Mental health, human rights and standards of care

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European mental health institutions fall 'far below the standard,' WHO reports
Europe's mental health institutions uniformly substandard, says WHO

Mental health institutions in Europe are falling to safeguard residents’ human rights, with many described as shocking by experts who have found not one institution among 75 visited across the continent fully met all of the standards set by the United Nations.

While some institutions took care to train staff to deal with crises, create individual recovery plans and provide access to legal support, others failed to even partially meet such standards.
Challenges

- Sub-standard living conditions and wide-spread incidents of humiliation, neglect and abuse
- Difficulties and obstacles in implementing national deinstitutionalization strategies
- Poor collaboration between the health and social care sectors
- Lack of data about long-term institutions for adults with mental disabilities

WHO Responses

- Quality assessments of a sample of institutions in participating countries
- National reports of findings from institutional assessments
- Regional report on institutions providing long-term care for adults with mental disabilities
- Better data about the number and characteristics of long-term institutions to inform subsequent work in this area
Implementation

Phase 1 (2016): Region-wide survey on the number and characteristics of institutions providing long-term care for adults with mental conditions, psychosocial or intellectual disabilities.

Phase 2 (2017): 98 facilities/wards across 24 Member States and Kosovo¹ underwent the WHO QualityRights assessment.

Phase 3 (2018/19): Implementation of quality standards in selected facilities based on national assessment reports and the UN CRPD.

¹ In accordance with UN Security Council resolution 1244(1999)
Participants

Phase 1

Phase 2
Phase 1: List of variables

Context
- Ownership of institutions
- Accountability of institutions
- Responsibility for inspection
- Independent complaint mechanisms
- Number of complaints
- Deinstitutionalization plan
- Funding of deinstitutionalization
- Implementation of deinstitutionalization

Data on institutions
- Number of institutions
- Total number of residents in institutions
- Gender
- Age groups
- Length of stay
- Diagnosis
- Co-morbidities
- Staffing
Phase 1: Results
Ownership of facilities

- CIS
- EU (post 2004)
- EU (pre 2004)
- SEE
- All

- Ministry of health
- Ministry of social affairs
- Municipalities
- Private sector
- NGO
- Other
Phase 1: Results

Accountability

[Bar chart showing accountability levels by region and sector]
Phase 1: Results

Age groups

(The frequency of age groups of service users, as reported by 13 countries)
Phase 1: Results

Length of stay

(The frequency of length of stay of service users, as reported by 10 countries)
# Phase 1: Results

Reported diagnoses and co-morbid conditions of residents

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No. of residents</th>
<th>Diagnosis or co-morbid condition recorded</th>
<th>Estimated prevalence %</th>
<th>No. of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric disorder</td>
<td>92 400</td>
<td>34 483</td>
<td>37</td>
<td>15</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>87 708</td>
<td>35 493</td>
<td>40</td>
<td>14</td>
</tr>
<tr>
<td>Both</td>
<td>79 899</td>
<td>18 562</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>Physical disability</td>
<td>79 899</td>
<td>12 473</td>
<td>16</td>
<td>12</td>
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<tr>
<td>Dementia</td>
<td>89 566</td>
<td>8 194</td>
<td>9</td>
<td>13</td>
</tr>
</tbody>
</table>
Phase 2: WHO QualityRights assessment themes

1. Standard of living (Art. 28)
2. Physical and mental health (Art. 25)
3. Legal capacity and personal liberty (Art. 12 and 14)
4. Freedom from torture and abuse (Art. 15 and 16)
5. Independent living (Art. 19)
The percentage of scoring opportunities for 25 Standards

- Achieved in full: 686
- Achieved partially: 745
- Achievement initiated: 280
- Not initiated: 169
- Not Applicable: 570

Total: 2,450
The percentage of scoring opportunities for 25 Standards

- Standard of living
- Physical and mental health
- Legal capacity and personal liberty
- Freedom from torture and abuse
- Independent living
Bathing and toilet facilities are adequate, modern and adapted to service users’ needs. Privacy is guaranteed.

Individual recovery plans are used and reviewed regularly with the service users.

Contact details of legal representatives are posted in all areas of the institution.

Clear information about the rights of service users is provided in written form.

Staff are trained in alternative interventions to deal with crises.

The policy of the institution is to grant paid employment to as many residents as possible.

Service users participate in community activities and some work in the community.

