

SUPPORTING THE IMPLEMENTATION OF MENTAL HEALTH POLICIES IN THE AMERICAS:

A HUMAN RIGHTS LAW-BASED APPROACH

Findings, Trends, and Targets for Public Health Action

Cover image: Photograph of woman flying kite by Mihaela Ninic. Man with hat by Régis Moreira.



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This publication is dedicated to Itzhak Levav, former PAHO Regional Advisor for Mental Health, for his vision and commitment to using the international human rights law instruments in public health, especially in the context of the most disadvantaged persons.

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FOREWORD

The Pan American Health Organization/World Health Organization (PAHO/WHO) considers the use of international human rights principles, treaties and standards as an essential strategy to improve the health of all persons around the world.

Historically, violations of human rights concerning physical impairments or illnesses have often drawn more attention from interest groups than violations related to mental health and/or psychiatric disorders. Within the public health and human rights law fields, this imbalance has contributed to the marginalization and discrimination of persons with mental disabilities and/or disorders, as compared with those affected with other kinds of health problems, diseases, epidemics and/or disabilities.

This paper is based on first hand experiences from nineteen human rights educational workshops and consultations carried out in the PAHO Region. These consultations started in Central America and continued in South America and the Caribbean in 17 countries. The workshops included an average of 35 participants per workshop, from governmental agencies (ministries of health, labor, education and finance), civil society, as well as judges, legislators, ombudspersons, the media, consumers and family members.

During these events PAHO's human rights experts, in close collaboration with mental health specialists, introduced relevant human rights' concepts, principles, norms, and guidelines as established in international human rights law (treaties and standards) applicable to the context of mental health systems.

This paper summarizes results from the training workshops, presented as "trends" or "patterns" related to mental health systems within the Region and proposes actions for public health, especially targeted to exclude groups.

We hope that this paper, the reflection of five years of intense work in the Region of the Americas on health and human rights in the context of mental health systems, can serve as a guide to advocates and specialists in other public health areas that intend to use the human rights treaties, principles, norms and standards as a conceptual and legal framework to improve the health of the people around the world, especially children; young people; women; older persons; indigenous peoples and persons living with HIV, among others.



Mirta Roses Periago

Director, Pan American Health Organization



1. Introduction and Background

1.1. Bridging the Gap in Mental Health Care Using a Human Rights Law-based Approach

The invocation of international human rights principles, treaties, and standards is evolving as an effective strategy for improving the health of people around the world.¹ We know that human rights violations can have a negative effect on the physical and mental health of individuals.² On the other hand, we also know that well-drafted policies, laws, programs, and plans can have a positive impact, paving the way for people, especially vulnerable groups, to exercise their basic human rights and freedoms—including their right to the highest attainable standard of health (“the right to health”)—despite their economic or social conditions.³

When it comes to public health and human rights, violations involving illnesses and physical impairments have historically attracted more attention than violations in the case of mental health and psychiatric disorders. This imbalance in the context of public health and human rights law further marginalizes and discriminates against people with mental disorders or disabilities⁴ versus those with physical impairments. The present report offers an approach for remedying this problem.

In 1990, the Pan American Health Organization (PAHO) embarked on an initiative to support PAHO Member States in restructuring psychiatric care throughout the Americas. Center stage for this initiative was the promotion and protection of the human rights and fundamental freedoms of persons with mental disorders

¹ The 49th Directing Council of PAHO (2009) approved Amended PAHO Strategic Plan 2008-2012 (Official Document No. 328), in which Strategic Objective 7 addresses “the underlying social and economic determinants of health through policies and programs that enhance health equality and integrate pro-poor, gender-responsive, and human rights-based approaches.” The 49th Directing Council of PAHO (2009) also approved Resolution CD49.R17, “Strategy and Plan of Action on Mental Health,” which emphasizes the human rights of people with mental disorders and/or disabilities.

² Lawrence O. Gostin & Lance Gable, *The Human Rights of Persons with Mental Disabilities: A Global Perspective on the Application of Human Rights Principles to Mental Health* (2004), p. 27; 47th Directing Council of PAHO, “Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Health and Other Related Rights” (2006), Technical Document CD 47/15, <http://www.paho.org/english/gov/cd/CD47-15-e.pdf>

³ The WHO Constitution was adopted by the International Health Conference held in New York on 19 June –22 July 1946 and signed on 22 July 1946 by the representatives of 61 States (Off. Rec. World Health Org., 2, 100). It entered into force on 7 April 1948. Amendments adopted by the Twenty-sixth, Twenty-ninth, Thirty-ninth, and Fifty-first World Health Assemblies (Resolutions WHA26.37, WHA29.38, WHA39.6 and WHA51.23) came into force on 3 February 1977, 20 January 1984, 11 July 1994, and 15 September 2005, respectively. The Preamble recognizes that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

⁴ The present report uses the following definition when referring to the concept “mental disabilities”: “individuals with psychiatric disabilities; individuals with intellectual or developmental disabilities; individuals with no disability who may be subject to discrimination based upon the perception that they have a mental illness or disability; and those who may be subject to discrimination based upon a record or prior history of mental disability”—Mental Disability Rights International (MDRI) & Asociación Pro-Derechos Humanos, *Human Rights and Mental Health in Peru* (2004).

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and/or disabilities. In support of this endeavor, in 2001 PAHO organized the Regional Conference on the Restructuring of Psychiatric Care in Latin America within the Local Health Systems Model, which was attended by associations, health authorities, mental health professionals, legislators and jurists. The conference participants endorsed a set of principles enshrined in the Declaration of Caracas,⁵ which in turn served as the basis for Resolution CD43.R10 approved by the 43rd Directing Council of PAHO in 2001.⁶ This resolution acknowledges the increasing contribution of mental disorders to the burden of disease and the social and economic costs associated with mental problems. Of its fourteen action points, three of them were the focus of a series of workshops conducted by PAHO to address mental health reform from the perspective of international human rights law:

- Continue to develop strategies aimed at shifting mental health care from psychiatric hospitals to community-based care, integrating mental health in primary care, and transferring inpatient units for acute patients to general hospitals;
- Make efforts to develop and update legal provisions protecting the human rights of people with mental disabilities and promote the participation of consumers and families in mental health care; and
- Promote community and family participation in the care of individuals suffering from mental disorders and in actions to promote mental health.

In 2009, the 49th Directing Council adopted the “Strategy and Plan of Action on Mental Health,”⁷ which, inter alia, urged the PAHO Member States to:

- Continue working to strengthen the legal frameworks of the countries with a view to protecting the human rights of people with mental disorders and to achieve the effective application of the laws; and
- Regard mental health human resources development as a key component in the improvement of plans and services, through the development and implementation of systematic training programs.

1.2. Responding to the Problem

In the Region of the Americas, only a few countries have national legislation with explicit protections that refer to mental health or the human rights and fundamental freedoms of persons with mental disorders or disabilities.⁸

Addressing this acute need for the development of human rights-based mental health programs across the Americas, the Pan American Health Organization organized a series of human rights education workshops with financial support from the Swedish Government.⁹ The first of these national, regional, and specialized trainings was held in Central America in 2001, and by 2005 a total of 17 of them had been given at state and regional sites in South America and the Caribbean for participants from a broad spectrum of government

⁵ For more on this topic, see Itzak Levav, Helena Restrepo & Carlyle Guerra de Macedo, *The Restructuring of Psychiatric Care in Latin America: A New Policy for Mental Health Services*, *Journal of Public Health Policy* 15(1):71-85, spring 1994.

⁶ Resolution of the 43rd Directing Council of PAHO, “Mental Health” (2001), CD43.R10. <http://www.paho.org/english/gov/cd/cd43.r10-e.pdf>

⁷ Resolution CD49.R17, “Strategy and Plan of Action on Mental Health.”

http://new.paho.org/hq/index2.php?option=com_content&do_pdf=1&id=1640

⁸ For more on this topic, see Lance Gable, Lawrence O. Gostin, Javier Vásquez & Heidi V. Jiménez, *Mental Health and Due Process in the Americas: Protecting the Human Rights of Persons Involuntarily Admitted to and Detained in Psychiatric Institutions*, *Pan American Journal of Public Health* 18:366, 2005.

⁹ The project was entitled: “Supporting the Implementation of Mental Health Policies in the America Using a Human Rights Law-based Approach.”

and civil society.¹⁰ These capacity-building programs introduced key human rights concepts, principles, norms, and guidelines as they are embodied in international human rights law (treaties and standards) and tied them to policies and goals for the area of mental health.

The ultimate objective of the workshops was to promote the enjoyment of the right to health and other related human rights and fundamental freedoms by persons with mental disorders and/or disabilities throughout the Region. Actions for achieving this goal included:

- Disseminating information about international human rights treaties, standards, and technical guidelines¹¹ that protect the rights and fundamental freedoms of persons with mental disorders and/or disabilities (Annex 2 includes two tables that summarize international human rights instruments within the United Nations and Inter-American human rights systems that apply to the health of vulnerable groups);
- Examining the current status of the human rights and fundamental freedoms of persons with mental disorders and/or disabilities in national policies, laws, plans, and practices; and
- Promoting a discussion on the implementation of actions and strategies that government agencies, civil society, consumers, and family members could adopt, in accordance with international human rights norms and standards.

1.3. National, Subregional, and Regional Workshops

The workshops, which averaged about 35 participants, brought together a number of sectors and disciplines, including labor, education, finance, NGOs, bar associations, and the arts. In several countries, representatives of the media both participated in and reported on the workshop. PAHO advisers and workshop participants were interviewed in television segments, and in some cases articles on the subject appeared in the print media at the time of the workshops.

The workshop process included presentations, discussions, and working groups. The working groups considered the current picture of human rights and fundamental freedoms for persons with mental disorders and/or disabilities and their family members. On the second day (for most countries), the groups discussed actions and strategies that government agencies, civil society, and consumers and their families could adopt based on the general norms and international standards that protect the human rights and fundamental freedoms of persons with mental disorders and/or disabilities and their families. In most cases, the national workshops included participation of the Ombudsperson Office, which participated and reported on mechanisms to ensure accountability.

¹⁰ The project was entitled: "Supporting the Implementation of Mental Health Policies in the America Using a Human Rights Law-based Approach." Workshops were held in: Antigua and Barbuda, Argentina, Barbados, Brazil, Belize, Chile, Costa Rica, Dominican Republic, El Salvador, Ecuador, Grenada, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, and Saint Lucia.

¹¹ Both the United Nations and the Inter-American human rights systems have a significant body of legal instruments that can be invoked to protect the rights and liberties of persons with disabilities. Some of these tools have emerged from conventions or treaties, and they are legally binding for States that have ratified them. Others—international human rights declarations or standards—are not legally binding but are considered to be authoritative interpretations of elements embodied in international conventions. These standards are enshrined in international law, and they represent a consensus of international opinion.

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1.4. Visits to Psychiatric Facilities

In addition to the workshops described in Section 1.3 above, visits were made to psychiatric facilities in Argentina, Barbados, Brazil, Belize, Chile, Guatemala, Grenada, Honduras Mexico, Nicaragua, Panama, Paraguay, Peru, and Saint Lucia.

1.5. Research Objectives and Methodology

The PAHO research and capacity-building strategies in this area sought to:

- Analyze the results from the training workshops to determine any overriding concerns regarding the human rights and fundamental freedoms of persons with mental disorders and/or disabilities as participants in current mental health systems; and
- Identify preliminary trends or patterns in the conclusions, observations, and recommendations offered by the participants that might lead to the identification of:
 - particular problems related to mental health systems in the Region that would most likely be targeted for action; and
 - a particular obstacle being addressed using a human rights-based approach facilitated by PAHO.

The research methodology applied in this project included the following:

- After each national, subregional, or regional workshop, the facilitators prepared a summary report documenting the participants' responses to prepared questionnaires provided. Most of the workshop reports were organized as a series of key observations and recommendations, which emerged primarily in the group discussions held during each event and represented the consensus of the multidisciplinary group.
- The observations and recommendations were grouped under the following topical headings:
 - Topic 1. Awareness-raising, Training, and Dissemination of Mental Health Norms and Standards
 - Topic 2. Status of National Mental Health Law, Policies, and Plans
 - Topic 3. Exercise of Civil, Political, Economic, Social, and Cultural Rights and Fundamental Freedoms by Persons with Mental Disorders and/or Disabilities
 - Topic 4. National Monitoring Mechanisms for Protecting the Rights of Persons with Mental Disorders and/or Disabilities
 - Topic 5. Policies and Procedures Regarding Admission, Retention, and the Review Process in Mental Health Services
 - Topic 6. Living Conditions in Psychiatric Institutions and Other Mental Health Facilities
 - Topic 7. Community-based Mental Health Services and Living Arrangements
 - Topic 8. Participation of Consumers/Family Members in Mental Health Decision-making
 - Topic 9. Participation of Representatives of Civil Society in Promotion and Protection of the Human Rights of Persons with Mental Disorders and/or Disabilities
 - Topic 10. Role of the Media in Promoting and Protecting the Rights of Persons with Mental Disorders and/or Disabilities

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The observations and recommendations from each of the workshops were organized according to the topics used in the agendas and questionnaires; the compilations were then reviewed, analyzed, and incorporated into the overall framework, making it possible to spot findings, trends or patterns.

The principal targets for public health action based on the findings and on trends in mental health are reviewed in the next section.

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2. Targets for Public Health Action Based on the Findings and on Trends in Mental Health

This section summarizes the targets identified for public health action based on the findings and trends

Topic 1. Awareness-raising, Training, and Dissemination of International Human Rights Norms and Standards

- Measures to raise awareness about international laws and standards relating to mental disability;
- Targeted awareness-raising and dissemination of information to stakeholders regarding the human rights of persons with disabilities;
- Training of judicial and law enforcement personnel involved in the detainment and involuntary admission of persons with mental disorders and/or disabilities in institutions;
- Training of all mental health personnel, with particular emphasis on those working in mental health institutions; and
- Broad national training initiatives on human rights and mental health issues for other key stakeholders, with priorities to be determined on a country-by-country basis.

Topic 2. Status of National Mental Health Law, Policies, and Plans

- Support for the review and revision of existing laws and policies in participating countries, and, where needed, drafting of plans, new legislation, and policy documents in order to bring mental health frameworks into alignment with international norms and standards regarding the rights of persons with mental disorders and/or disabilities; and
- Focus on ensuring that the most vulnerable groups of persons with mental disorders and/or disabilities—including women, children, older persons, persons living with HIV and indigenous peoples, among others—are included in mental health laws, policies, and plans.

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Topic 3. Exercise of Civil, Political, Economic, Social, and Cultural Rights and Fundamental Freedoms by Persons with Mental Disorders and/or Disabilities

Development of a comprehensive human rights framework that addresses the civil, political, economic, social, and cultural rights and fundamental freedoms of persons with mental disorders and/or disabilities.

Topic 4. National Monitoring Mechanisms for Protecting the Rights of Persons with Mental Disorders and/or Disabilities

- Training and awareness-raising about the human rights of persons with mental disorders and/or disabilities and the mechanisms available to challenge violations of these rights;
- Integration of mental health issues and the human rights of persons with mental disorders and/or disabilities into the work of existing national monitoring mechanisms; and
- Designation or establishment of national monitoring mechanisms to monitor the human rights of persons with disabilities, particularly those living in institutional settings, who are most vulnerable to abuse.

Topic 5. Policies and Procedures Regarding Admission, Retention, and the Review Process in Mental Health Services

- Establishment or strengthening of legally mandated oversight mechanisms for reviewing the status of persons admitted and subsequently interned and retained in mental health institutions;
- Revision/adoption of laws to strengthen due process guarantees for persons with mental disorders and/or disabilities;
- Training of judicial personnel and personnel working in mental health institutions on human rights norms and standards; and
- Establishment of specific national protections to ensure that persons with mental disorders and/or disabilities in the prison system have access to mental health services and that their detainment status is subject to regular review.

Topic 6. Living Conditions in Psychiatric Institutions and Other Mental Health Facilities

Establishment of specific national protections to ensure that persons with mental disorders and/or disabilities in psychiatric institutions, other mental health facilities, and the prison system have access to mental health services and that their detainment status is subject to regular review.

Topic 7. Community-Based Mental Health Services and Living Arrangements

- Revision/adoption of laws and policies to support the implementation of community-based mental health services for persons with mental disorders and/or disabilities; and
- Broad-based establishment of community-based mental health services and implementation of community-based living arrangements.

