

## 'There is no health without mental health' – UN Special Rapporteur on the Right to Health<sup>1</sup>

30 November 2023

### **The Psychological Society of Ireland's (PSI) Special Interest Group in Human Rights and Psychology's (SIGHRP) comment to inform the International Union of Psychological Science's (IUPsyS) stakeholder consultation on the launch of the World Health Organisation's (WHO), and the Office of the United Nations High Commissioner for Human Rights (OHCHR), guidance on mental health, human rights, and legislation.**

The Psychological Society of Ireland's (PSI) Special Interest Group in Human Rights and Psychology (SIGHRP) welcomes the invitation to provide feedback to the PSI to comment via the International Union of Psychological Science (IUPsyS) on the launch of the [World Health Organisation's \(WHO\), and the Office of the United Nations High Commissioner for Human Rights \(OHCHR\), guidance on mental health, human rights, and legislation.](#)

The Rep. of Ireland is undergoing major human rights-based mental health reform and this new legislative landscape aligns in many respects with the principles set out by the WHO, and the OHCHR, guidance. We found Chapter 3 of the guidance, explaining how to best develop, implement, and evaluate mental health-related legislation following a rights-based process, particularly informative. We recommend foregrounding Box 1 (p.6) with links to 'Quality Rights materials and tools' in all considerations, specifically the **WHO Quality Rights e-training on mental health, recovery and community inclusion, and the best-practice suite of legislative content checklists** (pp. 139-163).

SIGHRP recognises that the principles of person-centred, trauma-informed, human rights based and recovery-oriented care and services are increasingly observed to positively transform mental health service delivery. The recent advocacy work we have undertaken comprehensively documents the reforms to mental health legislation underway for the Rep. of Ireland, and these reforms will be the new legal landscape in which psychologists and health professionals must operate<sup>2</sup>. Perhaps uniquely challenging, psychologists in the Rep. of Ireland must operate against the backdrop of present-day effects of Ireland's dark legacy of institutionalisation. As Irish psychologists we are ever conscious of this legacy, but uniquely positioned as a profession to adapt in a holistic manner responsive to individual needs as the WHO and OHCHR guidance

<sup>1</sup> [www.ohchr.org/en/special-procedures/sr-health/right-mental-health](http://www.ohchr.org/en/special-procedures/sr-health/right-mental-health) (Accessed July 20th 2023).

<sup>2</sup> Rogers, E., Galavan, E., Cowley-Cunningham, M., & Wainwright, T. (2023). Human Rights and Psychology in the Rep. of Ireland: Aspirations for Everyday Practice and Introducing the Kyrie Farm Model. *Clinical Psychology Forum*, 369(2), 47–63.

advocates. For example, being immersed in existing institutions experiencing shifts in their operations to facilitate deinstitutionalisation, affords psychologists the opportunity to design and practice community-based replacements. Restoring autonomy to those experiencing mental health issues via person-centred and rights-based care promises therefore to be both cathartic and challenging for Irish psychologists. As professionals involved in mental health care, we are looking forward to working towards and experiencing the guidance's continuing implementation in daily practice.

**We would like to make the following recommendations for points of consensus or complement to inform the IUPsyS on how the WHO and OHCHR guidance will better enable psychologists, from the perspective of the Rep. of Ireland, to assist mental health law reform:**

#### **Mental and physical health parity / parity of treatment models:**

- The SIGHRP agrees that the right to health is a fundamental human right encompassing physical, mental and social well-being, and mental health is integral to, and has parity with, physical health. We agree that an arbitrary division between mental and physical health has the potential to offset human rights in the context of mental health, such as a decreasing equity in government funding for mental versus physical health service provision and quality of care.
- For many psychologists and health professionals working in the Rep. of Ireland this reform will require a health service that adapts to a new legal landscape; particularly the Convention on the Rights of Persons with Disabilities (UNCRPD). The SIGHRP agrees that psychologists should advocate for a mental health diagnosis to never, in light of the UNCRPD, solely define an individual's personhood; each person has a unique personality and social context necessitating autonomy of agency to engage in relationships and aspire for the future.
- SIGHRP recognises that the principles of person-centred, trauma-informed, human rights-based and recovery-oriented care and services are increasingly observed to positively transform mental health service delivery. Mental health difficulties and psychosocial disabilities can interact with factors conducive to poverty, and poor physical health determining bleak outlooks for those even in developed countries. We perceive that mental health, and the UN Sustainable Development Goals may go hand in-hand, particularly Goal 3 (SDG3) relevant to good health and well-being.

