



New WHO guidance seeks to put an end to human rights violations in mental health care

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Globally, the majority of mental health care continues to be provided in psychiatric hospitals, and human rights abuses and coercive practices remain all too common. But providing community-based mental health care that is both respectful of human rights and focused on recovery is proving successful and cost-effective, according to new guidance released today by the World Health Organization.

Mental health care recommended in the new guidance should be located in the community and should not only encompass mental health care but also support for day-to-day living, such as facilitating access to accommodation and links with education and employment services.

WHO's new "Guidance on community mental health services: promoting person-centred and rights-based approaches" further affirms that mental health care must be grounded in a human rights-based approach, as recommended by the WHO Comprehensive Mental Health Action Plan 2020-2030 endorsed by the World Health Assembly in May 2021.

Much faster transition to redesigned mental health services required

"This comprehensive new guidance provides a strong argument for a much faster transition from mental health services that use coercion and focus almost exclusively on the use of medication to manage symptoms of mental health conditions, to a more holistic approach that takes into account the specific circumstances and wishes of the individual and offers a variety of approaches for treatment and support," said Dr Michelle Funk of the Department of Mental Health and Substance Use, who led the development of the guidance.

Since the adoption of the *Convention on the Rights of Persons with Disabilities (CRPD)* in 2006, an increasing number of countries have sought to reform their laws, policies and services related to mental health care. However, to date, few countries have established the frameworks necessary to meet the far-reaching changes required by international human rights standards. Reports from around the world highlight that severe human rights abuses and coercive practices are still far too common in countries of all income levels. Examples include forced admission and forced treatment; manual, physical and chemical restraint; unsanitary living conditions; and physical and verbal abuse.

The majority of government mental health budgets still goes to psychiatric hospitals


According to WHO's latest estimates, governments spend less than 2% of their health budgets on mental health. Furthermore, the majority of reported expenditure on mental health is allocated to psychiatric hospitals, except in high-income countries where the figure is around 43%.

The new guidance, which is intended primarily for people with responsibility for organizing and managing mental health care, presents details of what is required in areas such as mental health law, policy and strategy, service delivery, financing, workforce development and civil society participation in order for mental health services to be compliant with the CRPD.

It includes examples from countries including Brazil, India, Kenya, Myanmar, New Zealand, Norway and the United Kingdom of community-based mental health services that have demonstrated good practices in respect of non-coercive practices, community inclusion, and respect of people's legal capacity (i.e. the right to make decisions about their treatment and life).

Services include crisis support, mental health services provided within general hospitals, outreach services, supported living approaches and support provided by peer groups. Information about financing and results of evaluations of the services presented are included. Cost comparisons provided indicate that the community-based services showcased produce good outcomes, are preferred by service users and can be provided at comparable cost to mainstream mental health services.


"Transformation of mental health service provision must, however, be accompanied by significant changes in the social sector," said Gerard Quinn, UN Special Rapporteur on the Rights of Persons with Disabilities. "Until that happens, the discrimination that prevents people with mental health conditions from leading full and productive lives will continue."



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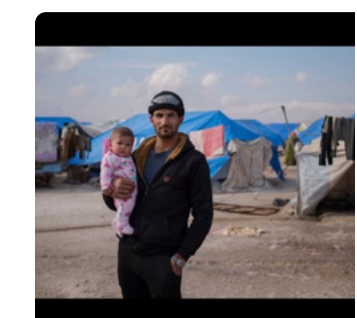
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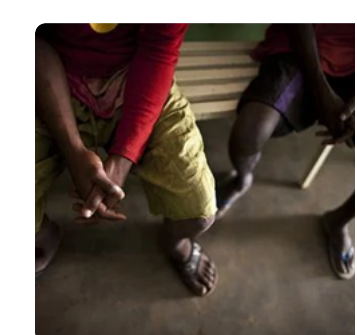
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