Topic 8. Participation of Consumers/Family Members in Mental Health Decision-making

- Establishment of consumer organizations for self-advocacy;
- Establishment of family organizations;
- Strengthening of the advocacy capacity of consumer/family organizations to engage in mental health law and policy reform;
- Facilitation of coordination between the nongovernmental and government sectors in mental health decision-making processes; and
- Identification of PAHO as a core resource in facilitating the establishment of consumer/family mental health organizations and in the provision of training and capacity-building for both the government and nongovernmental sectors on mental health and human rights issues.

Topic 9. Participation of Civil Society in Promotion and Protection of the Human Rights of Persons with Mental Disorders and/or Disabilities

- Training of civil society stakeholders other than consumers and their families on human rights and mental health issues to promote their engagement in advocacy on mental health issues;
- Strengthening of cooperative relationships between civil society stakeholders and government actors on protecting and promoting human rights and mental health; and
- Inclusion of topics on mental health in university curricula, especially in law and medical schools.

Topic 10. Role of the Media in Promoting and Protecting the Rights of Persons with Mental Disorders and/or Disabilities

Awareness-raising and education for media personnel to ensure that the media promote positive perceptions in a manner consistent with international human rights instruments rather than reinforcing damaging stereotypes about persons with mental disorders and/or disabilities.

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3. Summaries of Workshop Findings: Trends in Mental Health Management in 17 Participating Countries in the Region of the Americas

Topic 1. Awareness-Raising, Training, and Dissemination of International Human Rights Norms and Standards

Data from the workshops conducted by PAHO revealed a considerable lack of awareness of the national and international human rights framework and its application in the context of persons with mental disorders and/or disabilities. There is a need for broad and intensive dissemination of information; especially on international human rights norms and standards. This over-arching theme cut across every workshop and reflected the consensus of the participants. The findings examined in this section on the subject of awareness-raising have been grouped under the following headings:

- Finding 1.1.** Need for Increased Awareness and Dissemination of Information: General Observations
- Finding 1.2.** Specific Issues That Require Targeted Awareness-raising
- Finding 1.3.** Need for Awareness-raising Campaigns and Strategies

The table below includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

Topic 1. Awareness-Raising, Training, and Dissemination of International Human Rights Norms and Standards

	Finding 1.1	Finding 1.2	Finding 1.3
	Need for increased awareness and dissemination of information	Specific issues that require targeted awareness-raising	Need for awareness-raising campaigns and strategies
Antigua and Barbuda		√	
Argentina	√		√
Barbados			√
Belize			
Chile	√		√
Costa Rica			√
Dominican Republic	√		√
Ecuador	√		√

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Topic 1. Continued

	Finding 1.1	Finding 1.2	Finding 1.3
	Need for increased awareness and dissemination of information	Specific issues that require targeted awareness-raising	Need for awareness-raising campaigns and strategies
El Salvador	√		
Grenada		√	
Guatemala			
Honduras	√		√
Nicaragua	√		√
Panama			√
Paraguay		√	√
Peru	√		√
Saint Lucia			

Finding 1.1 Need for Increased Awareness and Dissemination of Information: General Observations

The need for awareness-raising and dissemination of human rights norms and standards was expressed or implicit in all the workshops. Seven national workshops, a regional workshop, and the joint PAHO/Inter-American Commission on Human Rights (IACHR) initiative in Paraguay¹² produced a series of concrete observations and recommendations addressing the overall lack of awareness and the need to disseminate information about human rights standards, which are summarized below.

Summary of Responses and Observations by Some of the Participating Countries during the Workshops

Argentina (2003 Argentina National Workshop) cited the need for better dissemination of international human rights norms and standards, as well as constitutional norms that protect persons with mental disorders and/or disabilities, since knowledge about these concepts at the provincial and federal levels was very limited.

Chile (2002 Chile National Workshop) noted the need to disseminate information and raise awareness about mental health principles or MI Principles¹³ and requested continued technical assistance from PAHO in this effort.

Dominican Republic (2002 Dominican Republic Workshop) cited the need to disseminate information and raise awareness about the MI Principles.¹⁴

¹² A key objective of this initiative was to showcase the agreement between MDRI and Paraguay described in Section 4 of this document, which involved PAHO technical cooperation, calling attention to regional and international obligations concerning the right to health and other related rights. One of the important recommendations of the PAHO/IACHR Cooperative Initiative (Paraguay 2005) was that PAHO disseminate information about OAS and United Nations human rights treaties and standards.

¹³ Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (known as "Mental Health Principles" or "MI Principles"). These principles are considered one of the most complete and detailed international standards for persons with mental disabilities. They provide guidelines for setting up or evaluating national mental health systems and they offer an interpretation of general human rights norms in the mental health context.

¹⁴ See note 13 above.

Ecuador (2001 Ecuador National Workshop) identified the National Council on Disabilities (CONDAIS) as a key player in increasing awareness and disseminating human rights norms and standards that protect persons with mental disorders and/or disabilities in that country.

El Salvador (2003 El Salvador Regional Workshop) noted the need to disseminate and raise awareness about the MI Principles¹⁵ and requested continued technical assistance from PAHO in this effort.

Honduras (2002 Central American Subregional Workshop) made a broad statement regarding the need to disseminate international human rights norms and standards that protect persons with mental disorders and/or disabilities, since these must be incorporated into national law and policy on mental health.

Nicaragua (2002 Nicaragua Consumer Workshop) stated that increased dissemination of international norms and standards was essential, noting that its national laws on equal opportunity laws for persons with disabilities were receiving wide dissemination.

Peru (2001 Nicaragua Consumer Workshop) specified that the dissemination should target government authorities, civil society, and consumers. The participants representing Peru tied awareness-raising and dissemination of international norms and standards to successful integration of these principles in national policies, plans, and legislation.

Finding 1.2 Specific Issues That Require Targeted Awareness-raising

Four workshops noted the need for efforts in specific areas, such as the right of persons with mental disorders and/or disabilities to live in the community and the need for an immediate public relations campaign regarding mental health in the organization of community-based services.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Caribbean Regional Workshop) recognized that public opinion is very negative regarding the right of persons with mental disorders and/or disabilities to live in the community. There was little knowledge about the individual cases that had been reviewed and resolved by the Inter-American Commission on Human Rights. Assistance was requested from PAHO in disseminating this information to prevent future cases of the kind in the Eastern Caribbean.

Grenada (2003 Caribbean Regional Workshop) recognized that public opinion is very negative regarding the right of persons with mental disorders and/or disabilities to live in the community. There was little knowledge about the individual cases that had been reviewed and resolved by the Inter-American Commission on Human Rights. Assistance was requested from PAHO in disseminating this information to prevent future cases of the kind in the Eastern Caribbean.

Paraguay (2001 Paraguay Regional Workshop) stated that immediate publicity was needed regarding the organization of community-based services for persons with mental disorders and/or disabilities.

¹⁵ *Idem.*

Finding 1.3 Need for Awareness-raising Campaigns and Strategies

Eleven workshops noted the need for efforts to enhance awareness. Five specific training needs were identified as additional topics for discussion within the workshops. Of special note, psychiatric institutions were identified as a prime target for the dissemination of information regarding the human rights of persons with mental disorders and/or disabilities in three countries. Educational institutions were also identified as essential targets for awareness-raising.

Summary of Responses and Observations by Some of the Participating Countries

Argentina (2002 Argentina National Workshop) indicated that the Ministry of Health and the Ombudsperson should be engaged to assist in the dissemination of human rights norms and standards. Additionally, given that psychiatric institutions were identified as a prime target for dissemination of information regarding the human rights of persons with mental disorders and/or disabilities, Argentina proposed that information posters and flyers be placed in psychiatric institutions. PAHO assistance in this campaign was requested. In particular, it was suggested that the content of the posters emphasize the treaties to which Argentina is a signatory party which have been incorporated in the national constitution.

Barbados (2004 Barbados National Workshop) proposed awareness campaigns and the dissemination of mental disability-related international human rights norms and standards, in particular the MI Principles,¹⁶ through a broad range of media.

Chile (2002 Chile National Workshop) cited educational institutions in particular as essential targets for awareness-raising. It was suggested that campaigns to raise awareness about the human rights of persons with mental disorders and/or disabilities be initiated and directed toward both teachers and students at the secondary school level.

Costa Rica (2001 Costa Rica National Workshop) reported that the Costa Rica's Ombudsperson had taken immediate action, through a public statement, to call for an end to the social exclusion of persons with mental disorders and/or disabilities and made the commitment to disseminate international standards to the judicial branch, Social Security, the Ministry of Health, and consumer and family organizations.

Dominican Republic (2002 Dominican Republic National Workshop) specifically referenced educational institutions as essential targets for awareness-raising and recommended the establishment of programs on mental health and human rights in high schools and universities.

Ecuador (2001 Ecuador National Workshop) noted that psychiatric institutions had been identified as prime targets for the dissemination of information regarding the human rights of persons with mental disorders and/or disabilities. The placement of informative posters and flyers in psychiatric institutions was proposed.

¹⁶ *Idem.*

Honduras (2003 Honduras National Workshop) proposed awareness campaigns and the dissemination of information on international human rights norms and standards related to mental disability, in particular the MI Principles,¹⁷ through a broad range of media. In addition, participants from Honduras noted that psychiatric institutions had been identified as prime targets for the dissemination of information regarding the human rights of persons with mental disorders and/or disabilities. The placement of informative posters and flyers in psychiatric institutions was therefore proposed. Finally, Honduras also suggested targeting general hospitals and health care centers.

Nicaragua (2005 Nicaragua Workshop for Consumers) specifically referenced educational institutions as essential targets for awareness-raising. Consumers from Nicaragua stated in the 2002 Nicaragua Workshop for Consumers that university curriculum should include material on human rights and disability. The subsequent 2005 Nicaragua Workshop for Consumers resulted in a more concrete and expanded recommendation that the Human Rights Ombudsperson meet with the Ministry of Education to propose that disability rights be included in curricula at the primary and secondary school levels as well as in universities.

Panama (2003 Panama National Workshop) proposed awareness-raising campaigns and the dissemination of information about mental disability-related international human rights norms and standards, in particular the MI Principles,¹⁸ through a broad range of media mechanisms.

Paraguay (2001 Paraguay National Workshop) proposed awareness-raising campaigns and the dissemination of information about mental disability-related international human rights norms and standards, in particular the MI Principles,¹⁹ through a broad range of media mechanisms.

Peru (2001 Peru national Workshop) proposed awareness-raising campaigns and the dissemination of information about mental disability-related international human rights norms and standards, in particular the MI Principles,²⁰ through a broad range of media mechanisms.

Specific Training Needs Identified—Mental Health Professionals

Eight national workshops and two regional workshops emphasized the need to train mental health professionals in order to address the lack of understanding about rights-based approaches to mental health. Since care for most persons with disabilities is given in the context of mental health institutions, a number of points were made regarding the need to provide training for personnel in these institutions. Six national workshops and the Central America Regional workshops focused on training for institutional mental health workers.

¹⁷ *Idem.*

¹⁸ *Idem.*

¹⁹ *Idem.*

²⁰ *Idem.*

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Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Antigua National Workshop) indicated that training in mental health and human rights was needed for mainstream medical practitioners (non-mental health specialists), noting specifically that stigma and discrimination persisted with respect to persons with mental disorders and/or disabilities in general hospitals.

Belize (2005 Belize National Workshop) participants noted that there should be a general training for mental health personnel, to include the requirements and procedures slated for incorporation in new legislation. Also, training in mental health and human rights was needed for mainstream medical practitioners (non-mental health specialists).

Chile (2002 Chile National Workshop) expressed concern that insufficient attention was being paid to the mental health situation of children and adolescents, and PAHO responded immediately to the request for training of staff at the National Service for Children (SENAME) by conducting a workshop three days later. In addition, following on the national workshop recommendation, a special workshop was organized at the National Service for Children that focused on the links between human rights and mental health and the application of human rights norms and standards in the context of children with mental disorders and/or disabilities in a manner consistent with the United Nations Convention on the Rights of the Child (CRC) ratified by Chile in 1990 (primarily Article 23 regarding children with disabilities).

Dominican Republic (2002 Dominican Republic National Workshop) noted that mental health professionals have limited knowledge about the international human rights norms and standards that protect persons with mental disorders and/or disabilities and recommended that training be given for psychiatrists, psychologists, nurses, and social workers.

Ecuador (2001 Ecuador National Workshop) suggested, in connection with training for personnel in these institutions, that NGOs be involved in the trainings given at mental health institutions.

El Salvador (2003 El Salvador Regional Workshop) expressed concern that mental health professionals had not received human rights training and had no knowledge of the country's obligations with respect to international law, in particular the American Convention on Human Rights, and suggested that the National Council on Mental Health be given training. In addition, El Salvador specifically proposed that PAHO initiate human rights training for mental health personnel in the national psychiatric hospital.

Honduras (2003 Honduras National Workshop) proposed, and other Eastern Caribbean participants endorsed the proposal, that mental health personnel be required to receive training in human rights. In addition, during the 2003 Central America Regional Workshop, Honduras stated that training for mental health personnel working in psychiatric hospitals was needed and that the human rights situation at the Santa Rosita National Psychiatric Hospital required particular attention. Participants therefore recommended that the PAHO Representative (PWR) and the Ombudsperson Office facilitate workshops at that institution, with emphasis on application of the MI Principles.

Panama (2003 Panama National Workshop) explicitly recommended that authorities at the Anita Moreno Hospital be informed of their obligations with respect to international human rights norms and standards and the consequences of continued human rights violations in the hospital. In addition, the participants advocated human rights training for staff members at that institution, as well as other mental health workers in the country.

Paraguay (2001 Paraguay National Workshop) referred to a new approach to mental health that would promote an anti-institutional, integrated (multidisciplinary), and humanized system.

Peru (2001 Peru National Workshop) made the general observation that training should be required for institutional mental health workers in particular.

Specific Training Needs Identified—Judicial, Police, and Prison Personnel

The need for human rights training for judges, lawyers, prison administrators, and other prison personnel, as well as police, was recognized in most of the national workshops, in the three regional workshops, and in the Nicaragua Workshop for Consumers. Of particular interest in several workshops was the impact of the lack of application of constitutional and international human rights norms and standards on the decisions of judges relating to the admission and detainment of persons with disabilities in mental health institutions.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Antigua National Workshop) recommended training to prevent human rights abuses against persons with mental disorders and/or disabilities on the part of law enforcement and criminal justice personnel.

Argentina (2002 Argentina National Workshop) pointed out that training judges in human rights norms and standards was necessary because their rulings and interpretations of legislation affect such important issues as pensions and welfare. Argentina also pointed out that judges alone review the cases of persons retained in mental health institutions, and thus it is essential that their interpretation of civil law be consistent with international human rights standards.

Barbados (2001 Barbados National Workshop) pointed out that magistrates and attorneys required training because they had limited knowledge about human rights norms and standards as they relate to mental health and the protections afforded by the Inter-American system of human rights. Assistance was requested from PAHO in the organization of trainings for police, magistrates, and other members of the judiciary in Barbados, where procedures for the involuntary admission of persons with mental disorders and/or disabilities to institutions and the movement of persons between psychiatric institutions and prisons were often in violation of constitutional and international human rights law.

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Belize (2005 Belize National Workshop) stated that it was essential to conduct human rights training workshops for attorney-general offices at all levels.

Chile (2002 Chile National Workshop) indicated that in that country judges often applied civil norms that were not in accordance with international standards. Participants noted, for example, that there were discrepancies between national and international standards in the definition of dementia, internment, and determination, and enjoyment of legal capacity and in the appointment of a caretaker, among others points of law.

Costa Rica (2001 Costa Rica National Workshop) reported that it was the representatives of the judicial branch themselves who had requested training in the application of the MI Principles and other applicable human rights standards so that they could use these instruments to address gaps in the law.

Dominican Republic (2002 Dominican Republic National Workshop) recommended training to prevent human rights abuses against persons with mental disorders and/or disabilities on the part of law enforcement and criminal justice personnel. Participants suggested that this training be carried out by the Dominican Committee on Human Rights with technical assistance from PAHO.

El Salvador (2003 El Salvador Subregional Workshop) requested assistance from PAHO to provide training for judges who have the authority to commit persons with mental disorders and/or disabilities to institutions. El Salvador also requested cooperation from PAHO in the provision of training for judges to deal with problems created by standard tribunals in connection with the admission and retention of persons with mental disorders and/or disabilities in psychiatric hospitals.

Grenada (2003 Caribbean National Workshop) stated that general training in human rights and mental health was needed for judges and magistrates. In addition, Grenada recommended training to prevent human rights abuses against persons with mental disorders and/or disabilities by law enforcement and criminal justice personnel.

