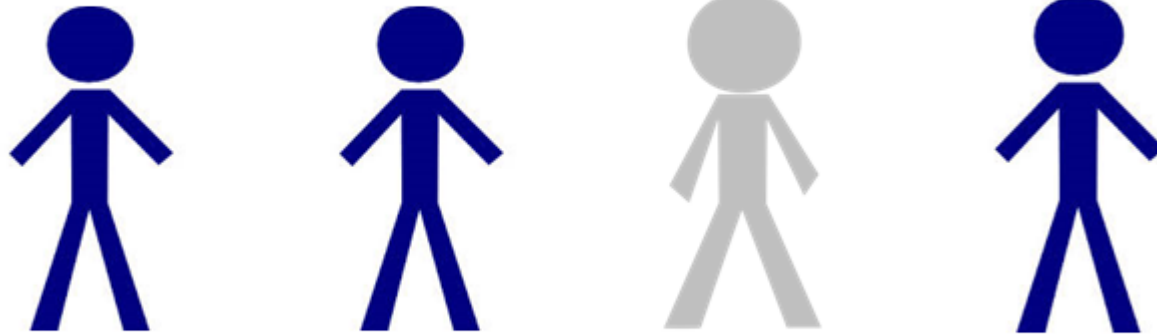




# MENTAL HEALTH NURSING FORUM

1 out of every



**FOUR**

Jill ILIFFE

Executive Secretary Commonwealth Nurses Federation



## **PURPOSE:**

**To prepare and submit recommendations to the Commonwealth Health Ministers' meeting Sunday 19 May Geneva Switzerland.**

66<sup>th</sup> World Health Assembly 20-25 May  
Global Mental Health Action Plan 2013-2020



# Commonwealth Nurses Federation

## THE COMMONWEALTH

‘Modern’ Commonwealth constituted 1949

54 member states

Commonwealth Secretariat (<http://www.thecommonwealth.org>)

Commonwealth Foundation (<http://www.commonwealthfoundation.com>)





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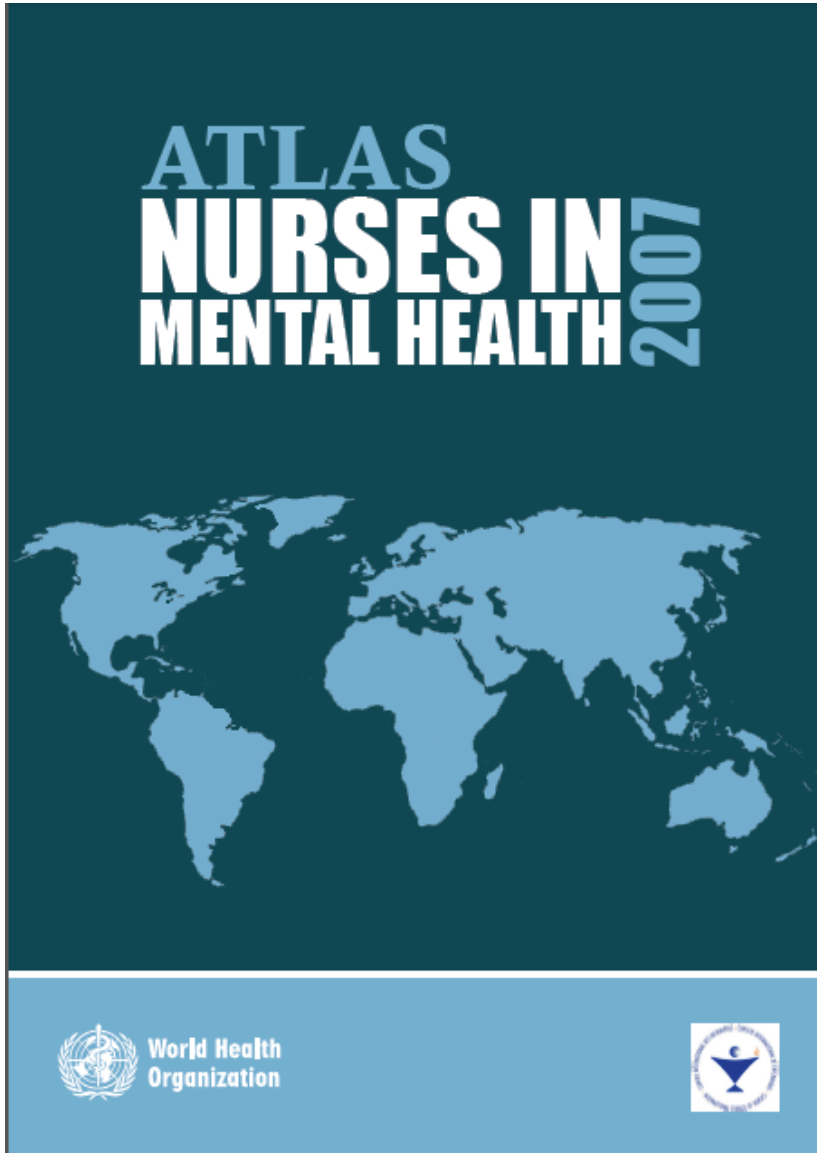
## MENTAL HEALTH WORKFORCE

