

European Network of (ex-)Users and Survivors of Psychiatry (ENUSP)

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High-level conference: “Of Unsound Mind”: Convention-compliant approaches to the execution of judgments concerning involuntary detention and treatment on mental health grounds”

“Service users involvement in legislative and policy development process”

Ms. Olga Kalina, Chair of ENUSP

Introduction: ENUSP members

- ▶ 36 member organization
- ▶ in 28 European countries

Northern Region: Denmark, Finland, Iceland, Norway, Sweden

North East Region: Latvia, Lithuania, Russia, Ukraine

North West Region: Germany, Ireland, the Netherlands, United Kingdom

Central Region: Czech Republic, Moldova, Poland, Romania, Slovakia


South West Region: Belgium, France, Italy, Portugal, Spain

South East Region: Bosnia&Herzegovina, Georgia, Greece, Serbia, Slovenia

ENUSP Empowerment Seminar 2015, Brussels



Our priorities for advocacy

- ▶ Respect for full legal capacity
 - ▶ Abolition of coercive practices in mental health
 - ▶ Deinstitutionalization and support for independent living in the community
- 

WHO framework for meaningful engagement 2023

- *“When meaningfully engaged, individuals with lived experience can provide invaluable understanding of barriers and gaps and can inform innovative, inclusive and contextually appropriate solutions, catalyzing much needed change from local to global”*

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General

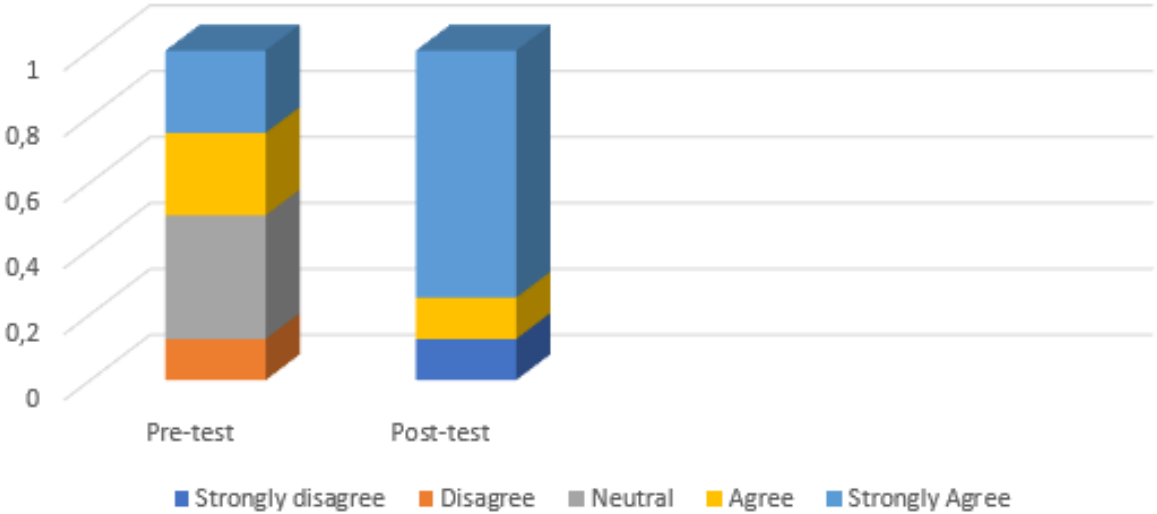
<https://apps.who.int/iris/rest/bitstreams/1499705/retrieve>

WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions. ISBN 978-92-4-007307-4



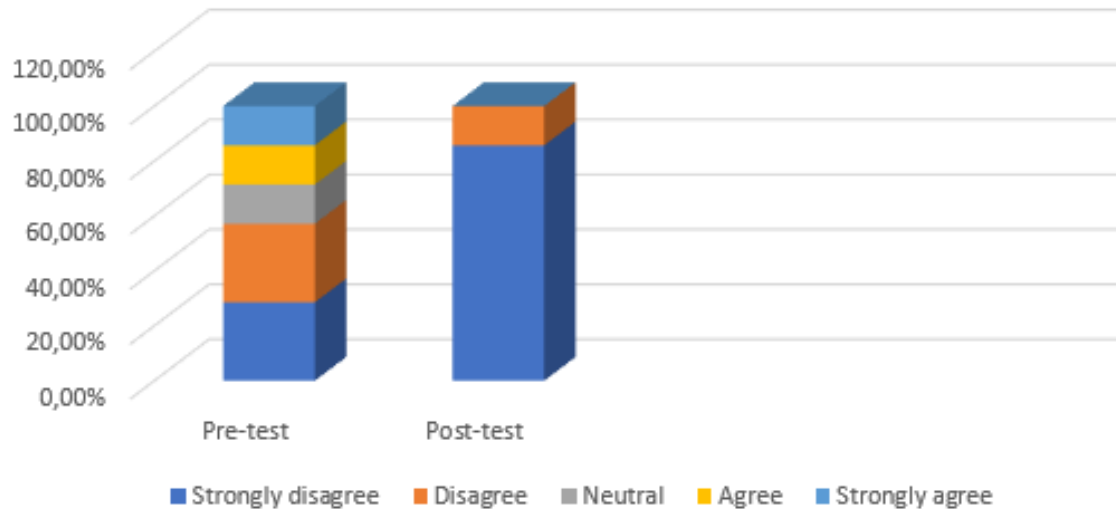
WHO Quality Rights training (2023, July, Togo)