Honduras (2002 Central American Subregional Workshop) agreed on the need to train judges in this area, pointing out that they have the power not only to commit persons with mental disorders/disabilities but also to determine their legal capacity.

Nicaragua (2002 Nicaragua Consumer Workshop) made the general statement that training in human rights and mental health was needed for judges and magistrates.

Peru (2001 Peru National Workshop) recommended training for judges in this area, noting their power not only to commit persons with mental disorders/disabilities but also to determine their legal capacity. Peru also requested technical assistance from PAHO for a pilot program to train lawyers in the Ombudsperson Office who would be participating in inspections of psychiatric institutions.²¹

Saint Lucia (2003 Caribbean National Workshop) recommended training for law enforcement and criminal justice personnel to prevent human rights abuses against persons with mental disorders and/or disabilities.

²¹ The report of the Ombudsperson on the inspection of mental health institutions in Peru following the PAHO recommendations is available at: <http://www.defensoria.gob.pe/inform-defensoriales.php>

Specific Training Needs Identified—Consumers/Family Members and Civil Society in General

Eleven workshops addressed the point that, in order to speak up effectively for their own human rights, persons with mental disorders and/or disabilities must also receive training in human rights, as should their family members and other advocates.

Summary of Responses and Observations by Some of the Participating Countries

Barbados (2004 Barbados National Workshop) called for training geared to organizations of persons with disabilities and civil society advocacy groups.

Belize (2005 Belize National Workshop) made general recommendations regarding training in human rights and mental health issues for consumers and/or family members.

Chile (2002 Chile National Workshop) made general recommendations regarding training in human rights and mental health issues for consumers and/or family members, especially citing the need for training during the workshop at the Dr. José Horwitz Barak Psychiatric Institute in Chile.

Dominican Republic (2002 Dominican Republic National Workshop) made general recommendations regarding training in human rights and mental health issues for consumers and/or family members.

Grenada (2003 Caribbean National Workshop) noted specifically that internment of persons with disabilities is often ordered by family members who have not had training in human rights and mental health issues.

Honduras (2003 Honduras National Workshop) made general recommendations regarding training in human rights and mental health issues for consumers and/or family members. Honduras also expressed concern that civil society lacks the information necessary to invoke human rights protection mechanisms at the national and international levels in the event of human rights abuses against persons with mental disorders and/or disabilities.

Nicaragua (2002 Nicaragua Consumer Workshop) called for training geared to organizations of persons with disabilities and civil society advocacy groups.

Panama (2003 Panama National Workshop) expressed concern that civil society lacks the information necessary to invoke national and international protection mechanisms in the event of human rights abuses against persons with mental disorders and/or disabilities. Panama also noted that personnel in the Ombudsperson Office lacked the training to respond appropriately to complaints when they received them.

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Specific Training Needs Identified—Media Personnel

Given that the media are the natural bridge that takes the issues discussed in the workshops and relays them to those who are affected; six national workshops addressed the need to conduct training for media personnel.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Antigua National Workshop) recommended training in mental health and human rights targeted toward the media.

Barbados (2004 Barbados National Workshop) specifically noted the importance of ensuring that the media are familiar with appropriate (nondiscriminatory) concepts and terminology.

Chile (2002 Chile National Workshop) recommended training in mental health and human rights targeted toward the media.

Costa Rica (2001 Costa Rica National Workshop) recommended training in mental health and human rights targeted toward the media.

Paraguay (2001 Paraguay Regional Workshop) specifically noted the importance of ensuring that the media are familiar with appropriate (nondiscriminatory) concepts and terminology.

Peru (2001 Peru National Workshop) recommended training in mental health and human rights targeted toward the media.

Specific Training Needs Identified—Students in the Legal, Medical, and Other Professions

Three workshops discussed the importance of ensuring that students of law, medicine, and other relevant disciplines receive training in mental health and human rights norms as part of their professional education.

Summary of Responses and Observations by Some of the Participating Countries

Ecuador (2001 Ecuador National Workshop) recommended training specifically in schools of medicine and law.

Honduras (2003 Central American Regional Workshop) recommended training specifically in schools of medicine and law.

Panama (2003 Panama National Workshop) offered an expanded list of training targets to include not only students of medicine and law, but also psychology, social work, and journalism.

Summary of Topic 1: Trends

On the whole, the contributions to Finding 1 revealed a trend in raising awareness about the human rights of persons with mental disorders and/or disabilities and disseminating information to the range of stakeholders involved. Many of the proposals underscored the need to design and implement campaigns to raise awareness and mount strategies to ensure the exercise of human rights in mental health and in other areas of public health. The need for training in areas related to protecting the rights of persons with mental disorders and/or disabilities proved to be a clear and dominant theme. Training goals were identified for specific groups of stakeholders.

Topic 2. Status of National Mental Health Policies, Plans, and Legislation

One of the main topics of discussion during the workshops was the current state of national mental health policies, plans, and legislation (based on the Guidelines and Procedures circulated to the participants) and the countries' compliance with international and regional human rights norms and standards in the area of mental disability.²² Several of the workshop discussions revealed lack of conformity with the Guidelines and Procedures, and PAHO has therefore highlighted certain remarks by participants about nonconformity and the need for compliance with international human rights norms and standards.

This section identifies four central areas of findings relating to conformity with various Guidelines and Procedures on mental health to human rights norms and standards. It includes recommendations for amendments to existing laws or, in some cases, adoption of broad new legislation. The findings are drawn primarily from the workshops and, to some extent, other meetings.

The findings were grouped under the following four headings:

- Finding 2.1** Lack of consistency between Existing Laws, Policies, and/or Plans and International Human Rights Norms and Standards
- Finding 2.2** Specific Gaps in Laws, Policies, and/or Plans Designed to Protect the Rights of Persons with Disabilities
- Finding 2.3** Need for Comprehensive Review and/or Revision/Drafting of National Laws, Policies, and Plans to Ensure Consistency with International Human Rights Norms and Standards
- Finding 2.4** Protecting the Human Rights of Vulnerable Groups among Persons with Mental Disorders and/or Disabilities and Other Specific Issues

The table on the next page includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

²² Annex 1 summarizes the instruments in place for the protection of human rights of persons with mental disorders and/or disabilities embodied in national mental health laws, policies, and plans.

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Topic 2. Status of National Mental Health Policies, Plans, and Legislation

	Finding 2.1	Finding 2.2	Finding 2.3	Finding 2.4
	Lack of consistency between existing laws, policies, and/or plans and international human rights norms and standards	Specific gaps in laws, policies, and/or plans relating to the rights of persons with disabilities	Need for comprehensive review and/or revision/drafting of national laws, policies, and plans to ensure consistency with international human rights norms and standards	Need to protect the human rights of vulnerable groups among persons with mental disorders and/or disabilities and other specific issues
Antigua and Barbuda			√	
Argentina	√		√	
Barbados	√	√	√	√
Belize	√			√
Chile				√
Costa Rica	√			
Domanican Republic	√		√	√
Ecuador			√	
El Salvador	√	√	√	√
Grenada		√	√	
Guatemala				√
Honduras	√	√	√	
Nicaragua	√	√	√	√
Panama	√	√	√	√
Paraguay			√	
Peru		√		√
Saint Lucia			√	

Finding 2.1 Lack of Consistency Between Existing Laws, Policies, and/or Plans and International Human Rights Norms and Standards

Participants from nine countries specifically indicated that national laws, policies, and/or plans either partly or entirely failed to reflect international human rights norms and standards regarding persons with mental disorders and/or disabilities.

Summary of Responses and Observations by Some of the Participating Countries

Argentina (2002 Argentina National Workshop) cited the need to further expand on human rights norms and standards, as well as constitutional norms, regarding persons with mental disorders and/or disabilities and stressed the absence of a suitable legal framework to protect the human rights of persons with disabilities generally, and persons with “mental disorders and/or disabilities” in particular.

Barbados (2004 Barbados National Workshop), in noting the need for an amendment in line with the MI Principles, implicitly acknowledged that its national legislation was not in conformity. Barbados indicated the need to amend national mental health legislation to ensure that it was in alignment with the MI Principles,²³ particularly to address the shift from a predominantly institutional care framework to a model of community-based service delivery.

Belize (2004 Belize National Workshop) referred to its Unsoundness of Mind Act, which “urgently” needed revision to bring it into conformity with international human rights standards. At a second national workshop in 2005, a country representative noted the general failure of national laws to provide adequate human rights protection of persons with mental disorders and/or disabilities.

Costa Rica (2001 Costa Rica National Workshop), which has a legal system that expressly incorporates international human rights law into its domestic framework, noted that the need was not so much for amendments to facilitate domestic incorporation but rather for the tailoring of national policies and the adoption of specific laws to ensure the implementation of international standards to which it was bound as a matter of domestic law.

Dominican Republic (2002 Dominican Republic National Workshop) indicated that the protection and promotion of the human rights of persons with mental disorders and/or disabilities was not covered in national mental health policy.

El Salvador (2002 Central American Subregional Workshop in Honduras) indicated that international norms and standards on the rights of persons with mental disorders and/or disabilities had not been incorporated into the National Mental Health Plan. However, there were isolated governmental programs that might offer some human rights protection for such persons.

Honduras (2002 Central American Subregional Workshop) stated that its national legislation and policies on mental health did not incorporate all international norms and standards applicable to persons with mental disorders and/or disabilities, in particular those relating to persons in psychiatric institutions. Honduras further stated that the MI Principles²⁴ were not being applied and were ignored.

Nicaragua (2002 Central American Subregional Workshop in Honduras) indicated that a multisectoral commission had been established in 2001 to develop new policies and a national mental health plan that would reflect human rights norms and standards, but the process had not made significant headway as yet.

Panama (2003 Panama National Workshop) stated that the mental health services in the country’s criminal justice system did not meet international standards for prisoners with mental disorders and/or disabilities. The representatives also noted that the country’s equal opportunity legislation did not provide adequate protection for persons with mental disorders and/or disabilities. Finally, Panama added that its institutions were not in conformity with the MI Principles in terms of recreational and occupational therapy programs.

²³ See note 13 *supra*.

²⁴ *Idem*.

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Finding 2.2 Specific Gaps in Laws, Policies, and/or Plans Relating to the Rights of Persons with Disabilities

Seven participating countries specifically noted gaps in laws, policies, and/or plans regarding the human rights of persons with mental disorders and/or disabilities. In other cases, gaps in existing laws, policies, and/or plans were acknowledged implicitly, seeing that the representatives called for amendments to existing laws or for new legislation. The interventions are summarized below.

Summary of Responses and Observations by Some of the Participating Countries

Barbados (2004 Barbados National Workshop) noted the absence of any national mental health policy or plans.

El Salvador (2002 Central American Subregional Workshop in Honduras) noted the absence of national laws and/or policies on mental health, although there are some provisions in the constitution and the national legislative framework that currently provide some protection for the rights of persons with mental disorders and/or disabilities.

Grenada (2003 Grenada National Workshop) noted the absence of any mental health policy.

Honduras (2002 Central American Subregional Workshop), while citing the existence of a national disability law, nevertheless stated that there was no specific legislation establishing norms for community services or nondiscrimination of persons with mental disorders and/or disabilities.

Nicaragua (2002 Nicaragua Consumer Workshop) referred to the absence of a policy on the internment of persons with mental disorders and/or disabilities and noted that there was no national council on mental health.

Panama (2003 Panama National Workshop) noted the absence of any national mental health policy or plans.

Peru (2001 Peru National Workshop) noted the absence of a national policy on mental health or national law on disability.

Finding 2.3 Need for Comprehensive Review and/or Revision/Drafting of National Laws, Policies, and Plans to Ensure Consistency with International Human Rights Norms and Standards

The statements revealed that the majority of the participating countries (13 of 17) had already initiated, or were planning to initiate, a review of their legal frameworks to assess conformity with regional and international human rights norms and standards.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2001 Caribbean Regional Workshop) reported that the country's constitution was undergoing review and that therefore it would be possible to compare draft mental health legislation on the rights of persons with mental disorders and/or disabilities against constitutional provisions. In addition, the

country would undergo a three-stage review process to assess the extent to which draft mental health legislation is in conformity with international standards.

Argentina (2002 Argentina National Workshop) emphasized the need to ensure the incorporation of human rights norms and standards in the country's ongoing process of legislative reform.

Barbados (2004 Barbados National Workshop) indicated the need to review its mental health legislation in order to cover a range of human rights protections and also indicated the need to amend its national mental health legislation to ensure that it was alignment with the MI Principles, particularly to address the shift from predominantly institutional to community-based care.

Dominican Republic (2002 Dominican Republic National Workshop) specifically cited the need to review its General Health Law (42.01) and compare it against international norms and standards on mental health. Also, a bill on mental health has been drafted that calls for the incorporation of international human rights standards.

Ecuador (2001 Ecuador National Workshop) suggested that state policies on health, as well as national policy on mental health, be revised so that they will be in alignment with international human rights norms.

El Salvador (2005 El Salvador Regional Workshop) suggested, rather than drafting new legislation, updating existing legislation by adding a chapter on mental health and the rights of persons with mental disorders and/or disabilities.

Grenada (2001 Caribbean Regional Workshop) reported that a review of the country's constitution was in progress and that it would therefore be possible to compare the rights of persons with mental disorders and/or disabilities in draft mental health legislation against constitutional provisions. In addition, Grenada agreed to undergo a three-stage review process to assess the extent to which draft mental health legislation is in conformity with international standards. In this same vein, at the 2003 Grenada National Workshop reference was made to a review process in which international and constitutional human rights norms would be studied and compared against the national context.

Honduras (2003 Honduras National Workshop), within the context of requesting assistance from PAHO, referred to drafting a national mental health plan and policies consistent with international human rights norms and standards.

Nicaragua (2002 Nicaragua Consumer Workshop) articulated the need to review existing laws with particular regard to persons with disabilities, as well as the need to draft legislation on mental health that incorporates international legal standards.

Panama (2003 Panama National Workshop) reported the establishment of a study group under the National Mental Health Commission to help develop a national mental health plan that would reflect the promotion and protection of human rights in a manner consistent with international conventions.

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Paraguay (2001 Paraguay Regional Workshop) referred to the need to formulate a specific mental health policy as well as policies on prevention, treatment, education, rehabilitation, and social integration for persons with disabilities.

Saint Lucia (2001 Caribbean Regional Workshop) reported that the country was in the process of reviewing its constitution and that therefore it would be possible to compare draft mental health legislation on the rights of persons with mental disorders and/or disabilities against constitutional provisions. In addition, Saint Lucia agreed to undergo a three-stage review process to assess the extent to which draft mental health legislation is in conformity with international standards.

Finding 2.4 Need to Protect the Human Rights of Vulnerable Groups among Persons with Mental Disorders and/or Disabilities and other Specific Issues

This report summarizes the interventions of nine of the 17 countries regarding the protection of individuals suffering from mental abuse.

Summary of Responses and Observations by Some of the Participating Countries

Barbados (2004 Barbados National Workshop) noted the inadequacy of the current framework to protect the mental health of older persons, children, and other vulnerable groups. At the 2003 Caribbean Regional Workshop, Barbados noted and stressed that special attention should be given to older persons with mental disorders and/or disabilities.

Belize (2004 Belize National Workshop) referred to the inadequacy of the framework to protect the mental health of older persons, children and other vulnerable groups. In addition, Belize specifically cited inadequate protection of prisoners with mental disabilities, noting the absence of legal procedures for the movement of prisoners between psychiatric hospital and prisons, adequate mental health services for prisoners, and frequent cases of prisoner brutality.

Chile (2002 Chile National Workshop) urged that greater attention be given to the mental health of children and adolescents.

Dominican Republic (2002 Dominican Republic National Workshop) noted that protection of particularly vulnerable groups of persons with mental disorders and/or disabilities was “very limited.”

El Salvador (2005 Central American Subregional Workshop in Nicaragua) agreed that the particular needs of persons living with HIV/AIDS in psychiatric institutions, as well as women, persons with other types of disabilities, children, and indigenous populations must be essential components of any new legislation.

Guatemala (2005 Central American Subregional Workshop in Nicaragua) agreed that the particular needs of persons living with HIV/AIDS in psychiatric institutions, as well as women, persons with other types of disabilities, children, and indigenous populations, must be essential components of any new legislation.

Nicaragua (2005 Central American Subregional Workshop in Nicaragua) agreed that the particular needs of persons living with HIV/AIDS in psychiatric institutions, as well as women, persons with other types of disabilities, children, and indigenous populations, must be essential components of any new legislation.