### Nurses (per 100,000 population)

Australia	69.54
Bangladesh	0.2
Canada	65.0
Fiji	4.1
Jamaica	5.71
Malaysia	3.31
Malta	66.83
Papua New Guinea	2.90
Sierra Leone	0.09
South Africa	9.72
Sri Lanka	2.92



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[http://www.who.int/mental\\_health/evidence/nursing\\_atlas\\_2007.pdf](http://www.who.int/mental_health/evidence/nursing_atlas_2007.pdf)



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1. Recognise nurses as essential human resources for mental health care.
2. Ensure that adequate numbers of trained nurses are available to provide mental health care.
3. Incorporate a mental health component into basic and post-basic nursing training.



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## Mental health: a legislative framework to empower, protect and care

A Review of Mental Health Legislation In Commonwealth Member States



<http://www.chpa.co>





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## **FINDINGS**

Mental health legislation in 20 per cent of Commonwealth member states was enacted prior to 1960 before modern medical treatments became available and before many of the international human rights instruments came into force.

Mental health legislation in only 11 per cent of Commonwealth member states specifically include provisions that state mental health care should be provided on an equal basis with physical health care.

Provisions for protection from cruel, inhuman and degrading treatment are included in the legislation in only 23 (51 per cent) countries.

The informed consent of persons with mental disorders for participating in clinical and experimental research is specifically mandated in mental health legislation in only 5 (11 per cent) countries.



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Laws in only 2 (4 per cent) countries restrict involuntary admission of minors with mental health problems, and laws in only 3 (7 per cent) countries ban any irreversible treatments on children with mental health problems.

The word “*Lunatic*” is used in the mental health laws of 12 countries; the term “*Insane*” is used in the mental health laws in 11 countries; the term “*Idiot*” is used in the mental health laws in 10 countries; 2 mental health laws use the term “*Imbecile*”; and 2 mental health laws use the term “*Mentally defective*”. Overall 21 (47 per cent) laws use 1 of the above terms.



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## CONCLUSIONS

Mental health legislation in many Commonwealth member states is outdated and does not fulfil member states' international human rights obligations toward persons with mental disorders.

Mental health legislation in many Commonwealth member states is not compliant with the Convention on Rights of Persons with Disabilities.

Many mental health laws reviewed in this report treat persons with mental disorders as needing protection rather than as subjects with rights. As a result, mental health legislation, instead of protecting the rights of persons with mental disorders, is likely to lead to violation of rights.



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Mental health legislation in many countries is based on an outdated understanding of mental disorders; ignores advances in the care and treatment of mental disorders and denies the capacity of persons with mental disorders to manage their lives.

Provisions in and the language of mental health laws in many instances adds to negative perceptions and further stigmatisation of persons with mental disorders.

Most mental health laws pay little attention to protecting the rights of vulnerable groups with mental health problems such as minors, women, and minorities and the special needs of such vulnerable groups.



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Many mental health laws in Commonwealth countries do not address the issue of (lack of) access to mental health care, in particular, making care and treatment easily available; provided in a manner which enhances the capacities of individuals and protects and promotes their rights; and enables them to live and participate in their communities.

There is little participation of persons with mental disorders and their families and care-givers in the development and implementation of legislation.

<http://www.chpa.co>



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QualityRights

## WHO QualityRights Tool Kit

Assessing and improving quality  
and human rights in mental  
health and social care facilities



World Health  
Organization

[http://www.who.int/topics/mental\\_health/en/](http://www.who.int/topics/mental_health/en/)



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The right to an adequate standard of living and social protection (Article 28 of the CRPD).

The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD).

The right to exercise legal capacity and the right to personal liberty and the security of person (Articles 12 and 14 of the CRPD).

Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD).

The right to live independently and be included in the community (Article 19 of the CRPD).



## THE WAY FORWARD

The Mental Health Action Plan 2013-2020 proposes that member states: *develop, strengthen, keep up to date and implement national policies, strategies, programmes, laws and regulations relating to mental health within all relevant sectors, including codes of practice and mechanisms to monitor protection of human rights and implementation of legislation, in line with evidence, best practice, the Convention on the Rights of Persons with Disabilities and other international and regional human rights conventions (p.8).*