Chart 2: Changes in attitude towards the statement "Involuntary admission does more harm than good".



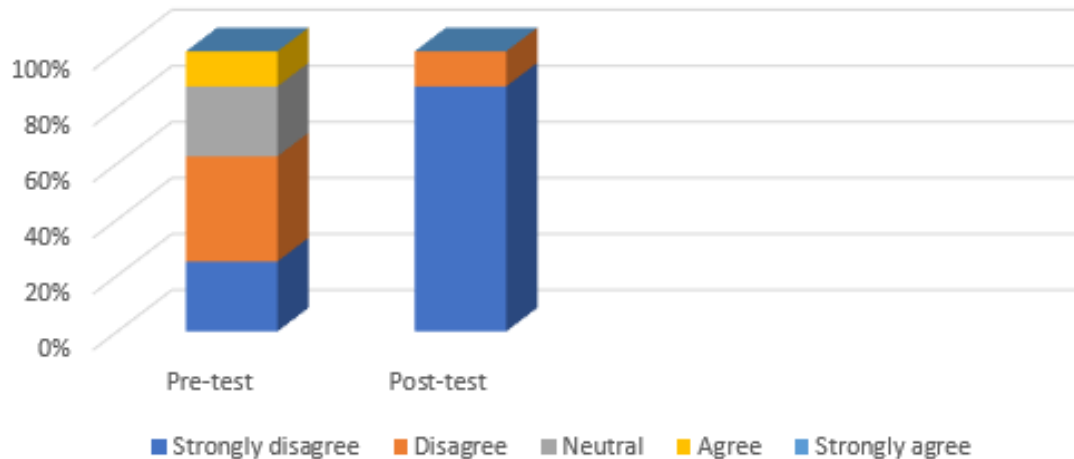
WHO Quality Rights training

Chart 3: Changes in attitude towards the statement:
"People at risk of harming themselves or others should be isolated in a locked room".



WHO Quality Rights training

Chart 4: Changes in attitude towards the statement "When people experience a crisis, health practitioners or families should make decisions based on their ideas about what is best for them".





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Plan de Recuperación,
Transformación y Resiliencia



Comunidad
de Madrid

Dirección General
del Proceso Integrado
de Salud
CONSEJERÍA DE SANIDAD

Jornada de actualización sobre Calidad y Derechos Humanos en salud mental (OMS QualityRights)

20 y 21 de abril de 2023

Híbrido. Virtual primer día. Presencial, segundo día



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INSCRIPCIÓN



QualityRights

- PARA LA OBTENCIÓN DEL **CERTIFICADO** ES IMPRESCINDIBLE
- LA ASISTENCIA AL 100% DE LAS HORAS LECTIVAS



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Oficina Regional de Coordinación
de Salud Mental y Adicciones



Dirección General
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Docencia e Innovación
CONSEJERÍA DE SANIDAD

Participation at the European level

- ▶ Representative umbrella organizations, i.e., European Disability Forum
- ▶ Consultations regarding draft recommendation on respect for autonomy in mental health care
- ▶ Consultations related to the Draft Additional Protocol to the Oviedo convention
- ▶ FRA and consultation on political participation and monitoring of institutions of persons with disabilities
- ▶ EU regulation on the protection of vulnerable adults
- ▶ European Commission's communication on a comprehensive approach to mental health
https://health.ec.europa.eu/document/download/cef45b6d-a871-44d5-9d62-3cecc47eda89_en?filename=com_2023_298_1_act_en.pdf

National level: support to organizations in Denmark

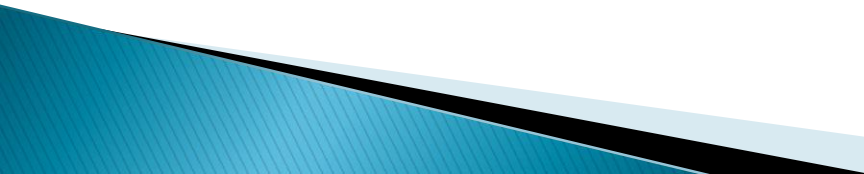
LAP Landsforeningen Af nuværende og tidligere Psykiatribrugere
(National Association of Current and Former Users of Psychiatry)

LAP receives public financing on the national level as an independent organization that advocates on behalf of people who are or have been receiving mental health services in Denmark. The organization is membership-based and is considered both a mental health service users' organization and a social rights organization.