The institution has zero tolerance policy for disrespectful communication.
Theme 1: Standard of living

1. Physical conditions
2. Sleeping conditions
3. Hygiene/sanitation
4. Food/water, clothing
5. Free communication
6. Stimulating environment
7. Fulfilling social and personal life
• The building is dilapidated; many windows are broken; floors are uneven and with holes; doors to toilets are not wide enough for wheelchair users.

• Some residents sleep on the floor.

• There is no privacy in bathrooms, no toilet paper, no towels, no toothpaste, and no sanitary products for women.

• Service users are totally isolated and excluded from community life and activities.

• Residents live under supervision and control.
Theme 2: Physical and mental health

1. Availability
2. Skilled staff/quality MH care
3. Recovery approach
4. Psychotropic medication
5. General and reproductive health services
Residents are poorly informed about their treatment and are not in a position to question it.

In some cases, the medical files of residents have not been updated for years.

The number of mental health professionals is insufficient.

Occasionally, there is a shortage of essential psychotropic medication in the facility.

Residents face discrimination when accessing services at local hospitals.

Almost all residents in this institution have missing teeth.
Theme 3: Legal capacity and personal liberty

1. Service user’s preferences
2. Free and informed consent
3. Legal capacity
4. Confidentiality
• Unclear records and procedures concerning involuntary admission.

• Lack of evidence of the “informed” part of consent.

• Service users are given no information about their rights upon admission.

• Informed consent forms signed by guardians constitute “voluntary” admission.

• Most service users are admitted on the basis of a court decision.

• Movement inside and outside the facility is severely restricted.
Theme 4: Freedom from torture and abuse

1. Freedom from abuse
2. Seclusion and restraint
3. Electroconvulsive therapy
4. Medical experimentation
5. Prevention of torture
Service users are often subjected to physical restraint and are medicated while restrained.

There is no procedure to allow residents to appeal confidentially or to file a complaint to an outside, independent legal body.

The staff have never heard of the CRPD.

Staff do not take residents’ complaints seriously.

Residents are discouraged from filing a complaint and some have experienced negative repercussions after making a complaint.

Reports of sexual abuse are not investigated.
Theme 5: Independent living

1. Housing in the community
2. Education and employment
3. Participation in political and public life
4. Social, cultural, religious and leisure activities
• This institution is the end station in the existing care pathway.

• There is a shortage of independent housing options in the community.

• There are no assisted-living programmes, not even for those who own property.

• There are major systemic obstacles to employment of people with mental disabilities.

• Some staff were convinced that their facility in essence provided supported housing, as close as possible to a normal living environment.
Phase 3: From quality assessment to quality improvement

Overall aim
• To implement WHO quality standards for selected mental health facilities based on the QualityRights assessment reports and the CRPD, and to promote actions towards the realization of deinstitutionalization

Beneficiaries
• Armenia
• Bosnia and Herzegovina
• Bulgaria
• Croatia
• Czechia
• Estonia
• Latvia
• Lithuania
• Moldova
• Romania
• Serbia
• Ukraine
Phase 3: From quality assessment to quality improvement

Specific objectives

1) **Train national teams** in mental health, human rights, recovery and service improvement/ transformation, using the newly developed WHO QualityRights capacity-building and guidance tools.

2) **Develop and implement improvement plans** for at least 2 long-term facilities in each participating country.
Phase 3: From quality assessment to quality improvement

Specific objectives (continued)

3) Engage people with lived experience and service users as equal partners in the design and delivery of all actions.

4) Evaluate costs, processes and impacts of quality improvement in facilities, using a mixed methods approach and report the results.
Phase 3: 
*From quality assessment to quality improvement*

Selection of facilities

a) Preference will be given to facilities that were assessed in phase 2, using the WHO QualityRights toolkit.

b) Where possible, the selection should reflect a mix of facilities under the responsibility of different sectors.

c) Facilities’ management should be fully engaged and supportive.

d) Preference will be given to facilities where a deinstitutionalization process has already started.
Phase 3: From quality assessment to quality improvement

Facility-level evaluation of impact

By the end of phase 3, the country teams should prepare a brief report for each facility describing:

- the initial situation in the facility, including a service culture analysis
- the process of identifying solutions
- the impact of implementation, including personal stories of change (residents, staff, families and friends)
Phase 3:

From quality assessment to quality improvement

Role of the World Health Organization (WHO)

The Mental Health Programme of the WHO Regional Office for Europe will provide national teams with:

- Support to capacity-building activities around the implementation of the WHO QualityRights tools
- Provision of technical support to national teams on an as needed basis during quality improvement work in facilities
THANK YOU!

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