Panama (2003 Panama National Workshop) noted the inadequacy of the current framework to protect the mental health of older persons, children, and other vulnerable groups.

Peru (2001 Peru National Workshop) noted that programs targeting women and victims of terrorism do not emphasize mental health aspects. Moreover, current mental health practices do not provide protection for the human rights of vulnerable groups.

Summary of Topic 2: Trends

In this section the participants' dominant theme was the inconsistency between national law, policies, and plans pertaining to mental health and international standards regarding the human rights of persons with mental disorders and/or disabilities. Other subjects that came up included the need for specific attention to the human rights of persons with mental disorders and/or disabilities who belong to disadvantaged groups (such as women, children, persons living with HIV in mental health institutions, older persons and indigenous peoples) and the reflection thereof in national laws, policies and programs.

Topic 3. Exercise of Civil, Political, Economic, Social, and Cultural Rights and Fundamental Freedoms by Persons with Mental Disorders and/or Disabilities

Throughout the national, subregional, and regional workshops, the workshops for consumers, and the visits to psychiatric institutions there has been a repeated call for comprehensive implementation of basic human rights norms and standards for those suffering from mental illness. This brief section reviews the macro-level findings on the exercise of civil, political, economic, social, and cultural rights; fundamental freedoms; and the application of human rights in the area of mental health in the Region of the Americas. The contributions may also be relevant for other vulnerable groups and areas of public health.

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The table below includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

Topic 3. Exercise of Civil, Political, Economic, Social, and Cultural Rights and Fundamental Freedoms by Persons with Mental Disorders and/or Disabilities

	Exercise of civil, political, economic, social and cultural rights and fundamental freedoms by persons with disabilities
Antigua and Barbuda	√
Argentina	
Barbados	√
Belize	√
Chile	
Costa Rica	
Dominican Republic	
Ecuador	
El Salvador	√
Grenada	√
Guatemala	
Honduras	
Nicaragua	
Panama	√
Paraguay	
Peru	
Saint Lucia	√

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Caribbean Regional Workshop) reported that most of the current mental health laws were not consistent with national constitutions and had not been compared against international human rights norms and standards. Revisions would be required to reflect, inter alia, the right to a fair trial, judicial guarantees, the right to vote, the right to own property, freedom of movement, and the right to housing, employment, and education. In addition, it was proposed that each country initiate consultations with the appropriate ministries to ensure that provisions regarding the right to housing, employment, and education were incorporated in draft legislation. There was also general concern regarding violations in all the countries of the right to freedom from inhuman treatment, including poor conditions in psychiatric institutions due to the use of restraint and deplorable living conditions and infrastructure, among others. Participants noted in particular that mentally ill persons in the Eastern Caribbean have not been adequately protected against abuse, degrading treatment, and discrimination. Finally, the participants pointed out the need to review and

update current mental health laws governing the patient discharge procedures followed by magistrates throughout the Caribbean. Current legislation does not allow sufficient time for the legal procedures that protect the fundamental right to freedom in the context of involuntary admissions to mental health institutions. The laws should be clear about the time frame for the detainment, retention, review, and discharge of patients.

Barbados (2003 Caribbean Regional Workshop) reported that most of the current mental health laws were not consistent with national constitutions and had not been compared against international human rights norms and standards. Revisions would be required to reflect, *inter alia*, the right to a fair trial, judicial guarantees, the right to vote, property rights, freedom of movement, and the right to housing, employment, and education. In addition, it was proposed that each country initiate consultations with the appropriate ministries to ensure that provisions regarding the right to housing, employment, and education were incorporated in draft legislation. There was also general concern regarding violations in all the countries of the right to freedom from inhuman treatment, including poor conditions in psychiatric institutions due to the use of restraint, deplorable living conditions and infrastructure, among others. Participants noted in particular that mentally ill persons in the Eastern Caribbean have not been adequately protected against abuse, degrading treatment, and discrimination. Finally, the participants pointed out the need to review and update current mental health laws governing the patient discharge procedures followed by magistrates throughout the Caribbean. Current legislation does not allow sufficient time for the legal procedures that protect the fundamental right to freedom in the context of involuntary admissions to mental health institutions. The laws should be clear about the time frame for the detainment, retention, review, and discharge of patients.

Belize (2004 Belize National Workshop) stated that national policy was not consistent with human rights standards and urgently needed to be revised to cover a range of basic rights. The participants frequently mentioned civil rights issues, especially guarantees of due process. They noted, in particular, the need to review the legal procedures for assessing legal capacity, the ability to stand trial, and fitness to give consent to treatment. Assessment and counseling procedures must be amended to meet international human rights standards and incorporated into any new legislation.

El Salvador (2005 El Salvador Regional Workshop) cited the example that institutionalized persons have never exercised their right to vote as evidence that constitutional and international human rights norms have not been respected for persons with disabilities. Also, at the 2003 Caribbean Regional Workshop the El Salvador participants reported that most of the current mental health laws were not consistent with the national constitution and had not been compared against international human rights norms and standards.

Grenada (2003 Caribbean Regional Workshop) reported that most of the current mental health laws were not consistent with national constitutions and had not been compared against international human rights norms and standards. Revisions would be required to reflect, *inter alia*, the right to a fair trial, judicial guarantees, the right to vote, property rights, freedom of movement, and the right to housing, employment, and education. In addition, it was proposed that each country initiate consultations with the appropriate ministries to ensure that provisions regarding the right to housing, employment, and education were incorporated in draft legislation. There was also general concern regarding violations in all the countries of the right to freedom from inhuman treatment, including poor conditions in psychiatric institutions due to the use of restraint, deplorable living conditions and infrastructure, among others. Participants noted in particular

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that mentally ill persons in the Eastern Caribbean have not been adequately protected against abuse, degrading treatment, and discrimination. Finally, the participants pointed out the need to review and update current mental health laws governing the patient discharge procedures followed by magistrates throughout the Caribbean. Current legislation does not allow sufficient time for the legal procedures that protect the fundamental right to freedom in the context of involuntary admissions to mental health institutions. The laws should be clear about the time frame for the detainment, retention, review, and discharge of patients.

Panama (2003 Panama National Workshop) noted that rights related to confidentiality, informed consent, detainment, review, and disposition of personal property continued to be violated in psychiatric hospitals.

Saint Lucia (2003 Caribbean Regional Workshop) reported that most of the current mental health laws were not consistent with national constitutions and had not been compared against international human rights norms and standards. Revisions would be required to reflect, *inter alia*, the right to a fair trial, judicial guarantees, the right to vote, property rights, freedom of movement, and the right to housing, employment, and education. In addition, it was proposed that each country initiate consultations with the appropriate ministries to ensure that provisions regarding the right to housing, employment, and education were incorporated in draft legislation. There was also general concern regarding violations in all the countries of the right to freedom from inhuman treatment, including poor conditions in psychiatric institutions due to the use of restraint, deplorable living conditions and infrastructure, among others. Participants noted in particular that mentally ill persons in the Eastern Caribbean have not been adequately protected against abuse, degrading treatment, and discrimination. Finally, the participants pointed out the need to review and update current mental health laws governing the patient discharge procedures followed by magistrates throughout the Caribbean. Current legislation does not allow sufficient time for the legal procedures that protect the fundamental right to freedom in the context of involuntary admissions to mental health institutions. The laws should be clear about the time frame for the detainment, retention, review, and discharge of patients.

Summary of Topic 3: Trends

The interventions referred in general to a lack of comprehensive legal frameworks in the participating countries to protect the civil, political, economic, social, and cultural rights of persons with disabilities.

Topic 4. National Monitoring Mechanisms for Protecting the Rights of Persons with Mental Disorders and/or Disabilities

The importance of national monitoring mechanisms for promoting and protecting the rights of persons with disabilities is made evident by the role given to such bodies and processes in the recently adopted the United Nations Convention on the Rights of Persons with Disabilities (CRPD).²⁵ The role of national monitoring mechanisms in facilitating implementation of the human rights of persons with mental disorders and/or disabilities was specifically addressed by a number of participants in regional and national level workshops, as well as other meetings. This section reports key observations relating to the role and/or potential roles that national monitoring mechanisms can play in monitoring mental health issues and the rights of persons with mental disorders and/or disabilities. The observations have been organized under the following headings:

Finding 4.1 Lack of Consumer/Family Awareness of Existing Complaint Mechanisms

Finding 4.2 Low Level of Engagement of National Monitoring Mechanisms in Mental Health Issues

Finding 4.3 Need for Proactive Integration of Mental Disability Issues into the work of Existing National Monitoring Mechanisms

Finding 4.4 Need for the Establishment of New Monitoring Mechanisms to Address Mental Health

Finding 4.5 Other (Miscellaneous) Issues

²⁵ Article 33 of the CRPD makes it obligatory for the States Parties to (i) "designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels"; (ii) "maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention"; and (iii) involve civil society, "in particular persons with disabilities and their representative organizations," in national-level monitoring and encourage them to participate fully.

The table below includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

Topic 4. National Monitoring Mechanisms for Protecting the Rights of Persons with Mental Disorders and/or Disabilities

	Finding 4.1 Lack of consumer/family awareness of existing complaint mechanisms	Finding 4.2 Low level of engagement of national monitoring mechanisms in mental health issues	Finding 4.3 Need for a proactive integration of mental disability issues into the work of existing national monitoring mechanisms	Finding 4.4 Need for the establishment of new monitoring mechanisms to address mental health
Antigua and Barbuda				
Argentina				
Barbados		✓	✓	✓
Belize	✓	✓		✓
Chile				✓
Costa Rica				
Dominican Republic				
Ecuador			✓	✓
El Salvador	✓	✓	✓	✓
Grenada				
Guatemala				
Honduras	✓	✓	✓	✓
Nicaragua		✓	✓	✓
Panama	✓	✓	✓	
Paraguay	✓			✓
Peru			✓	✓
Saint Lucia				
Other miscellaneous	See report for Finding 4.5.			

Finding 4.1. Lack of Consumer/Family Awareness of Existing Complaint Mechanisms

The interventions of five countries clearly revealed a widespread need to raise awareness among all stakeholders regarding human rights and mental health issues. In some cases the participants explicitly mentioned lack of consumer/family awareness about existing complaint mechanisms at the national, regional, and international level.

Summary of Responses and Observations by Some of the Participating Countries

Belize (2004 Belize National Workshop) implicitly acknowledged lack of awareness of existing mechanisms. Participants emphasized the need for consumer/family empowerment regarding their legal rights and the recourses that are available to them.

El Salvador (2003 El Salvador Subregional Workshop) commented on the lack of active participation by persons with disabilities and their families in the promotion and protection of human rights in the context of mental health services.

Honduras (2003 Honduras National Workshop) reported that stakeholders in civil society had not used available legal recourses—for example, the Human Rights Ombudsperson—to file a complaint in a case of mental disability.

Panama (2003 Panama National Workshop) reported that consumers/families and human rights organizations did not know enough about administrative and judicial complaint procedures for addressing human rights violations.

Paraguay (2001 Paraguay National Workshop) noted the need for greater participation by consumers and families in the planning, implementation, and evaluation of mental health policies and programs.

Finding 4.2. Low Level of Engagement of National Monitoring Mechanisms in Mental Health Issues

Six countries specifically cited a lack of engagement on the part of national monitoring mechanisms in the promotion and protection of the rights of persons with disabilities.

Summary of Responses and Observations by Some of the Participating Countries

Barbados (2004 Barbados National Workshop) reported that its Ombudsperson Office had not been involved in mental disability issues.

Belize (2004 Belize National Workshop) stated that its Ombudsperson Office, despite the important role of this office in protecting the rights of persons with mental disorders and/or disabilities, had not been involved in that function and needed strengthening in this regard. Moreover, there was no independent body charged with monitoring the human rights of persons with mental disorders and/or disabilities.

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El Salvador (2003 El Salvador Subregional Workshop) reported that the Ombudsperson had not included the rights of persons with mental disorders and/or disabilities in his work and had not visited any psychiatric institutions.

Honduras (2003 Honduras National Workshop) reported that the Human Rights Ombudsperson had yet to integrate mental disability rights issues into his/her work, but there had been some isolated cases.

Nicaragua (2002 Nicaragua Workshop for Consumers) cited the establishment of a multisectoral commission to address human rights and mental health issues, but little headway had been made in setting policies and creating a national plan to advance the monitoring of mental health issues at the national level. Moreover, psychiatric institutions had not been visited in a systematic manner by the Human Rights Ombudsperson. Participants in the Nicaragua Workshop for Consumers stressed the need for a Human Rights Ombudsperson. Underscoring a perceived lack of engagement, they also indicated the need for personnel in the Ministry of Health and at the national psychiatric hospital to undergo training on issues related to mental disability rights.

Panama (2003 Panama National Workshop) noted that the Human Rights Ombudsperson had not engaged in promotion and protection activities or initiated monitoring of psychiatric hospitals.

Finding 4.3. Need for Proactive Integration of Mental Disability Issues into the work of Existing National Monitoring Mechanisms

Seven countries spoke to the need for proactive efforts to ensure that human rights and mental health issues are effectively addressed by existing national mechanisms for monitoring the protection of human rights.

Summary of Responses and Observations by Some of the Participating Countries

Barbados (2004 Barbados National Workshop) proposed that its Ombudsperson Office proactively investigate complaints and, where warranted, impose sanctions on government officials found responsible for the violation of the rights of persons with mental disorders and/or disabilities.

Ecuador (2001 Ecuador National Workshop) reiterated the recommendation to create a National Desk for Defense of the Rights of Persons with Disabilities in the Ombudsperson Office which would receive complaints of violations against persons with disabilities.

El Salvador (2003 El Salvador Subregional Workshop) proposed that the Ombudsperson investigate human rights conditions in psychiatric hospitals and pursue violations against persons with mental disorders and/or disabilities. The Ombudsperson from El Salvador made the commitment to incorporate the human rights of persons with mental disorders and/or disabilities in his scope of work and to include coverage of persons with disabilities in his reports on the status of civil rights in El Salvador.

Honduras (2003 Central American Workshop) noted there were no joint activities between the Secretariat of Mental Health and other national institutions to promote and protect the human rights of persons with mental disorders and/or disabilities. Work was needed to foster greater engagement by the Human Rights Ombudsperson and Family Services.

Nicaragua (2002 Nicaragua Workshop for Consumers) reported that the Human Rights Ombudsperson had made the commitment to incorporate the defense of the rights of persons with mental disorders and/or disabilities into his mandate, though he believed he lacked knowledge about human rights issues in this context.

Panama (2003 Panama National Workshop) stressed the importance of increasing the participation of the Ombudsperson on issues pertaining to human rights and mental health while also noting the challenges inherent in integrating human rights and mental health issues in the Office of the Ombudsperson, the human rights commission of the legislative assembly, schools of law, and mainstream human rights NGOs.

Peru (2001 Peru National Workshop) supported, *inter alia*, the inclusion of human rights protections for persons with mental disorders and/or disabilities into the mandate of town councils and the mayor's office.

Finding 4.4. Need for the Establishment of New Monitoring Mechanisms to Address Mental Health

Ten countries discussed proposals relating to the establishment of new monitoring bodies and practices for addressing mental health issues.

Summary of Responses and Observations by Some of the Participating Countries

Barbados (2004 Barbados National Workshop) stressed the importance of establishing an independent monitoring body that would be mandated to receive complaints from patients and family members.

Belize (2004 Belize National Workshop) stressed that the effective implementation of mental health legislation should include inspecting psychiatric institutions, establishing human rights committees, strengthening the work on mental health issues by the Ombudsperson, and developing a procedural mechanism for the investigation of complaints. In addition, Belize participants recommended the establishment of a national mental health council as well as mechanisms to oversee the conduct of mental health professionals.

Chile (2002 Chile National Workshop) advocated the establishment of an independent national entity charged with monitoring the rights of persons with mental disorders and/or disabilities, particularly since Chile does not have an Ombudsperson.

Ecuador (2001 Ecuador National Workshop) proposed that an intersectoral commission be established to monitor human rights compliance in psychiatric institutions, as well as committees composed of families of persons in mental institutions to provide additional oversight.

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El Salvador (2003 El Salvador Subregional Workshop) reported that there was no system for monitoring the rights of persons with mental disorders and/or disabilities, nor was there much collaboration between the government entities responsible for the protection of such persons (e.g. Ministry of Health, psychiatric hospitals) and other key ministries (e.g., Ministry of Labor; Ministry of Education).

