain-sciences/>. The article title is "The i-frame and the s-frame: How focusing on individual-level solutions has led behavioral public policy astray". The authors are Nick Chater and George Loewenstein. The article is published online by Cambridge University Press on 05 September 2022. The abstract text reads: "An influential line of thinking in behavioral science, to which the two authors have long subscribed, is that many of society's most pressing problems can be addressed cheaply and effectively at the level of the individual, without modifying the system in which the individual operates. We now believe this was a mistake, along with, we suspect, many colleagues in both the academic and policy communities. Results from such interventions have been disappointingly modest. But more importantly, they". The page also features a sidebar with "Related content" and "Cited by" sections.

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Human rights-based support Non-medical, peer-run crisis refuge



- <https://www.youtube.com/watch?v=HNZ3zeYMFog>

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Summary and discussion points



- Psychiatric coercion is unethical
- There is a need to develop alternative non-coercive support systems that work for people who are usually admitted to conventional inpatient services
- A human rights-based approach should be based on the will and preferences of the people concerned
- Key to a new approach is to let people decide about their illness status and about support priorities
- Piecemeal steps for reducing coercion have brought some reforms in individual institutions but have not brought coercive measures down in general
- Instead of individual reforms we have to think in terms of entire systems that need to be changed

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Thanks for listening



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