LAP is expected to give testimonials at hearings and participate in consultations in consideration of this funding.

The organization is also in a position to organize gatherings of members and conduct empowerment and awareness raising activities.

National level: examples from Georgia

- ▶ Georgian Network of (Ex-)Users and Survivors of Psychiatry and Partnership for Equal Rights with all or the majority of members composed of persons with lived experience who ensure the management are involved in policy and legislative consultations.
 - ▶ The 2020 law on the rights of persons with disabilities requires the government to create the Intergovernmental Committee coordinating implementation of the UN CRPD.
 - ▶ The Statutes of the Intergovernmental Committee include among other things, harmonization of national legislation with the international standards (adopted in 2021).
 - ▶ Creation of a consultative body via the Intergovernmental Committee with 51% of participants being representative organizations of persons with disabilities or independent activists with disabilities.
 - ▶ The number of members of the consultative committee is not restricted, the requirements are at least 3 years of work/activism in the disability sphere and motivation.
- 

Committees created at the Ministries, Georgia

Disability Council at the Ministry of Internal Affairs

Disability Council at the Ministry of Justice

Disability Council at the Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs of Georgia

Includes Secretariat and 6 committees

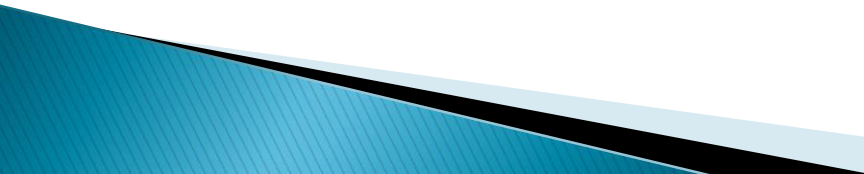
- ▶ Biopsychosocial assessment
- ▶ Deinstitutionalization
- ▶ Services
- ▶ Decentralization (working with municipalities)
- ▶ Employment
- ▶ Healthcare

Committees created at the Ministries, Georgia

Positive sides:

- ▶ Possibility of presenting the essence of the problem and potential solutions
- ▶ Possibility of easier interaction with the governmental officials
- ▶ Involvement in strategic planning, policy development and implementation of policies
- ▶ Learning about cross cutting topics, communication with other players in the field
- ▶ Possibility of intensive work via e-mails and Zoom

Negative sides:

- ▶ The level of activity depends on the coordination from the Ministry/Ministries
 - ▶ No resources are allocated to support participating organizations and people (except for funding occasional face-to-face meetings)
- 

Some results: legal capacity


Proposal of the changes to the three main laws related to healthcare, addressing:

- ▶ the insulting and outdated terminology, similar to “of unsound mind”
- ▶ the need for reasonable accommodation and support
- ▶ informed consent and the necessity to integrate the provisions of the legal capacity reform that took place in Georgia in 2014, with abolition of substitute decision-making

Design of new procedures and guidelines for informed consent of persons with mental health problems is envisaged in the Healthcare Committee action plan.

Note: work on legislation was funded and facilitated by UNPRPD program “Leave no one behind — from policy and principles to practice in disability inclusive development in Georgia”

Some results: deinstitutionalization

- ▶ Adoption of the deinstitutionalization strategy
 - ▶ Personal assistance – adoption of the standard, trainings begun
 - ▶ Peer-support in mental health services: pilot started in 2023, adoption of the standard created on peer support included in the Healthcare Committee’s action plan
 - ▶ Consensus and joint position against small-sized institutions for adults, and family houses for children
 - ▶ Mental health institutions and long term “patients” considered as part of the deinstitutionalization process
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Some results: alternatives to coercive measures

- ▶ Mental Health Strategy of Georgia 2022–2030 contains the following statement:

“Involuntary measures in psychiatry represent human rights violations and must be replaced by the alternatives, according to the guiding principles of WHO. (Reference to WHO Quality Rights core training on Freedom from Coercion, violence and abuse and specialized training on Strategies to end seclusion and restraint)”

- ▶ Mental Health Action Plan

1.2.7 “Pilot and implementation of alternatives to involuntary measures (including the alternatives recommended by WHO)”

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