

**WORLD  
MENTAL  
HEALTH  
DAY**

# **DIGNITY IN MENTAL HEALTH**

The 10th of October 2015



## SECTION II

# THE FRAMEWORK FOR DIGNITY IN MENTAL HEALTH

## 2.1. SUPPORTING DIGNITY THROUGH MENTAL HEALTH LEGISLATION

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The notion of dignity can simply be defined as the inherent and inalienable worth of all human beings irrespective of social status such as race, gender, physical or mental state<sup>1</sup>. Dignity is deeply embedded in international human rights instruments. In fact the very first article of the Universal Declaration of Human Rights states that “All human beings are born free and equal in dignity and rights”<sup>2,3</sup>. Protection and respect of human rights are the necessary prerequisites to ensure that people are not stripped of their dignity.

Yet, all around the world, many people with mental and psychosocial disabilities are deprived of their human rights. They are not only discriminated against but also subject to emotional, physical and sexual abuse in mental health facilities as well as in the community.<sup>4,5</sup> In addition, poor quality of care due to a lack of qualified health and mental health professionals and dilapidated mental health facilities can lead to further violations<sup>6,7</sup>.

Mental health legislation is an important means of addressing this situation and ensuring that the dignity of people with mental and psychosocial disability is preserved. Such legislation must be in line with international human rights instruments and in particular the UN Convention on the Rights of Persons with Disabilities (CRPD) that recognises that “discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person”. Legislation can establish and enforce the basic requirement for human rights protection which can in turn lead to changes in ingrained attitudes and beliefs surrounding mental health.

As a basic requirement, legislation must prohibit inhuman and degrading treatments and guarantee equal rights for people with psychosocial disabilities, not only in the context of mental health care, but also in all aspects of community

life. Strong safeguards must be put in place against coercive interventions, and effective remedies and redress must be accessible when abuses do occur.

In addition, mental health legislation must promote voluntary admission and treatment and require that the services users’ free and informed consent be obtained prior to the administration of any type of treatment and care. Law should also promote the rights of service users to make care and treatment decisions for themselves and, in line with Article 12 of the CRPD, provide for supported decision-making options to ensure that people remain at the centre of all decisions affecting them. Enabling individuals to formalise advance planning documents (such as advance directives) is another way to respect people’s autonomy, identity and dignity.

Many countries have specific legislation concerning people with mental or psychosocial disabilities. Other countries integrate mental health provisions into disability, general health or other legislation. While the approach adopted will depend largely on each country's legislative traditions, it is essential that provisions be made for people with psychosocial disabilities in employment, education, social welfare and other laws, in order to ensure that they are entitled to enjoy the same rights, supports and opportunities in life, on an equal basis with others.

Mental health legislation can have a decisive role to play in fostering conditions for the provision of quality mental health care, reducing stigma, discrimination and marginalisation and ending institutionalisation. Furthermore, the participation of people with psychosocial disabilities in the drafting process is critical to ensuring that their dignity is respected and that their human rights are effectively protected and fulfilled.

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