The 2013 theme for the annual meeting of Commonwealth Health Ministers was mental health, and to support the theme, the Commonwealth Health Professions Alliance, partnered by the Commonwealth Foundation, commissioned research on mental health legislation across the Commonwealth. The researcher was Dr Soumitra Pathare from the Centre for Mental Health Law and Policy, Indian Law Society. Copies of mental health legislation from 45 Commonwealth member states was analysed against the United Nations Convention on the Rights of Persons with Disabilities. Dr Pathare released the key findings of the report, which make disturbing reading, at the Commonwealth Partners’ Forum:

- 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.

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

- 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.

The report (available at [http://www.chpa.co](http://www.chpa.co)) concluded that:

- Mental health legislation in many Commonwealth member states is out dated 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.

- Mental health legislation in many countries is based on an out dated 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.

The report recommended that Commonwealth member states should urgently undertake reform of mental health legislation to ensure that the legislation meets their obligations under international human rights treaties, in particular the Convention on Rights of Persons with Disabilities.

The CNF considers that this report is essential reading for ALL health professionals. Dr Pathare has generously agreed to work with Commonwealth member states to provide specific recommendations in relation to each country’s mental health legislation. The CNF urges all members to read the report and the executive summary and lobby their Government to take advantage of this offer to have their mental health legislation reviewed against the UN Convention on the Rights of Persons with Disabilities.

Mental ill health is the third leading cause of disease burden in the world, predicted to be the leading disease burden by 2030. Mental ill health affects one in four people worldwide at some time in their life. In 2010, the global economic impact of mental ill health was approximately US$ 2.5 trillion and this cost is estimated to increase to US$ 6 trillion by 2030. While mental ill health is typically left off the list of top NCDs, it alone accounts for over US$ 16 trillion or one third of the overall US$ 47 trillion anticipated spend on NCDs over the next 20 years.
Dr Michelle Funk, Coordinator, Mental Health Policy, Department of Mental Health and Substance Abuse, World Health Organisation (WHO), was the other keynote speaker at the Commonwealth Partners’ Forum. Dr Funk shared with participants the excellent resources developed by WHO to support countries in the provision of appropriate mental health care.

**Mental health policy, planning and service development**

Mental health policy and action plans are essential because they coordinate all programmes and services related to mental health.


**Mental health human rights and legislation**

Too many people with mental disability are exposed to a wide range of human rights violations both within psychiatric institutions and in the community.


**Mental health, poverty and development**

People with mental and psychosocial disabilities can be actively excluded from development programmes.


**Action in countries**

Supporting countries to improve the lives of people with mental disorders.


Among the specific WHO mental health resources are the:

- The WHO Quality Rights Tool Kit which provides countries with practical information, tools and guidance for assessing and improving the provision of mental health care from a quality and human rights perspective.

- The WHO Mental Health Gap Action Program (mhGAP) which aims to scale up services for mental, neurological and substance use disorders for countries.

- The WHO Mental Health Atlas Project maps mental health resources around the world. The 2011 version represents the latest global picture of resources available for mental health.

Dr Funk informed participants about a new programme being developed titled: WHO MINDbank. WHO MINDbank is a new online platform for sharing international and national level resources in mental health, health, human rights, disability and development. It will provide easy access to a range of national level and international resources for mental health, disability, development and general health from across the world.

**CALL FOR ABSTRACTS**

The CNF is pleased to announce the ‘Call for Abstracts’ for the 2nd Commonwealth Nurses Conference: Nurses and midwives - agents of change, to be held in London UK 8-9 March 2014. The 21st CNF Biennial Meeting will also be held in London on 7th March 2014. For more information go to the CNF website:

http://www.commonwealthnurses.org

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