Honduras (2003 Central American Workshop) reported that there was no national network or commission with sufficient independence to protect the rights of persons with mental disorders and/or disabilities and participants and therefore proposed the creation of a commission on mental health matters.

Nicaragua (2002 Nicaragua Workshop for Consumers) recommended the creation of a national council on mental health composed of members from government, disaster psychiatry, outreach missions, and parent groups.

Paraguay (2001 Paraguay National Workshop) advocated the establishment of a multidisciplinary network charged with promotion and protection activities relating to mental disability.

Peru (2001 Peru National Workshop) advocated the creation of a pilot capacity-building program for attorneys to develop an inspection procedure to monitor psychiatric institutions. Training in other areas—for example, international and regional standards—was also mentioned.

Finding 4.5. Other (Miscellaneous) Issues

Nicaragua (2005 Nicaragua Workshop for Consumers): The Human Rights Ombudsperson expressed an interest in attending hearings before the Inter-American Commission on Human Rights when it addresses violations against persons with mental disorders and/or disabilities, thus providing an example of engagement in mental health on the part of national human rights entities and the regional human rights protection system.

Summary of Topic 4: Trends

The observations revealed some dominant themes regarding the lack of engagement of national human rights mechanisms in promoting and protecting the human rights of persons with mental disorders and/or disabilities. It was mentioned repeatedly that existing mechanisms need to fully embrace mental disability rights issues within their mandate or else establish appropriate mechanisms where none exist. The observations also revealed a low level of awareness and understanding on the part of consumers/families about how to access the available mechanisms when human rights violations occur.

Topic 5. Policies and Procedures Regarding Admission, Retention, and the Review Process in Mental Health Services

The detainment of persons with mental disorders and/or disabilities in hospitals, institutions, and prisons is a common occurrence that carries many potential risks for human rights violations. Accordingly, standards for protections related to institutionalization processes are contained in a number of key international instruments such as treaties and standards.²⁶ This section summarizes findings from national, subregional, and regional workshops and workshops for consumers, as well as site visits to national mental health institutions.

Specific findings regarding admission, detainment, retention, or review systems, procedures, or practices emerged from eleven national workshops, three regional workshops, and several workshops for consumers. All observations regarding existing processes by which persons with mental disorders and/or disabilities are placed or held in situations that deprive them of their personal liberty reflected strong concern about lack of conformity with the norms and standards of international human rights law and, in some cases, the national constitution of the country. In general, the findings fell into three main categories:

Finding 5.1. Inadequacy of National Laws and Policies in This Area

Finding 5.2. Need for Human Rights Training for Judicial And Other Personnel Involved in Decision-making Related to Admission, Retention, and the Review Process

Finding 5.3. Concern Regarding the Situation of Persons with Mental Disorders and/or Disabilities in Prisons

The table below includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

Topic 5. Policies and Procedures Regarding Admission, Retention, and the Review Process in Mental Health Services

	Finding 5.1	Finding 5.2	Finding 5.3
	Inadequacy of national laws and policies in this area	Need for human rights training for judicial and other personnel involved in decision-making related to admission, retention, and the review process	Concern regarding the situation of persons with mental disorders and/or disabilities in prisons
Antigua and Barbuda			√
Argentina		√	
Barbados	√	√	√
Belize	√		
Chile	√	√	
Costa Rica			
Dominican Republic			√
Ecuador			

²⁶ See Annex 2.

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Topic 5. Continued

	Finding 5.1	Finding 5.2	Finding 5.3
	Inadequacy of national laws and policies in this area	Need for human rights training for judicial and other personnel involved in decision-making related to admission, retention, and the review process	Concern regarding the situation of persons with mental disorders and/or disabilities in prisons
El Salvador	√	√	
Grenada			
Guatemala			
Honduras	√	√	√
Nicaragua	√		
Panama	√		
Paraguay	√		
Peru	√	√	√
Saint Lucia	√		

Finding 5.1. Inadequacy of National Laws and Policies in This Area

In many cases, national legal provisions and policies to protect the rights of persons with mental disorders and/or disabilities in this regard are either nonexistent or inadequate. Ten workshops addressed the topic.

Summary of Responses and Observations by Some of the Participating Countries

Barbados (2004 Barbados National Workshop) specifically noted the need for legal provisions governing admission procedures that are in conformity with international human rights norms and standards. Current draft legislation calls for a Review Board, but the bill will need to be amended in order to conform to the review and procedural safeguards outlined in the MI Principles.

Belize (2004 Belize National Workshop) noted that national policy on admission and review procedures required urgent revision. The participants referred specifically to the need for a new mental health law and policy that include independent review bodies, as established in the MI Principles, and noted that the current law providing for a “board of control” did not meet the international criteria for periodic review procedures. Later, at the 2005 Belize National Workshop, the participants made a specific proposal to establish such a body, to be called the “National Mental Health Review Board,” which would be composed of a psychiatric nurse, a member of the police force, a magistrate, a consumer, and a social worker. At that same meeting, the participants called for a review of the role of magistrates and police in admitting processes and legally mandated procedures in which mental health personnel assist magistrates and the police, in particular with regard to judicial guarantees in the case of involuntary admission.

Chile (2002 Chile National Workshop, held at the José Horwitz Barak Psychiatric Institution in Chile) recommended that the laws governing the internment of persons with disabilities and the institutions in which they are placed be revised to comply with international human rights norms and standards. Areas suggested for review included administrative and legal internment, isolation and containment procedures, right of patients/relatives/personal guardians/friends/representatives to appeal, informed consent, authorization of procedures such as psychosurgery, sterilization and irreversible treatments, caretaking, regulation of labor performed by patients, oversight/review bodies, and legal guarantees, among others.

El Salvador (2003 El Salvador Subregional Workshop) noted the need to review existing laws and policies, a process that was under way by the time of the 2006 El Salvador Subregional Workshop. Participants at the latter meeting requested that the PAHO Representative in El Salvador coordinate with the National Council on Mental Health on the development of new legislation so that PAHO (Headquarters Office) would have the opportunity to comment on a number of crucial issues regarding admission, detainment, and review procedures.

Honduras (2003 Honduras National Workshop) reported that a new review of national policy had been undertaken in light of constitutional norms and human rights standards to which Honduras had committed.

Nicaragua (2002 Nicaragua Workshop for Consumers) noted that there are no policies on the admission or detainment of persons with disabilities in psychiatric hospitals that are consistent with international human rights norms and standards.

Panama (2003 Panama National Workshop) stated that there was no established mechanism for the admission of persons to psychiatric institutions or for the review of their internment, as stipulated by constitutional and international human rights norms and standards, including those embodied in the MI Principles.

Paraguay (2004 Paraguay Training for Mental Health) agreed to form a multidisciplinary oversight body to begin reviewing the procedures for internment and periodic review of the detainment of persons in the psychiatric hospital,²⁷ noting that in time these procedures would be the subject of national legislation.

Peru (2001 Peru National Workshop) noted the absence of any policy for the presentation of individual petitions regarding the detainment or transfer of persons with mental disorders and/or disabilities.

Saint Lucia (2003 Caribbean National Workshop) called for an immediate review of the policies followed in mental health hospitals vis-à-vis international standards and human rights norms, to be undertaken concurrently with the formulation of new mental health legislation.

²⁷ This decision was taken specifically to conform to MI Principle 17, which calls for the establishment of review bodies.

Finding 5.2. Need for Human Rights Training for Judicial And Other Personnel Involved in Decision-making Related to Admission, Retention, and the Review Process

In six of the workshops it was noted that judicial personnel were often found to be uninformed about pertinent human rights protections, including periodic review of admissions to psychiatric institutions, judicial guarantees, and judicial protection.

Summary of Responses and Observations by Some of the Participating Countries

Argentina (2002 Argentina National Workshop) specifically expressed the need for training in the case of judicial personnel (magistrates, judges, etc.). Participants recognized the crucial role of the judicial system in the admitting, detention and review processes. Given the extreme power that judges hold in decisions regarding the detainment of persons with mental disorders and/or disabilities, it is essential that they have a clear understanding of international human rights standards so that they can interpret civil law accordingly. The participants also noted the importance of ensuring that mental health personnel receive training in human rights, since these personnel are often in daily contact with interned individuals.

Barbados (2004 Barbados National Workshop) emphasized the need to train judicial personnel (magistrates, judges, etc.). Participants discussed the problem of inconsistency between current admitting procedures and the provisions of both the Constitution of Barbados and international human rights law, and hence the need make both magistrates and police aware of these standards. According to the Barbados Mental Health Act, magistrates and the police participate directly in the involuntary admission of persons with mental disorders and/or disabilities to mental health institutions and in the transfer of such persons from prisons to institutions. Very often this procedure is carried out in a manner that contradicts both Barbados Constitutional law and international law on human rights. Barbados also requested support from PAHO in providing the necessary training for judges and other personnel.

Chile (2002 Chile National Workshop) expressed the need for training of judicial personnel (magistrates, judges, etc.), noting that gaps in the legal definition of dementia, criteria for internment, determination of legal capacity, and other key issues often result in judges applying civil norms that are not in accordance with international human rights norms and standards. Also, participants in the workshop at the Jose Horwitz Barak Psychiatric Institution urged coordination of efforts between the Ministry of Health, PAHO, and psychiatric institutions to facilitate training of federal judges to interpret civil codes in accordance with international human rights norms and standards—in particular, civil codes related to legal internment, the determination of legal capacity, administrative and legal internment, isolation and containment procedures, the right of patients/relatives/personal guardians/friends/representatives to appeal, informed consent, authorization of procedures such as psychosurgery, sterilization and irreversible treatments, caretaking, regulation of labor performed by patients, oversight/review bodies, and legal guarantees, among others.

El Salvador (2003 El Salvador Subregional Workshop) expressed the need for training of judicial personnel (magistrates, judges, etc.).

Honduras (2002 Central American Workshop in Honduras, visit to the Santa Rosita National Psychiatric Hospital) requested that the PAHO Representative in Honduras make every effort to facilitate training of mental health personnel, with particular emphasis on the application of the MI Principles in hospital settings.

Peru (2001 Peru National Workshop) expressed the need for training of judicial personnel (magistrates, judges, etc.). The participants noted the importance of ensuring that mental health personnel receive training in human rights, as these personnel are often in daily contact with interned individuals. The director of the psychiatric hospital in Neguchi, Peru, stated that prior to the workshop personnel had not been aware of the international norms that protect individuals who have been institutionalized without proper judicial review.

Finding 5.3. Concern Regarding the Situation of Persons with Mental Disorders and/or Disabilities in Prisons

There was considerable concern in five of the workshops regarding the situation of persons with mental disorders and/or disabilities in prisons. Laws, policies, and procedures to protect persons with mental disorders and/or disabilities detained in prisons need to be revised, not only with respect to admission, detainment, and review, but also to address the lack of mental health care available or even processes to determine what care might be needed.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Antigua National Workshop) observed that the situation of prisoners with mental disorders and/or disabilities is critical in that their detainment is not being reviewed in terms of the norms enshrined in the national constitution or international standards.

Barbados (2004 Barbados National Workshop) reported that a review of procedures in Barbados regarding persons with mental disorders and/or disabilities convicted of crimes deemed that they were seriously inadequate and in need of revision in order to conform to human rights law. For example, prisoners with mental disorders and/or disabilities already prosecuted and serving sentences were frequently sent to mental health institutions to receive treatment, but these institutions were not able to discharge them without an order from a magistrate. In other cases, prisoners who had committed minor offenses and had not been prosecuted remained in mental health institutions because they were not able to stand trial.

Dominican Republic (2002 Dominican Republic National Workshop) reported that prisons lacked mental health assistance programs and that there was no specific regulation providing for the transfer of prisoners with mental disorders and/or disabilities to the psychiatric hospital to receive psychiatric care.

Honduras stated that prisons lacked mental health personnel, and that therefore persons with mental disorders and/or disabilities lacked due protection and medical attention.

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Peru (2001 Nicaragua Workshop for Consumers) noted that prisons did not offer medical or psychiatric care and there had been cases in which patients had been held for as long as 28 years without judicial review or proper treatment. Participants requested that the Human Rights Ombudsperson be made responsible for training prison staff and reviewing the cases of people with mental disorders and/or disabilities currently in prison.

Summary of Topic 5: Trends

The observations revealed failure on the part of judicial personnel to apply international, and sometimes national, human rights norms and standards in situations related to the admission, detention, and review of persons with mental disorders and/or disabilities in psychiatric institutions.

Topic 6. Living Conditions in Psychiatric Institutions and Other Mental Health Facilities

International norms and standards governing persons with mental disorders and/or disabilities who reside in institutions and other mental health facilities provide clear obligations with regard to living conditions.²⁸ International standards include, inter alia, the right to adequate clothing, clean and hygienic conditions inside the facility, quality food, clean and potable water, privacy, and freedom from physical, mental, and sexual abuse from patients and staff. Conditions inside mental health facilities were brought to light during some of the national and regional workshops and during site visits to such facilities. This section reviews findings related to living conditions in mental health facilities in the following areas:

Finding 6.1. Living Conditions That Fail to Meet International Human Rights Standards

Finding 6.2. Substandard Prison-like Conditions Where Persons with Mental Disorders and/or Disabilities are Interned

The table below includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

²⁸ See, e.g., *MI Principles, Principle 13*. The newly adopted *Convention on the Rights of Persons with Disabilities* likewise articulates a full range of standards applicable to conditions within mental health facilities and the rights of persons with mental disabilities residing within them. For further discussion on rights and conditions within institutions, see *WHO Resource Book on Mental Health, Human Rights and Legislation 33-38* (WHO: 2005). Available at: [http://www.who.int/mental_health/policy/legislation/Resource%20Book_Eng2_WEB_07%20\(2\).pdf](http://www.who.int/mental_health/policy/legislation/Resource%20Book_Eng2_WEB_07%20(2).pdf)

Topic 6. Living Conditions in Psychiatric Institutions and Other Mental Health Facilities

	Finding 6.1	Finding 6.2
	Living conditions that fail to meet international human rights standards	Substandard prison-like conditions where persons with mental disorders and/or disabilities are interned
Antigua and Barbuda		
Argentina	√	
Barbados		
Belize	√	√
Chile		√
Costa Rica		
Dominican Republic	√	
Ecuador		
El Salvador	√	
Grenada		
Guatemala		
Honduras	√	
Nicaragua		
Panama	√	
Paraguay	√	
Peru	√	√
Saint Lucia		

Finding 6.1. Living Conditions That Fail to Meet International Human Rights Standards

Nearly all the participants who commented on living conditions in mental health facilities indicated that these facilities were not in conformity with basic human rights norms and standards. Comments from eight workshops made specific references.

Summary of Responses and Observations by Some of the Participating Countries

Argentina (2002 Argentina National Workshop) noted frequent human rights abuses at the Colonia Nacional Montes de Oca psychiatric hospital in terms of general quality of life and lack of adequate food, clothing, access to medical treatment and occupational therapy, personal care and hygiene, and communication with family members.

Belize (2004 Belize National Workshop) reported the need to review the physical infrastructure of the facilities where persons with mental disorders and/or disabilities reside, including lighting, ventilation, and general condition of the wards.

Dominican Republic (2002 Dominican Republic National Workshop) indicated the need for improvements in terms of the rights and freedoms of persons interned in the national psychiatric hospital, as well as the specific need to develop occupational therapy in the facility.

El Salvador (2003 El Salvador Subregional Workshop) reported the existence of physical restraints and deplorable conditions in psychiatric institutions.

Honduras (2003 Honduras National Workshop) stated that government institutions needed to pay greater attention to living conditions, including the use of restraints and isolation cells, adequate food and sanitation, and lack of access to occupational therapy. At the 2002 Central American Subregional Workshop, Honduras also made a series of observations regarding conditions at the Santa Rosita Psychiatric Hospital, including persons placed incommunicado in isolation cells, poor sanitation and hygiene with human excrement on the floors where people slept, poor lighting and ventilation, and lack of access to medical care. Other deplorable conditions included female sterilization, psychosurgeries and electroshock without anesthesia, naked women roaming around the institution, lack of bedding and furniture for personal belongings, and unhygienic bathrooms.

Panama (2003 Panama National Workshop) reported overcrowding and deplorable conditions in certain psychiatric hospitals, including Anita Morena Hospital. A further observation during the meeting was that institutions did not provide adequate access to recreation and occupational therapy, as stipulated in the MI Principles.²⁹

²⁹ See note 13 above.

