“Deinstitutionalization and legislation in MHC”

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Introduction

- From Total Institutions to
- → Regional, accessible, integrated hospital/community mental health care
- → Social inclusion, recovery
- Change Mental Health Care system
- → requires change in legislation

Green Paper 6.2

- Social Inclusion and Change in Paradigm
- → deinstitutionalization; less stigma

- Risk: invisibility of the needs of the group
- → organize specialized ACT services
- → let the Euro follow the patient
- → monitoring: budget & forensic M.H.

Fundamental Rights

- EU Fundamental Rights Agency
  - Special Department for Mental Health?
  - European Platform on Mental Health?

- “The right of patients with incapacity to consent to be treated safely ”
- “ Not only prevention of danger but also for the benefit of the patient”

Pressure or Compulsion

- Boundaries and Preferences:

- Compulsion only as last resort ?
  - → respect for autonomy
- Or formal compulsion at an earlier stage?
- Imposed by a ‘formal body’
  - → more transparent

Scotland 1

- Principle of reciprocity
- "Where society imposes an obligation on an individual to comply with a programme of treatment and care, it should impose a parallel obligation to provide safe and appropriate services, including ongoing care following discharge from compulsion"
- Principle of Participation

Scotland 2

- [principle of reciprocity]
- Principle of Participation

o "Service users should be fully involved, to the extent permitted by their individual capacity, in all aspects of treatment and care [etc..] Account should be taken of both past and present wishes [etc etc]

Participation in the community

- Community Treatment Orders
  - New Zealand, Australia
- Transparent system
  - If needed forced medication in very short stay in hospital / outpatient dept
- No forced medication in your own home
- Monitoring by MH Review Tribunal

Discussion

- Changing Mental Health Care System to deinstitutionalization and community care
- Requires Adjusted Legislation
- → parallel processes

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