



FINAL CONFERENCE

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Past suggestions of ENUSP for WP5 which remain relevant

- Users should always be at the center of all processes
- “Promote, reinforce the users' movement and access to EU Funding.”
- Enforce the UN CRPD and apply its standards to the whole working process of the Joint Action
- In particular, apply the UN CRPD standards in the areas of human rights, deinstitutionalization, discrimination and lost opportunities
- Peer-to-peer and training-the-trainers programmes to strengthen capacity building.



Particularly good messages from WP5

- “Encourage and promote the revision and updating of mental health policy, based on human rights and the available evidence, in countries where this is needed;
- Promote the revision and updating of mental health legislation, taking into account the principles of recovery and the recommendations from CRPD;”
- “Promote the active involvement of users and carers in the delivery, planning and reorganization of services;
- Develop... self-help and users and carer groups.”
(recommended actions, WP5)



Fear and desire to control: factors that may influence reforms

Seen as an “opportunity: “Larger communities (towns) are not disturbed by people with mental health problems. “ (*SWOT, Estonia, WP5*)

Reinstitutionalization:

- In Portugal, the percentage of compulsory admissions increased from 5 to 10%, from 2000 to 2011. (*WP5 report*)
- In France, the number of compulsory admissions increased by 50% in the five years between 2006 and 2011 (*Robiliard Parliamentary Report, 2013*).
- The general prison population has increased in all countries (between 16% and 104%) (*WP5 report*)



Deprivation of liberty and forced treatment are illegal:

“...legislation of several States parties, including mental health laws, **still provide instances in which persons may be detained on the grounds of their actual or perceived impairment**, provided there are other reasons for their detention, including that they are deemed dangerous to themselves or to others. **This practice is incompatible with article 14 as interpreted by the jurisprudence of the CRPD committee. It is discriminatory in nature and amounts to arbitrary deprivation of liberty.**” (*Guidelines on article 14 of the UN CRPD, III, 6*)

“ **Involuntary commitment** of persons with disabilities on health care grounds **contradicts the absolute ban on deprivation of liberty on the basis of impairments (article 14(1)(b)) and the principle of free and informed consent for health care (article 25)**...” (*Guidelines on article 14 of the UN CRPD, IV, 10*)

“The Committee has emphasized that States parties should **ensure that the provision of health services, including mental health services are based on free and informed consent of the person concerned**...” (*Guidelines on the article 14 of the UN CRPD, V, 11*)



Solutions

- Mental health reforms must be based **on the current human rights framework**, particularly on the UN CRPD
- Clear **quality standards**, which are implemented and monitored
- Quality indicators based on a human rights framework
- Users' meaningful involvement

“...[The Committee] has expressed its **concern about the institutionalization of persons with disabilities and the lack of support services in the community**, and it has recommended implementing support services and effective deinstitutionalization strategies **in consultation with organizations of persons with disabilities**...” (*Guidelines on article 14 of the UN CRPD, III,9*)



Best practices recommended by ENUSP

- Open Dialog Approach from Finland
- Family Group Conferencing (FGC) from the Netherlands
- Advance Directives
- The Personal Ombudsman from Sweden, organization Po Skane
- Leeds Survivor-Led Crisis Service
- Maytree Sanctuary for the Suicidal in London
- Peer-Advocacy and Peer train-the-trainers programmes, Fundacion Mundo Bipolar in Spain, and Advocacy-France in France
- Peer run crisis and support services, including peer-run respite houses Western Mass Recovery Learning Community (RLC), USA and Weglaufhauses Villa Stöckle, Germany
- Support for withdrawal

- The 4PI National Standards, developed by the National Survivor User Network (NSUN), in the UK.
 - * Principles * Purpose * Presence * Process * Impact