Paraguay (2001 Paraguay National Workshop, training workshop, and tour of the National Psychiatric Hospital in Paraguay) noted that minors were observed living with adults, contrary to international standards. Also, minors were observed living in solitary confinement in substandard conditions without clothing, having been held in this condition for about two years on the pretext that they were dangerous which is in violation of international human rights standards.

Peru (2001 Peru National Workshop) reported that some 180 patients in the Larco Herrera Psychiatric Hospital were undocumented, in violation to the right to have a name, implying that this was a dangerous situation that made the individuals especially vulnerable.

Finding 6.2. Substandard Prison-like Conditions Where Persons with Mental Disorders and/or Disabilities are Interned

Some of the participants spoke directly to the issue of living conditions for persons with mental disorders and/or disabilities being held in prisons. The findings from two workshops are reported below.

Summary of Responses and Observations by Some of the Participating Countries

Belize (2005 Belize National Workshop) reported that the situation of persons with mental disorders and/or disabilities living in prisons was "critical" and that mental health care and trained mental health professionals were not provided to such persons, leading in some cases to loss of life.

Chile (2002 Chile National Workshop and site visit) was cited as a positive example of deinstitutionalization with successful transition into the community with the provision of appropriate support was brought to light through a site visit.

Peru (2001 Peru National Workshop) noted that no medical assistance or psychiatric care was available in its prisons and that there have been cases of persons being held for as long as 28 years without judicial review or proper medical treatment.

Summary of Topic 6: Trends

Nearly all the participants who commented on living conditions in mental health facilities indicated a lack of conformity with basic international human rights norms and standards.

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Topic 7. Community-based Mental Health Services and Living Arrangements

International norms and standards regarding persons with disabilities clearly provide that they must be able to enjoy their human rights to live independently, be included in the community, choose where and with whom to live, and have access to in-home, residential, and community support services.³⁰ Shortcomings in existing laws, policies, and practices were brought to light during the national and regional workshops and meetings with consumers during the course of the PAHO project, highlighting gaps between the right to community-based living arrangements and the true situation. This section reports on findings grouped under the following three topics:

Finding 7.1. Deficiencies in Laws/Policies Supporting Community-based Services and Living Arrangements

Finding 7.2. Little/No Provision of Community-based Services

Finding 7.3. Need for Proposals to Improve the Provision of Community-based Services

The table below includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

Topic 7. Community-based Mental Health Services and Living Arrangements

	Finding 7.1	Finding 7.2	Finding 7.3
	Deficiencies in laws/policies supporting community-based services and living arrangements	Little/no provision of community-based services	Need for proposals to improve the provision of community-based services
Antigua and Barbuda	√	√	√
Argentina		√	
Barbados			√
Belize		√	√
Chile			
Costa Rica		√	
Dominican Republic			
Ecuador			
El Salvador			√
Grenada		√	√
Guatemala			√
Honduras	√	√	
Nicaragua		√	√
Panama	√	√	
Paraguay			√
Peru	√		
Saint Lucia			√

³⁰ The right to community integration for persons with disabilities is articulated most clearly in Article 19 of the recently adopted UN Convention on the Rights of Persons with Disabilities. Other international human rights instruments also express a clear preference for community-based living and support for persons with disabilities—see, for example, the MI Principles.

Finding 7.1. Deficiencies in Laws/Policies Supporting Community-based Services and Living Arrangements

In the discussions on the establishment and/or implementation of community-based services, some countries made specific observations regarding the adequacy of current laws and/or policies in supporting the principles of independent living and community-based service delivery. Four of the workshops included this topic in their discussions.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Caribbean Subregional Workshop) noted that current draft legislation did not include any provisions on community-based services.

Honduras (2003 Honduras National Workshop) stated that there was no specific disability legislation regarding community-based services, or specifically, community-based services for persons with mental disorders and/or disabilities. However, Honduras did have national legislation on disability.

Panama (2003 Panama National Workshop) noted that national legislation on disability did establish the right to receive rehabilitation in the community and that therefore the State was obliged to create community services (but had not done so).

Peru (2001 Peru National Workshop) reported that the right to access to community-based services is not included anywhere in the national mental health plan.

Finding 7.2. Little/No Provision of Community-based Services

International norms and standards regarding the rights of persons with disabilities clearly stipulate that persons with disabilities shall have access to certain living conditions. Nine workshops addressed this topic and made comments regarding the areas they represented.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2002) reported that persons with mental disorders and/or disabilities are only treated in wards.

Argentina (2002 Argentina National Workshop) stated that community-based services were very limited.

Belize (2004 Belize National Workshop) indicated their objection to a government proposal to construct “sheltered housing” in a particular region of the country, which would essentially constitute another isolated setting and hinder community integration and full exercise of human rights.

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Costa Rica (2001 Costa Rica National Workshop) reported on several projects under way that provide community-based services.

Grenada (2003 Caribbean National Workshop) said that the mental health system is limited to the psychiatric hospital and one unit in the general hospital.

Honduras (2003 Honduras National Workshop) reported that there were no community-based services for persons with mental disorders and/or disabilities.

Nicaragua (2002 Central American Regional Workshop in Honduras) said that some projects had been developed that were providing community-based services.

Panama (2003 Panama National Workshop) stated that there were no community-based services or attempts to create day care centers or halfway houses.

Finding 7.3. Need for Proposals to Improve the Provision of Community-based Services

A number of countries made specific proposals regarding the provision of community-based services and alternatives to institutional living.

Nine workshops noted the need to achieve this goal.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Caribbean Subregional Workshop) Antigua supported the inclusion of community-based mechanisms such as halfway houses, community rehabilitation centers, and services in general hospitals in current draft legislation on mental health.³¹

Barbados (2004 Barbados National Workshop) proposed amending its mental health legislation so that it is in conformity with MI Principle 7 to facilitate the shift from a predominantly institutional care model to community-based service delivery. The provisions should cover such arrangements as halfway houses, group homes, and parent support groups. MI Principle 7 stipulates that every patient shall have “the right to be treated and cared for, as far as possible, in the community in which he or she lives.” When treatment is given in a mental health facility, that facility should be located near the patient’s home and/or family/friends, and the person shall have the right to return to the community as soon as possible.

³¹ See statements of Antigua and Barbuda, Grenada, and Saint Lucia at the 2003 Caribbean Regional Workshop in Barbados (2003).

Belize (2005 Belize National Workshop) considered it essential to improve the quality of life of persons in the psychiatric hospital. Therefore, current legislation needed to be amended to address community-based services and deinstitutionalization. In addition, community-based services needed to be established and mental health care needed to be provided in general hospitals.

El Salvador (2003 El Salvador National Workshop) asserted that legislation and policy initiatives were needed in order to incorporate community-based mental health services.

Grenada (2003 Caribbean National Workshop) supported the inclusion of community-based mechanisms such as halfway houses, community rehabilitation centers, and services in general hospitals in current draft legislation on mental health also, Grenada had proposed a new law to provide for community-based services.

Guatemala (2005 Central American Regional Workshop) proposed the creation of a mental health committee and community-based mental health programs for persons with disabilities.

Nicaragua (2003 Workshop for Consumers) advocated the establishment of a pilot program incorporating community-based services for the León or Chinandega regions, coupled with training workshops.

Paraguay (2001 Paraguay National Workshop) proposed the decentralization of mental health services and the creation of integrated mental health units with interdisciplinary teams in regional hospitals, health centers, social security centers, and elsewhere to replace the mental institutional model.

Saint Lucia (2003 Caribbean National Workshop) supported the inclusion of community-based mechanisms such as halfway houses, community rehabilitation centers, and services in general hospitals in current draft legislation on mental health.

Summary of Topic 7: Trends

For nearly all the participants who commented on living conditions, the dominant theme was the need to identify shortcomings in existing national laws and/or policies in order to facilitate the provision of community-based services and independent living arrangements. In addition, there was little or no implementation of community-based mental health services, a requirement under international human rights law, which needs to be addressed through the adoption of specific government measures. Other observations revealed a need for proactive efforts to integrate mental health services into the community and promote community-based living models and independent living arrangements for the benefit of persons with mental disorders and/or disabilities and the enjoyment of their other human rights and fundamental freedoms. A number of proposals were put forward to this effect.

Topic 8. Participation of Consumers/Family Members in Mental Health Decision-making

Both international and regional standards regarding disability bear out the importance of participation by consumers and their family members in decisions about mental health issues. National and regional workshops, and in some cases workshops for consumers and visits to mental health facilities, revealed concerns and shortcomings, which in turn gave rise to proposed changes. These observations stressed the need for the participation of consumers, family members, and their representative organizations in decision-making and advocacy on mental health issues. The workshops looked at whether and how consumers/families and their organizations were currently engaged in decision-making processes, and the participants outlined steps to improve their participation. In the findings there was strong focus on the insufficient number of consumer and family organizations and on the fact that existing organizations were ineffective in applying international human rights norms and standards in decision-making and advocacy on mental health issues. This section summarizes the findings, which have been organized under the following two headings:

Finding 8.1. Need to Increase Participation in Decision-making Processes and Collaboration with Relevant Decision-making Entities

Finding 8.2. Need to Establish, Strengthen, and Provide Training for Consumer/Family Organizations

The table below includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

Topic 8. Participation of Consumers/Family Members in Mental Health Decision-making

	Finding 8.1	Finding 8.2
	Need to increase participation in decision-making processes and collaboration with relevant decision-making entities	Need to establish, strengthen, and provide training for consumer/family organizations
Antigua and Barbuda		√
Argentina	√	√
Barbados		√
Belize	√	
Chile	√	√
Costa Rica		
Dominican Republic	√	√
Ecuador		
El Salvador		√
Grenada		√
Guatemala		
Honduras	√	√
Nicaragua		√
Panama	√	√
Paraguay	√	√
Peru	√	√
Saint Lucia		√

Finding 8.1. Need to Increase Participation in Decision-making Processes and Collaboration with Relevant Decision-making Entities

Five national workshops and one regional workshop explicitly recognized the need for greater participation by consumers, families, and their organizations in the development, implementation, and/or evaluation of mental health laws, policies, plans, and/or programs.³²

Collaboration between consumers/family members and relevant governmental agencies with mental health mandates emerged as an important dimension for participation in decision-making in eight of the workshops. Explicit requests for support or technical assistance from PAHO in facilitating the establishment and strengthening of such groups were made at workshops held in Argentina, Barbados, Chile, the Dominican Republic, and Saint Lucia.

During the Caribbean regional workshop in Barbados, government representatives stated that “consumers and family members should participate in the process of revising mental health legislation; however, so far their participation has been very limited. NGOs, for the most part, have not participated either.”³³ The representatives noted that revised draft legislation that includes PAHO recommendations should be presented to stakeholders for consultation.³⁴

Summary of Responses and Observations by Some of the Participating Countries

Argentina (2002 Argentina National Workshop) explicitly recognized the need for greater participation by consumers, families, and their organizations in the development, implementation, and/or evaluation of mental health laws, policies, plans, and/or programs. In Argentina there was limited participation by consumers and family members in the formulation of mental health laws, policies, and treatment guidelines, not to mention the specific issues related to the review procedures for those held involuntarily and the procedures for the determination of legal capacity.

Belize (2005 Belize National Workshop) explicitly recognized the need for greater participation by consumers, families, and their organizations in the development, implementation, and/or evaluation of mental health laws, policies, plans, and/or programs. Stress was placed on the importance of including consumers in consultations on draft mental health laws and policies. It was recommended that a new entity be established to facilitate coordination between consumers and family groups, on the one hand, and relevant governmental agencies, on the other, and PAHO was asked to provide technical support for this initiative. The membership of the Committee would include representatives from the Ministry of Health, PAHO, a consumer association, the office of the Attorney General, a family association, a mental health association, and the Ministry of Human Development and Social Transformation.

³² *National Workshops: Argentina (2002); Belize (2005); Honduras (2003); Panama (2003); Paraguay (2001); and the Caribbean Regional Workshop, Barbados (2003).*

³³ *Caribbean Regional Workshop, Barbados (2003).*

³⁴ *Idem.*

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Chile (2002 Chile National Workshop) stressed the need to establish stronger partnerships between consumer/family groups and agencies and commissions concerned with mental health. In 2005, the subject of how to facilitate stronger involvement by consumer and family organizations was a key subject during a special workshop for consumer and family organizations in Chile that focused on using international human rights instruments as an empowerment tool. Participants discussed strategies for actively participating in the creation of policies, plans, mental health legislation, and specific actions to promote and protect human rights within the framework of the Inter-American human rights system. Participants proposed that PAHO collaborate with other state institutions in organizing a training workshop to build the capacity of these groups to apply international human rights instruments.

Dominican Republic (2002 Dominican Republic National Workshop) stressed the need to establish stronger partnerships between consumer/family groups and mental health-related agencies and commissions.

Honduras (2003 Honduras National Workshop) explicitly recognized the need for greater participation by consumers, families, and their organizations in the development, implementation, and/or evaluation of mental health laws, policies, plans, and/or programs.

Panama (2003 Panama National Workshop) explicitly recognized the need for greater participation by consumers, families, and their organizations in the development, implementation, and/or evaluation of mental health laws, policies, plans, and/or programs. In addition to general observations regarding the need for such participation, it was specifically noted that in Panama the Ministry of Health has been mandated to actively include consumers and family members in its activities.

Paraguay (2001 Paraguay Regional Workshop) explicitly recognized the need for greater participation by consumers, families, and their organizations in the development, implementation, and/or evaluation of mental health laws, policies, plans, and/or programs. Also, Paraguay cited the need to facilitate direct participation by “beneficiaries or users” and their families in national mental health planning, implementation, and evaluation processes.

Peru (2001 Peru National Workshop) stressed the need to establish stronger partnerships between consumer/family groups and mental health-related agencies and commissions.

Finding 8.2. Need to Establish, Strengthen, and Provide Training for Consumer/Family Organizations

Fourteen of 17 workshops reviewed in this report cited the need to establish or strengthen organizations of consumers/family members. Those countries that did not explicitly mention establishing and strengthening consumer/family organizations implicitly acknowledged the need for additional training to build capacity. Two regional workshops addressed the subject of consumer/family organizations, and, in particular, technical assistance for establishing and strengthening them. The need was recognized, either explicitly or implicitly, for training and capacity-building in the areas of mental health and human rights law in order to empower consumer/family organizations. Thus, for example, the importance of human rights training for families (as well as mental health staff) was emphasized by representatives from Anguilla, Saint Kitts, Saint Vincent

and the Grenadines, Montserrat, and the British Virgin Islands, and it was recommended that specific training in mental health law and human rights standards be provided for stakeholders, including family members and consumers. Such training would cover the human rights of persons with mental disorders and/or disabilities, mental disability-based stigma, and discrimination and promote effective participation in decision-making.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Caribbean National Workshop) reported that no consumer/family organizations concerned with mental health issues has been established in the country.

Argentina (2002 Argentina National Workshop) suggested that technical assistance be requested from PAHO for training, inter alia, on legal protections and mechanisms; international standards on mental health, including the MI Principles;³⁵ the role of families in mental health advocacy; and mental health issues in general.

Barbados (2004 Barbados National Workshop) reported that no consumer organizations were active in the country. Technical support from PAHO should focus on establishing and supporting consumer/family organizations in line with national laws and international human rights law and standards.

Chile (2002 Chile National Workshop) suggested that technical assistance be requested from PAHO for training, inter alia, on legal protections and mechanisms; international standards on mental health, including the MI Principles;³⁶ the role of families in mental health advocacy; and mental health issues in general. Also, during the 2002 visit to the Dr. Jose Horwitz Barak Psychiatric Institute in Chile, participants encouraged consumer/family groups to engage in advocacy on mental health issues. In particular, participants cited the successful model used to empower HIV/AIDS NGOs as an approach that could be used to strengthen consumer/family groups, patient associations, and other civil society groups working on mental health advocacy.

Dominican Republic (2002 Dominican Republic National Workshop) suggested that technical assistance be requested from PAHO for training, inter alia, on legal protections and mechanisms; international standards on mental health, including the MI Principles;³⁷ the role of families in mental health advocacy; and mental health issues in general.

El Salvador (2002 Central American Subregional Workshop in Honduras) reported that there were few mental health consumer organizations in the country and technical assistance would be needed to strengthen them.

Grenada (2003 Caribbean National Workshop) reported that no consumer/family organizations concerned with mental health issues has been established in the country.

³⁵ See note 13 above.

³⁶ *Idem.*

³⁷ *Idem.*

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Honduras (2003 Honduras National Workshop) noted that individuals and organizations had not accessed the available legal mechanisms (e.g. the Human Rights Ombudsperson) to seek redress for human rights violations against persons with mental disorders and/or disabilities. Some health centers had initiated training on basic mental health issues for families of patients, but this training was not being offered on a regular basis. At the 2002 Central American Subregional Workshop, Honduras reported that no consumer/family organizations concerned with mental health issues has been established in the country.

