



# Towards a Rights-Based Mental Health System

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# CLRP

- CLRP provides high quality legal services to low-income persons with psychiatric disabilities living in Connecticut, primarily on matters related to their treatment and civil rights.
- We prioritize representation of people currently residing in state-operated inpatient psychiatric facilities.
- One of CLRP's most important goals is to empower people with psychiatric and other labels by increasing their own ability to influence the decision-making processes that, to a large extent, control their lives.



## DMHAS Mission & Vision

- Mission: The Connecticut Department of Mental Health and Addiction Services is a health care agency whose mission is to promote the overall health and wellness of persons with behavioral health needs through an integrated network of holistic, comprehensive, effective, and efficient services and supports that foster dignity, respect, and self-sufficiency in those we serve.
- Vision: Each person will have maximal opportunities for establishing, or reestablishing, a safe, dignified, and meaningful life in the communities of their choice.



## Why the need to talk about moving towards a rights-based mental health system?

- From the executive summary of joint publication from WHO (World Health Organization) and the OHCHR (Office of the United Nations High Commissioner for Human Rights):

“Existing legislation often fails to address the social and economic factors that affect mental health, and can thereby perpetuate discrimination and human rights violations, such as denial of legal capacity, coercive practices, institutionalization, and poor-quality care, including in mental health care settings.”

Publication available at:

<https://www.who.int/publications/i/item/9789240080737>




Isn't this guidance  
issued to countries?

Yes. The guidance was produced to help countries in “adopting, amending, or implementing legislation related to mental health” in line with international human rights standards, including the Convention on the Rights of Persons with Disabilities.

Why it's worth talking about?

1. In the United States, most laws regarding mental health (commitment, conservatorship, etc.) are implemented on the state level
2. The United States has not ratified the CRPD, even though it was modeled on the Americans with Disabilities Act.
3. We can advocate for change in CT to move towards a rights-based system.



# Why is talking about rights important?

- Focusing on rights “prioritizes a person’s empowerment and active participation in their own recovery”
- Instead of the traditional “biomedical paradigm” that focuses on fixing broken people, there can be an examination of the larger societal forces that impact people’s lives
- Enabling person-centered and community-based services (like peer respite)
- Eradicating discrimination and coercion (focusing on informed consent and supported decision-making)
- Promoting community inclusion and participation
- Developing accountability measures (data!)

# Involvement of people with lived experience is crucial

- People with lived experience cannot simply be consulted as stakeholders
- They must be involved and engaged from the very beginning when developing new laws and policies
- A collaborative approach “is essential to create a mental health system that respects human rights, prioritizes care and support over control, and supports individuals in achieving their full potential.”
- Note: This is not happening everywhere.

Recommendations  
in the guidance – 8  
categories. CT  
already does well in  
many.

- *Equality and non-discrimination:* Connecticut already has a provision in its state constitution that prohibits discrimination based on disability; there is also a provision in the Patients' Bill of Rights
- *Personhood and legal capacity:* supported decision-making instead of substitute decision-making; advance directives
- *Informed consent and eliminating coercive practices:* some countries have already eliminated the use of coercion in mental health. This would represent a significant change here in the U.S.
- *Access to quality mental health services:* reducing barriers. Includes mental health parity, culturally responsive care, financing of care (reimbursement)

## Categories of recommendations (continued)

- *Implementing mental health services in the community:* integrated care, developing person-centered and rights-based community health services; integrating peer-led and peer-run services; supporting deinstitutionalization.
- *Full and effective participation in public decisions:* supporting people with lived experience to participate and be actively involved in public decision-making processes.
- *Accountability:* ensure and enforce accountability. Q: In addition to grievance procedure, should there be a DMHAS ombudsperson? What happens with information that is currently collected?
- *Cross-sectional reforms:* real change goes beyond the mental health system, need to look at other sectors, including judicial.

# For discussion: Can you imagine a mental health system that is based on respect for human rights?



**How might it differ from the system we currently have?**



**Do we need the laws to change, or do we need culture to change first?**

There are some hospital systems incorporating a QualityRights initiative, with a focus on respect for individual rights.

On the flip side, there are proposals in several states to expand the use of involuntary mental health treatment to solve societal problems like homelessness. Thankfully, Connecticut is not one of them.



***Advocacy for policy change: peer-run respite, supported decision-making, updated communication rights, equal treatment for acquttees, increased Medicaid reimbursement rates, mental health parity in insurance -- all fit within this framework.***

# Thank you!

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