

Fundamental Rights and Mental Health

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Outline

- Involuntary admission
 1. On what basis? (evidence, tradition, prejudice...)
 2. Right to liberty as non-discrimination
 3. Is deprivation of liberty reasonable and proportionate?

Outline

- Involuntary treatment
 1. Right to integrity (Art. 3 of the Charter of Fundamental Rights)
 2. Is there an evidence base?
 3. Legal capacity?
- Towards voluntary and quality services
 1. Paradigm shift

Involuntary admission

- On what basis? The huge differences in national legislations and practices show that an evidence base is at least questionable.
- The criteria and prevalence of involuntary admission depends on tradition, culture, values, i.e. on paradigm.

Involuntary admission

- Right to liberty as non-discrimination
 1. Equal rights and responsibilities
 2. No deprivation of liberty based on disability
 3. In reality: different standards, deprivation criteria are applied to people with “mental disorders”.

Involuntary admission

- Is it reasonable?
 - Is it proportionate?
1. More research needed on users' perception on involuntary admissions and on their consequences (traumatization, stigma, self-stigmatization)
 2. Share of information and experiences between Member States

Involuntary treatment

- Right to integrity (Art. 3 of the Charter of Fundamental Rights): Article 3
- Right to the integrity of the person
- 1. Everyone has the right to respect for his or her physical and mental integrity.
- 2. In the fields of medicine and biology, the following must be respected in particular:
- the free and informed consent of the person concerned, according to the procedures laid down by law,

Involuntary treatment

- Is there an evidence base?
 1. What about the side-effects (akathisia, self- and heteroaggression?)
- Legal capacity
 1. Legal incapacitation as infringement to self-determination
 2. In several countries even legally capable people with “mental disorders” can be involuntarily treated.

Towards voluntary and quality services

The present paradigm

- Legally incapacitates, thus preventing capability development
- Deprives of liberty on a differential treatment basis
- Interferes with integrity, seeks symptomatic relief through coercion

Towards voluntary and quality services

New paradigm

- Focuses on the empowerment of the person in crisis resulting in capability development and personal growth
- Respects choice, provides with diverse, voluntary services, incl. peer run ones
- Respects the integrity of the person and the community

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