Nicaragua (2002 Central American Subregional Workshop in Honduras) specifically requested that PAHO focus on strengthening the role of consumer/family organizations. At the 2002 Nicaragua Workshop for Consumers, Nicaragua reported a significant increase in the active involvement of mental health service consumers in matters that affect them and recommended that efforts be continued to strengthen consumer/family organizations, including similar workshops in the interior of the country, in order to accelerate this reform.

Panama (2003 Panama National Workshop) specifically noted that the country's organizations "lacked sufficient knowledge" about procedures for filing complaints against violations of consumers' human rights and fundamental freedoms.

Paraguay (2004 Paraguay Training for Mental Health Personnel) agreed to guarantee the participation of consumer organizations in the restructuring of mental health services, policies, programs, and legislation, although the participants noted that such associations did not currently exist.

Peru (2001 Peru National Workshop) suggested that PAHO strengthen its role in working with consumer/family organizations. During the Peru workshop, the National Alliance on Mental Illness (NAMI) (a US-based advocacy group) also offered technical support for consumer organizations in Peru.

Saint Lucia (2002 Saint Lucia National Workshop) noted that the country had only one organization of this kind and was in the process of developing advocacy capacity. It was important for PAHO technical assistance to focus on establishing and supporting consumer/family organizations. At the 2003 Caribbean National Workshop, Saint Lucia reported that no consumer/family organizations concerned with mental health issues has been established in the country.

Summary of Topic 8: Trends

The findings show that consumers and family members and their representative organizations need further empowerment to participate effectively in the decision-making processes that affect mental health issues, which can be accomplished through training about human rights norms and standards, national-level legal protections for persons with mental disorders and/or disabilities, and strategies for advocacy. The continued involvement of PAHO as a provider of training and a facilitator of cooperation between governments and consumers/family members was clearly encouraged by workshop participants at the national and regional levels.

Topic 9. Participation of Representatives of Civil Society in Promotion and Protection of the Human Rights of Persons with Mental Disorders and/or Disabilities

The involvement of civil society in advocacy, awareness-raising, and the development of policy is a critical part of any effort to protect and promote human rights. In the matter of the human rights of persons with mental disorders and/or disabilities, consumers and family members must take a leading role in civil society initiatives, especially in terms of the development of law and policy and the monitoring of programs and services. The crucial role of consumer and family organizations was discussed in the previous section (Participation of Consumers/Family Members in Mental Health Decision-making). The present section addresses findings related to a broader segment of civil society, defined as including not only consumer and family groups but also mainstream human rights organizations, advocacy NGOs, associations, universities, and other stakeholders. These findings naturally overlap with, and reinforce, those reported in other sections, since the role of civil society came up in the discussion of most of the topics. The findings in this area fall under the following two headings:

Finding 9.1. Need to Strengthen Civil Society Engagement in Mental Health Issues

Finding 9.2. Need for Proposals Regarding the Role of Educational Institutions

The table below includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

Topic 9. Participation of Representatives of Civil Society in Promotion and Protection of the Human Rights of Persons with Mental Disorders and/or Disabilities

	Finding 9.1	Finding 9.2
	Need to strengthen civil society engagement in mental health issues	Need for proposal regarding the role of educational institutions
Antigua and Barbuda		
Argentina		
Barbados	√	
Belize	√	
Chile	√	√
Costa Rica		√
Dominican Republic		√
Ecuador	√	√
El Salvador	√	
Grenada		
Guatemala		
Honduras	√	
Nicaragua	√	√
Panama	√	√
Paraguay		√
Peru	√	
Saint Lucia		

Finding 9.1. Need to Strengthen Civil Society Engagement in Mental Health Issues

Eight national workshops made specific references to the need for civil society involvement on the national level in terms of law and policy development, collaboration with government agencies and actors, and general advocacy. Several workshops made direct observations and recommendations regarding the involvement of civil society in specific institutions already in existence.

Summary of Responses and Observations by Some of the Participating Countries

Barbados (2004 Barbados National Workshop) stated that consumers and NGOs should participate in decision-making processes related to the drafting of mental health policy and requested technical and financial support from PAHO to build the capacity of such groups to engage in lobbying and participate on policy committees.

Belize (2005 Belize National Workshop) requested technical support from PAHO in creating a national committee, which would include the Family Association and the Mental Health Association.

Chile (2002 Chile National Workshop) noted that increased participation by civil society was needed in order to strengthen the National Commission for the Protection of Persons with Disabilities and improve the visibility of the National Fund for Disability (FONDAIS). It asked for support from PAHO in training national leaders to play a more active role in strengthening these institutions. In addition, participants asked that the Mental Health Unit in the Ministry of Health update its records of NGOs involved in mental health issues.

Ecuador (2001 Ecuador National Workshop) proposed the creation of a new cooperative mechanism—an “intersectoral commission” that would include committees of family members—to participate in monitoring compliance with human rights standards in psychiatric institutions. Also, in the discussions regarding civil society in general, Ecuador recognized the need for human rights NGOs to engage more fully and, in some cases, receive training in human rights as they relate to mental health. Ecuador suggested that these groups would be a useful addition to training efforts in psychiatric institutions, indicating that they already have the willingness and capacity to assist in this area.

El Salvador (2003 El Salvador National Workshop) noted that its National Council on Mental Health required more participation by NGOs concerned with mental health and human rights.

Honduras recognized the need for human rights NGOs to become more fully engaged and, in some cases, receive training in human rights as they relate to mental health. As an example, it was noted that even though civil society had been active in promoting human rights for persons with other disabilities, the same could not be said for the rights of those with mental disorders and/or disabilities.

Nicaragua (2002 Nicaragua Consumer Workshop) suggested the creation of a National Council on Mental Health, which should include NGOs and consumer and family associations as well as government agencies.

Panama (2003 Panama National Workshop) asked the PAHO Representative to enlist a larger number of NGOs serving consumers and family members, especially the Association of Families and Friends of Persons with Mental Disabilities (ANFAPEM), in the promotion and protection of human rights and mental health. Also, Panama recognized for human rights NGOs to become more fully engaged, and, in some cases, receive training in human rights as they relate to mental health and other public health issues. Placing health issues on the agenda of human rights NGOs was characterized as a “challenge” by the representatives from Panama.

Peru (2001 Peru National Workshop) noted the need for stronger collaboration by civil society and government organizations in mounting effective support and protection systems for persons with mental disorders and/or disabilities. Participants suggested that the PAHO Country Representative Office facilitate the creation of an institution to coordinate cooperation between the government and the sectors of civil society.

Finding 9.2. Need for Proposals Regarding the Role of Educational Institutions

In seven national workshops, one regional workshop, and two workshops for consumers, participants discussed using university systems as a means of engaging and training civil society in human rights law and mental health issues.

Summary of Responses and Observations by Some of the Participating Countries

Chile (2002 Chile National Workshop) specifically identified law schools as a target for dissemination of human rights norms and standards on mental health. In addition, Chile recommended awareness campaigns and training programs on mental health and human rights in secondary schools.

Costa Rica (2001 Costa Rica National Workshop) a representative of the United Nations-mandated University for Peace, which is headquartered in Costa Rica, showed interest in organizing seminars on human rights norms and standards relating to mental health with technical support from PAHO and the IACHR.

Dominican Republic (2002 Dominican Republic National Workshop) recommended the inclusion of subjects on human rights and mental health in university curricula. It also recommended awareness campaigns and training programs on mental health and human rights in secondary schools.

Ecuador (2001 Ecuador National Workshop) identified law schools as a target for dissemination of human rights norms and standards on mental health. Medical schools were mentioned as well.

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Nicaragua (2002 Nicaragua Workshop for Consumers) recommended the inclusion of subjects on human rights and mental health in university curricula. Later, the 2005 Nicaragua Workshop for Consumers also suggested that this subject be addressed at both secondary and primary school levels.

Panama (2003 Panama National Workshop) identified law schools as a target for dissemination of human rights norms and standards on mental health. Also, Panama proposed a comprehensive approach to include schools of medicine, psychology, social work, and journalism.

Paraguay (2001 Paraguay National Workshop) recommended the inclusion of topics on human rights and mental health in university curricula. Also, awareness campaigns and training programs on mental health and human rights were recommended for secondary schools.

The national workshops in the Dominican Republic and Paraguay, as well as the two workshops for consumers in Nicaragua, recommended the inclusion of topics on human rights and mental health in university curricula.³⁸ Participants at the national workshops in Chile, Ecuador, and Panama, as well as the Central American regional workshop in Honduras, specifically identified law schools as a target for dissemination of human rights norms and standards on mental health. Ecuador also suggested targeting medical schools, and Panama proposed a comprehensive approach to include schools of medicine, psychology, social work, and journalism.

Summary of Topic 9: Trends

As previously discussed, the participants felt that consumer/family organizations should take a leading role in the promotion and protection of the rights of persons with mental disorders and/or disabilities. However, it was pointed out that other actors of civil society have a crucial role to play in eliminating misperceptions and ignorance about mental health issues and in reversing stigma, discrimination, and other violations of human rights. The workshops bore out the need to build capacity in consumer/family groups so that they will participate in advocacy on mental health issues and promote stronger collaboration in general on the part of civil society and government stakeholders. Education about mental disorders and/or disabilities and human rights standards is needed at the university level and should be introduced as a component of the standard curricula in medicine, law, and other relevant disciplines. At the secondary level, students with an understanding of mental health issues will be better equipped to manage their own mental health and deal with problems of stigma and discrimination in society, as well as with other public health issues.

³⁸ 2002 Dominican Republic National Workshop, 2001 Paraguay National Workshop, and 2002 and 2005 Nicaragua Workshops for Consumers.

Topic 10. Role of the Media in Promoting and Protecting the Rights of Persons with Mental Disorders and/or Disabilities

The media play a crucial role in helping to combat pervasive social stigma and widespread lack of understanding about disability and discrimination experienced by persons with mental disorders and/or disabilities in all facets of life. The media have long been recognized as an important resource for raising awareness about rights and combating negative perceptions of disability through the use of positive images and language and constructive, empowering messages. At the same time, however, the media are often guilty of perpetuating myths and stereotypes about disability. This section summarizes findings from the workshops related to awareness-raising and the role of the media in reinforcing and promoting/protecting the human rights of persons with mental disorders and/or disabilities. The findings have been grouped under the following two headings:

Finding 10.1. Need for Media Training

Finding 10.2. Need to Enhance Effective Use of the Media

The table below includes a summary of the Responses and Observations by some of the Participating Countries during the Workshops in this particular Topic.

Topic 10. Role of the Media in Promoting and Protecting the Rights of Persons with Mental Disorders and/or Disabilities

	Finding 10.1	Finding 10.2
	Need for media training	Need to enhance effective use of the media
Antigua and Barbuda	√	
Argentina		
Barbados	√	√
Belize		
Chile	√	
Costa Rica	√	√
Dominican Republic		
Ecuador		
El Salvador		
Grenada		
Guatemala		
Honduras		√
Nicaragua		
Panama		√
Paraguay	√	√
Peru	√	√
Saint Lucia		

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Finding 10.1. Need for Media Training

Six national workshops addressed the need to offer training for media personnel on promoting the rights of those living with mental illnesses.

Summary of Responses and Observations by Some of the Participating Countries

Antigua and Barbuda (2003 Antigua National Workshop) recommended training for journalists and suggested multiple trainings across society targeted mainly toward the media.

Barbados (2004 Barbados National Workshop) recognized the need to inform the media about mental health issues and ensure familiarity with both the concepts and the terminology.

Chile (2002 Chile National Workshop) recommended that journalists and other media personnel be targeted for training, since they can play a key role in helping to promote positive perceptions and avoid the reinforcement of hurtful stereotypes about persons with mental disorders and/or disabilities.

Costa Rica (2001 Costa Rica National Workshop) cited the need to disseminate information about human rights norms and standards in the media, noting that the country's Office of the Public Advocate was planning a workshop to present this information to both the Judiciary and the School of Journalism.

Paraguay (2001 Paraguay Regional Workshop) noted the need for the media to stop using discriminatory language.

Peru (2001 Peru National Workshop) emphasized the importance of providing the media with information about human rights norms and standards.

Finding 10.2. Need to Enhance Effective Use of the Media

Five national workshops and one regional workshop explored strategies for using the media to disseminate information on mental health issues.

Summary of Responses and Observations by Some of the Participating Countries

Barbados (2004 Barbados National Workshop) recommended enlisting the media in national awareness campaigns, making use of television, radio, posters, flyers, and the Internet, as well as other resources. The campaigns would involve disseminating information about the MI Principles in particular³⁹ and other human rights instruments.

Costa Rica (2001 Costa Rica National Workshop) engaged the media directly at the time of the workshop. The newspaper Extra published an announcement by the Department of Social Security about a new approach to disability services. In addition, the newspaper El Heraldo published a petition by the Ombudsperson's office calling for an end to the discrimination and exclusion that violate the human rights of persons with disabilities.

³⁹ See note 13 above.

Honduras (2003 Honduras National Workshop) recommended enlisting the media in national awareness campaigns, making use of television, radio, posters, flyers, and the Internet, as well as other resources.

Panama (2003 Panama National Workshop) recommended enlisting the media in national awareness campaigns, making use of television, radio, posters, flyers, and the Internet, as well as other resources.

Paraguay (2001 Paraguay Regional Workshop) proposed enlisting the media in national awareness campaigns, making use of television, radio, posters, flyers, and the Internet, as well as other resources, to disseminate information about the MI Principles in particular⁴⁰ and other human rights instruments.

Peru (2001 Peru National Workshop) proposed enlisting the media in national awareness campaigns making use of television, radio, posters, flyers, and the Internet, as well as other resources, to disseminate information about the MI Principles in particular⁴¹ and other human rights instruments.

Summary of Topic 10: Trends

The findings showed recognition of the need for awareness-raising and education for media personnel so that the media will promote positive perceptions and avoid the reinforcement of hurtful stereotypes about persons with mental disorders and/or disabilities, which can lead to human rights violations. In addition, the media should be enlisted to promote understanding about the human rights of persons with mental disorders and/or disabilities through both general messages and specific information about binding international human rights instruments and constitutional norms.

⁴⁰ *Idem.*

⁴¹ *Idem.*



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4. Case Study: How a Workshop Can Make a Difference in People's Lives

This case study shows us that appropriate interventions in the form of training workshops on international human rights norms and standards can make a difference in peoples lives by:

- Increasing knowledge about international human rights instruments, thus providing workshop participants with better knowledge about their human rights and obligations;
- Serving as a forum in which violations of the human rights of individuals can be identified and immediate actions can be discussed and implemented; and
- Opening the way for the reform of national policies, plans and programs to ensure that they are in conformity with international human rights norms and standards and with PAHO/WHO technical guidelines.

In this particular case, the technical collaboration of PAHO, along with the work of the Inter-American Commission on Human Rights, was essential in order to comply with the terms of the agreement between the petitioners and the Government of Paraguay, which included:

- Improvement of living conditions at the Neuropsychiatric Hospital of Paraguay, along with an increase in its budgetary allocation;
- Creation of community-based services and the transition of hundreds of patients living in the public psychiatric hospital back into the community;
- Initiation of reforms in the Mental Health Plan and Mental Health Law; and
- Inclusion of patients and families in the decision-making process.



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5. Case Review and PAHO Interventions

5.1 Incident

- In December 2003, at the request of Mental Disability Rights International (MDRI) and the Center for Justice and International Law (CEJIL) and on behalf of 460 people interned in the Neuropsychiatric Hospital of Paraguay, the Inter-American Commission on Human Rights (IACHR) approved precautionary measures to protect the lives and physical integrity of the people interned in the institution.
- In January 2005, the Paraguayan government and hospital officials signed a settlement agreement with MDRI and CEJIL which required the Paraguayan government to create community-based services and arrange for the transition of hundreds of patients from the public psychiatric hospital back into the community.