- In addition to parity of mental and physical health, SIGHRP sees the benefit of parity of models of conceptualising and responding to distress. SIGHRP highlights the importance of non-pathologising models that are consistent with individuals own identity, culture and preferences. We encourage psychologists to fully understand the dominant 'medical model' and all that it can offer, but to appreciate the benefit of other models, such as the social and rights-based models.
- The SIGHRP encourages the development of a range of treatment and support options, that are accessible and personalised, so that people experiencing distress have a range of options that best fit. The design of all mental health services and supports should take into account fundamentally the dignity of the person and should from the outset consider factors such as access.

#### **Human rights education for psychologists:**

- Full and effective participation and inclusion in society is a central principle set out in Article 3 of the UNCRPD. Encouraging mental health systems to challenge stigma and coercive practices by facilitating person-centred and community-based services will better enable the transition towards community-based mental health care and support.
- SIGHRP agrees that psychologists should therefore undergo reorientation, or training to develop their ability to deliver evidence-based, age- and gender-responsive, culturally-appropriate and human rights-based mental health services emphasising person-centred, recovery models, human rights, and the community and public health aspects of mental health. This training should be mandatory and include human rights and human rights-based approaches to mental health care and support. Further, psychologists should be trained to understand more about issues of accountability for their field and practice.

#### **Eradication of coercion:**

- SIGHRP supports the eradication of coercive practices, by granting children and adolescents a right to consent to, or refuse, treatment in accordance with their age and maturity. We advocate putting safeguards in place to ensure full free and informed consent, and the prevention of coercion and potential abuses in the use of specific interventions, such as the prescription of psychotropic drugs and electroconvulsive therapy. All forms of coercion within the community, including community treatment

orders and shackling should be banned. We welcome the prohibition of involuntary hospitalisation and treatment and the eliminating seclusion and restraint.

- SIGHRP agrees that psychologists should be aware of frameworks for supporting people experiencing crises (e.g., community-based crisis support services), or any independent monitoring framework or bodies monitoring situations of the rights of persons using mental health services. Psychologists working with people experiencing crisis should understand that police intervention must respect the rights and dignity of persons with mental health conditions and psychosocial disabilities. Where possible the provision of procedural accommodations to persons with mental health conditions and psychosocial disabilities during any police intervention should be ensured.

#### **Privacy and data rights:**

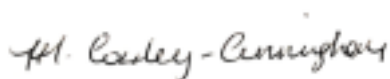
- SIGHRP concurs with the WHO and OHCHR guidance that persons using mental health services have the right to privacy within those services. Information should also be readily accessible to them, within and outside of mental service provision, about their mental health rights and connected data usage/processes.
- Service users should have the right to request information, or to consult, or obtain a copy of documents concerning public mental health authorities, bodies, or services. Any information on decision-making by public authorities concerning mental health and related services should be made available including transparency of reasons behind decisions, and be mindful of service users participation in all decision making affecting their personhood.
- In addition to the guidance, SIGHRP specifically recommends that psychologists should have a high level of legal understanding of privacy and data rights to complement their daily professional practice. Psychologists' understanding should extend to how mental health authorities' indicators are designed to measure and assess the performance and impact of mental health service provision so that the service provider can fully implement person-centred and human rights-based approaches in this regard.

#### **Supporting inclusive decision making:**

- SIGHRP agrees that psychologists should have respect for the legal capacity of individuals to understand issues of informed consent. This will enable psychologists to sensibly and sensitively activate supported decision-making services available for persons using mental health services.

- Specifically, psychologists should show recognition of, and respect for, the legal capacity of people using mental health services and provide them with appropriate support if required. Meaningful participation in decision making involves being fully informed of treatment options and risks and benefits, including respecting evolving capacities such as those of children. For example, the SIGHRP recognises that substitute decision-making is contentious. UNCRPD advocates for its elimination in favour of supported decision making. A range of supported decision-making models is preferred, including advance planning.
- SIGHRP believes that the meaningful participation of service users in public decision making related to mental health is important, so that those with lived experience are included and empowered with a share of voice on issues directly affecting them.
- Being real about meaningful participation in public debate includes minority groups such as refugees, asylum-seekers, and migrants. These groups are entitled to the same mental health care as citizens of the host country. They have the right to comment on mental health service provision in individual and collectively accountability settings wherever they encounter it.

**Signed,**



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