5.2 PAHO Interventions

- PAHO conducted two human rights training workshops in Paraguay. The first was held in 2001 (before the precautionary measures were approved) under the title “Workshop on the Basic Human Rights and Fundamental Freedoms of Persons with Mental Disabilities.” the second was held in 2004 after the IACHR approved the precautionary measures based on the petition filed by MDRI and CEJIL.
- In the 2001 workshop, which was attended by participants from the government, civil society, and international organizations, PAHO pointed out the circumstances in which the human rights of individuals had been violated. For example, children were found living in small isolation cells in the psychiatric institution intended for adults.
- The second workshop emphasized the recommendations of the IACHR and provided a forum for professionals from different disciplines to discuss how to implement the precautionary measures.
- In addition to these two human rights workshops, in May 2005 PAHO personnel from the Paraguay Country Representative office offered training for mental health personnel in 22 communities (200 public health officials were trained).
- In 2005, PAHO conducted follow-up training workshops and missions focused on an analysis of the settlement agreement.
- In 2009, PAHO held consultations and skills-building sessions on international and regional human rights law for the Judiciary and the Office of the Attorney General (60 judges).

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Table: Case Study—Paraguay

When	What was happening	Where it was happening	Who was involved	Why
Prior to 2001	Little attention was being given to individuals suffering from mental disorders and/or disabilities and their basic human rights.	While situations of this kind existed throughout the world, the case of patients in the Neuropsychiatric Hospital in Paraguay was especially deplorable.	Under this study we focused on 460 individuals interned in the Paraguay Neuropsychiatric Hospital.	This case of individuals with certain mental disorders and/or disabilities had gone largely unnoticed in the health system until PAHO facilitated a training workshop.
2001	PAHO conducted its first of two human rights training workshops in Paraguay focusing on the rights of individuals with mental disorders and/or disabilities.	At a workshop site in Paraguay. The events were titled “Workshop on Basic Human Rights and Fundamental Freedoms of Persons with Mental Disabilities.”	Participants represented the government, civil society, and international organizations. Participants were able to identify circumstances in which the human rights of individuals were violated.	Among other issues, children and young people were found to be living in small isolation cells in the psychiatric institution with adults and naked women were roaming around the institution.
2003	On behalf of 460 people interned in the institution, precautionary measures were initiated to protect their lives and right to physical and mental integrity.	The Neuropsychiatric Hospital in Paraguay. The Inter-American Commission on Human Rights (IACHR) approved precautionary measures for persons being held in that institution.	IACHR, at the request of Mental Disability Rights International (MDRI) and the Center for Justice and International Law (CEJIL).	To create community-based services and transition hundreds of patients living in the public psychiatric hospital back into the community.
2004	PAHO held its second workshop on basic human rights after the IACHR approved precautionary measures in response to a petition filed by MDRI and CEJIL.	This was the second of two workshops held in Paraguay.	This workshop, like the others, had participants representing the government, civil society, and international organizations, including PAHO.	The workshop focused on the IACHR recommendations and provided a forum for people from various disciplines to discuss their implementation.

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When	What was happening	Where it was happening	Who was involved	Why
January 2005	An agreement was signed requiring the government to create community-based services and transition hundreds of patients living in the public psychiatric hospital back into the community.	The agreement affected the psychiatric hospitals and communities of Paraguay, where new community-based service centers would be established.	This was a long-term collaborative effort involving multiple parties, including PAHO, MDRI, CEJIL, IACHR, members of the Neuropsychiatric Hospital of Paraguay, and the Government of Paraguay.	To act on the principle that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. To support the Government of Paraguay in their effort to protect public health in a manner consistent with the American Convention on Human Rights and other international human rights treaties.
May 2005	For the third time, PAHO held workshops involving members of Paraguay's health community, building on previous workshops with government and NGO leaders.	The workshops took place in the PAHO Country Representative office in Paraguay.	This workshop, focused on a single issue, involved the participation of personnel from 22 communities in Paraguay, mainly from general hospitals and de-centralized mental health units.	To go beyond government and nongovernmental organizations and reach out to those making decisions about public on a day-to-day basis.



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6. Summary of PAHO Interventions in Paraguay Case Study

Following the methodology used in this project, the workshops focused on the following topics:

Topic 1. Awareness-raising, Training, and Dissemination of International Human Rights Norms and Standards

The workshops focused on the need for publicity about organizing community-based services for persons with mental disorders and/or disabilities. It also underlined the need for awareness campaigns and the dissemination of information about international human rights norms and standards relating to mental disability, especially the MI Principles,⁴² through a broad range of media-related mechanisms.

Outcome: The project offered training on international human rights norms and standards to all workshop participants as well as staff at the Neuropsychiatric Hospital.

Topic 2. Status of National Mental Health Law, Policies, and Plans

The workshops considered shortcomings in national mental health laws, policies, and plans and the need to review national mental health legislation as well as to formulate specific mental health policies on prevention and the treatment, education, rehabilitation, and social integration of persons with disabilities.

Outcome: A working group was established to draft mental health legislation, and a commission was created to oversee the reform of the mental health plan.

Topic 3. Exercise of Civil, Political, Economic, Social, and Cultural Rights and Fundamental Freedoms by Persons with Mental Disorders and/or Disabilities

The workshops provided training on human rights norms and standards.

Outcome: Patients (consumers) and their families gained a better understanding of their rights and obligations.

⁴² *Idem.*

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Topic 6. National Monitoring Mechanisms for Protecting the Rights of Persons with Mental Disorders and/or Disabilities

The workshops examined the need to increase participation by consumers and families in all the processes involved in the planning, implementation, and evaluation of mental health policies and programs, as well as the need to establish a multidisciplinary network to organize promotion and protection activities related to mental disorders and/or disabilities.

Outcome: The workshops enabled consumers (patients) and families to participate actively in human rights training and to express their opinions regarding the improvement of services.

Topic 7. Community-based Mental Health Services and Living Arrangements

The workshops recommended the decentralization of mental health services and the creation of integrated mental health units with interdisciplinary teams in regional hospitals, health centers, Social Security centers, and elsewhere to replace the mental institution model.

Outcome: The new mental health plan included decentralization of mental health services and possibilities for the reintegration of mental health patients into their communities, coupled with the establishment of mental health units based on the primary health care model.

Topic 8. Participation of Consumers/Family Members in Mental Health Decision-making

The workshops recognized the need for greater participation by consumers and families and their organizations in the development, implementation, and/or evaluation of mental health laws, policies, plans, and/or programs, as well as the need to facilitate direct participation by “beneficiaries or users” and their families in national mental health planning, implementation, and evaluation processes.

Outcome: Patients and families participated in the workshops and recognized the need to integrate patients into the community.

Topic 9. Participation of Representatives of Civil Society in Promotion and Protection of the Human Rights of Persons with Mental Disorders and/or Disabilities

The workshops emphasized the need to incorporate human rights and mental health into university curricula, and also to ramp up training programs on mental health and human rights in secondary schools.

Topic 10. Role of the Media in Promoting and Protecting the Rights of Persons with Mental Disorders and/or Disabilities

The workshops emphasized the need to eliminate the use of discriminatory language in the media and to enlist the media in national awareness campaigns using, inter alia, television, radio, posters, flyers, and the Internet. Media representatives received training on international human rights norms and standards.

ANNEX 1

International Human Rights Instruments used in the Project

“Supporting The Implementation of Mental Health Policies in the Americas Using A Human Rights Law-based Approach”

United Nations binding instruments for the protection of human rights:

1. **Universal Declaration of Human Rights**
<http://www.un.org/en/documents/udhr/>
2. **International Covenant on Civil and Political Rights**
<http://www.un.org/millennium/law/iv-4.htm>
3. **International Covenant on Economic, Social, and Cultural Rights**
<http://www2.ohchr.org/english/law/pdf/cescr.pdf>
4. **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**
<http://www2.ohchr.org/english/law/cedaw.htm>
5. **International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities**
<http://www.un.org/disabilities/convention/conventionfull.shtml>
6. **Convention on the Rights of the Child**
[http://www.unhchr.ch/tbs/doc.nsf/7cec89369c43a6dfc1256a2a0027ba2a/4c6c8d9ee8b9c104c12569-ce0054e917/\\$FILE/G0045810.pdf](http://www.unhchr.ch/tbs/doc.nsf/7cec89369c43a6dfc1256a2a0027ba2a/4c6c8d9ee8b9c104c12569-ce0054e917/$FILE/G0045810.pdf)
7. **Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment**
<http://untreaty.un.org/english/treatyevent2001/pdf/07e.pdf>

Inter-American binding instruments for the protection of human rights:

1. **American Declaration on the Rights and Duties of Man**
<http://www1.umn.edu/humanrts/oasinstr/zoas2dec.htm>
2. **American Convention on Human Rights**
<http://www1.umn.edu/humanrts/oasinstr/zoas3con.htm>
3. **Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights**
<http://www.oas.org/juridico/English/treaties/a-52.html>
4. **Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities**
<http://www.oas.org/juridico/English/treaties/a-65.html>

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5. *Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women*
<http://www.oas.org/cim/english/convention%20violence%20against%20women.htm>
6. *Inter-American Convention to Prevent and Punish Torture*
<http://www.oas.org/JURIDICO/ENGLISH/Treaties/a-51.html>

United Nations Human Rights Standards and Guidelines applicable in the context of Mental Disorders and Disabilities

1. *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care*. United Nations General Assembly. <http://www2.ohchr.org/english/law/principles.htm>
2. *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*. United Nations General Assembly. <http://www2.ohchr.org/english/law/opportunities.htm>
3. *United Nations Principles for Older Persons*. United Nations General Assembly. <http://www2.ohchr.org/english/law/pdf/olderpersons.pdf>
4. *General Comment No. 5. Persons with Disabilities*. United Nations Committee on Economic, Social and Cultural Rights. <http://www1.umn.edu/humanrts/gencomm/epcomm5e.htm>
5. *General Comment No. 14. The Right to the Highest Attainable Standard of Health (Article 12, International Covenant on Economic, Social, and Cultural rights)*. Committee on Economic, Social and Cultural Rights. [http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.en](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.en)
6. *General Comment No. 6. The Economic, Social, and Cultural Rights of Older Persons*. Committee on Economic, Social, and Cultural Rights. http://shr.aaas.org/article15/Reference_Materials/GeneralComment6_ICESCR_older%20persons.pdf
7. *General Recommendation No. 24. Women and Health*. Committee on the Elimination of Discrimination against Women. <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom24>
8. *General Comment No. 4. Adolescent Health and Development in the context of the Convention on the Rights of the Child*. Committee on the Rights of the Child. [http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/CRC.GC.2003.4.En](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/CRC.GC.2003.4.En)

Interamerican Human Rights Standards and Guidelines applicable in the context of Mental Disorders and Disabilities

1. *Recommendation of the Inter-American Commission on Human Rights (IACHR) for the Promotion and Protection of the Rights of the Mentally Ill*. <http://www.cidh.org/annualrep/2000eng/chap.6e.htm>
2. *Program of Action for the Decade of the Americas for the Rights and Dignity of Persons with Disabilities. OAS General Assembly*. http://www.oas.org/dil/AG-RES_2230_XXXVI-O-06_eng.pdf

ANNEX 2

International Human Rights Instruments Applicable to Persons with Mental Disorders and/or Disabilities

Examples of specific human rights and fundamental freedoms	United Nations Human Rights System							
	Universal Declaration of Human Rights	International Covenant on Civil and Political Rights	International Covenant on Economic, Social, and Cultural Rights	Convention on the Rights of the Child	Convention on the Elimination of All Forms of Discrimination against Women	Convention 169 concerning Indigenous and Tribal Peoples in Independent Countries	International Convention on the Protection and Promotion of the Rights of Persons with Disabilities	
Life	Art. 3	Art. 4		Art. 6.1			Art.10	
Personal integrity	Art. 5	Art. 5		Art. 37.a		Arts. 1 and 16	Art.17	
Personal freedom	Art. 9	Art. 7		Art. 37.b			Art. 14	
Judicial guarantees	Art.10	Art. 8		Art. 40.2		Art.13	Art.13	
Privacy	Art.12	Art. 11		Art. 16			Art.22	
Freedom of expression	Art.19	Art. 13		Art. 13			Art. 21	
Given name and surname		Art. 18		Art. 7.1				
Freedom of movement and residence	Art. 13	Art. 22		Art. 10.2	Art. 15.4		Art. 18	
Equal protection	Art.7	Art. 24		Art. 2	Arts. 3 and 15.1	Art. 3	Arts. 5 and 12	
Judicial protection	Art. 8	Art. 25		Art. 40.2	Art. 15.2	Art. 13	Art.13	
Work	Art. 23		Arts. 6 and 7	Art. 32	Art. 11	Art. 20	Art. 27	
Highest attainable standard of health	Art. 25		Art. 10	Arts. 17, 19.1 and 24	Art. 12	Art. 25	Art.25	
Education	Art. 26		Art. 13	Art. 28	Art. 10	Arts. 26 and 27	Art.24	
Benefits of the scientific progress	Art. 27		Art. 14	Art. 31.2	Art. 13.c		Art. 32	

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United Nations Human Rights System							
Examples of specific human rights and fundamental freedoms	Universal Declaration of Human Rights	International Covenant on Civil and Political Rights	International Covenant on Economic, Social, and Cultural Rights	Convention on the Rights of the Child	Convention on the Elimination of All Forms of Discrimination against Women	Convention 169 concerning Indigenous and Tribal Peoples in Independent Countries	International Convention on the Protection and Promotion of the Rights of Persons with Disabilities
Social security	Art. 22		Art. 9	Art. 26	Art. 11	Art. 24	Art. 28
Food and nutrition	Art. 25		Art. 12	Art. 24	Art. 14		Art. 28
Protection of the family	Art. 16		Art. 17	Arts. 5 and 27	Art. 16		Art. 23
Protection of older persons	Art. 25	Art. 17	Art. 15				Art. 25

PAHO MEMBER STATES PARTY TO THE ABOVE UNITED NATIONS HUMAN RIGHTS CONVENTIONS

Universal Declaration of Human Rights: Not subject to ratification.

International Covenant on Civil and Political Rights: Argentina, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent, and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela.

International Covenant on Economic, Social and Cultural Rights: Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Convention on the Rights of the Child: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Convention on the Elimination of All Forms of Discrimination against Women: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Convention 169 concerning Indigenous and Tribal Peoples in Independent Countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Ecuador, Guatemala, Honduras, Mexico, Paraguay, Peru, Venezuela.

Convention on the Rights of Persons with Disabilities: Argentina, Bolivia, Brazil, Canada, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay.

International Human Rights Instruments Applicable to Persons with Mental Disorders and/or Disabilities

Examples of specific human rights and fundamental freedoms	Inter-American Human Rights System					
	American Declaration on the Rights and Duties of Man	American Convention on Human Rights (Pact of San José)	Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights (Protocol of San Salvador)	Inter-American Convention for the Elimination of All Forms of Discrimination against Persons with Disabilities	Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará)	
Life	Art. I	Art. 4			Art. 4.a	
Personal integrity	Art. XXV	Art. 5			Art. 4	
Personal freedom	Art. I	Art. 7			Art. 4.c	
Judicial guarantees	Art. XVIII	Art. 8			Art. 7.f	
Privacy	Art. V	Art. 11			Art. 4	
Freedom of expression	Art. IV	Art. 13			Art. 4	
Given name and surname		Art. 18			Art. 4	
Freedom of movement and residence	Art. VIII	Art. 22			Art. 4	
Equal protection	Art. II	Art. 24		Arts. II and III	Art. 4.f	
Judicial protection	Art. XXVI	Art. 25			Arts. 4.g and 7	
Work	Art. XIV		Arts. 6 and 7	Art. III.1.a	Art. 4	
Highest attainable standard of health	Art. XI		Arts. 10	Arts. III.2.a and III.2.b	Art. 4.b	
Education	Art. XII		Art. 13			
Benefits of the scientific progress	Art. XIII		Art. 14	Arts. III.2 and IV.2	Art. 4	

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Inter-American Human Rights System					
Examples of specific human rights and fundamental freedoms	American Declaration on the Rights and Duties of Man	American Convention on Human Rights (Pact of San José)	Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights (Protocol of San Salvador)	Inter-American Convention for the Elimination of All Forms of Discrimination against Persons with Disabilities	Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará)
Social security	Art. XXXV		Art. 9		Art. 4
Food and nutrition	Art. XI		Art. 12		Art. 4
Protection of older persons	Art. XVI		Art. 17		Art. 9
Protection of the family	Art. VI	Art. 17	Art. 15		Art. 4

PAHO MEMBER STATES PARTY TO THE ABOVE INTER-AMERICAN TREATIES ON HUMAN RIGHTS

American Declaration on the Rights and Duties of Man: Not subject to ratification.

American Convention on Human Rights (Pact of San José): Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights (Protocol of San Salvador): Argentina, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Suriname, Uruguay.

Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, Venezuela.

Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará): Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela.

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