



## Mental health a prioritize issue



*World Health Organization celebrated World Health Day on 7 April, 2001 with a theme of Mental Health: New Understanding, New Hope to influence public opinion and improve the condition of mental health patients. After 17 years of working in mental health, in addition, this year WHO is celebrating mental health with a theme Depression: Let's talk?*

*WHO adopted the comprehensive mental health action plan 2013-2020 in the 66th World Health Assembly. In the same line, Nepal enacted the Multisectoral Action Plan for the Prevention and Control of Non Communicable Diseases 2014-2020. However, the implementation of the Nepal plan has been very poor.*

*Being a member state of WHO, Nepal must follow the basic principles of WHO and have to work to ensure the rights and dignity of people with mental health problems. Similarly, the Nepal government should accommodate mental health services into the general health service. The government should also provide mental health OPD service in all national, regional and local hospitals. Similarly, government should also initiate awareness programs to eradicate social stigma related to mental health problems.*

*Therefore, the Ministry of Health should promote mental health programs from all levels through bottom-up and top-down approach. Let's hope the Government of Nepal will incorporate mental health program in its plans and mainstream mental health issues.*

*- Matrika Devkota  
Chairperson, Koshish*

## Memorandum to include mental health programs

**W**ith an aim to submit a memorandum to the Government of Nepal to include a mental health program in their FY 2073/74 schedule, KOSHISH organized a tri-monthly meeting with nine organizations working on mental health issues on March 3rd. Participants in the meeting discussed the action plans that the government of Nepal should include in their yearly plans for the rights of people with mental health problems.

In the first session legal expert Sharmila Parajuli informed participants of the decision of the Ministry of Health to give the Curative Service Division and the Primary Health Care Revitalization Department the responsibility to act as a focal division and focal unit respectively. In addition, she also informed participants that the Ministry of Health has allocated 10 million rupees to establish mental health service centers in public hospitals.

In the second session of the program, Executive Director of CMC, Ramlal Shrestha stressed the need to launch awareness campaigns. Similarly Program Manager of TPO, Suraj Koirala suggested that the programs of government would be more effective if all the components could be included in the program instead of focusing on just one or two components.

Program Director for Center for Victims of Torture (CVICT), Ms.

Jamuna Poudel expressed her views on the need for the government to develop mobile applications to receive and provide information about mental health. Likewise, Program Administrator of United Mission to Nepal, Shristi Lamichhane shared that the trainings provided by the Ministry of Health to its health workers should include mental health in its curriculum as well. She also stressed on the need to make the referral mechanism strong and active.

According to the latest study on the global burden of disease published in the Lancet 2016, mental health problems account for 13% of the total burden of disease in the world. Based on this figure, the government of Nepal is encouraged to allocate 13% of its health budget to mental health.

Representative of Mental Health and Research Center Nepal (MARC), Gopal Dhakal mentioned that the Ministry of Health should increase the budget for mental health significantly for the coming fiscal year 2074/75.

The president of National Mental Health Foundation Mr. Nirprakash Giri stressed on the need to make government subsidiary medicines easily available all over the country. Similarly, Counselor of Ankur Ms. Tripti Shakya mentioned the need to form a separate division to work for mental health.

The program concluded with the agreement to form a memorandum by KOSHISH based on suggestions made in this program which would then be taken to respective ministries and bodies by the delegation. ■



*Interaction program to collect feedback on Mental Health Policy of 1997*

## Interaction for Collecting Suggestions to draft revised Mental Health Policy

Acknowledging the fact that Ministry of Health is planning to amend the Mental Health Policy of 1997, KOSHISH together with JURI Nepal organized an interaction program on 17 February to discuss the provisions that must be incorporated in the revised mental health policy of 1997.

Govinda Sharma Pokhrel, Member of NHRC and chief guest of the program expressed his gratitude to KOSHISH for organizing the program at the right time. He also promised to support NGOs in advocacy and lobby, if they come up with concrete plan of actions.

Bhogendra Raj Dottel, Chief of Planning Section of the Ministry of Health emphasized on the need to increase budget for mental health. He also highlighted the importance of integrating mental health into the general health system, allocating sufficient budget and enacting mental health friendly laws. He added, if the Ministry of Health coordinates well with NGOs in promoting mental health, they could together develop better health services throughout the country.

Raju Prasad Chapagain from JURI Nepal discussed the obligation of the state to develop proper treatment mechanisms for people with mental health problems. He also

recommended that the Government of Nepal enacts separate acts and adopts new strategies that ensure the rights for people

**Nepal's existing Mental Health Policy 1997 needs to be updated and effectively implemented.**

living with mental health problems. The participants came up with the following suggestions to include in the revised mental health policy of 2073.

**1** The government must formulate a separate act, law, policy or directive for people with psychosocial disabilities.

**2** Apart from mental health services, the policy must include awareness programs to get rid of stereotypical thinking towards people with mental health problems.

**3** The new policy should incorporate short term and long term plans of action.

**4** Policy makers should include psychiatrist/psychologist, social workers, rights holders and other concerned stakeholders while formulating laws/policies for people with mental health problems.

**5** There must be a provision to oblige any psychiatrist or psychologist who is sent abroad for higher education or training to utilize their expertise in Nepal

**6** All the Mental Health Service Providers must ensure gender friendly service to right holders.

**7** Government should ensure safe shelter and provide opportunities to be involved in income generation activities for abandoned people with mental health problems.

**8** Government should set up Mental Health Information System for precise and accurate information.

KOSHISH will submit the inputs and suggestions to the Health Ministry and thereby urge the ministry to design mental health friendly policies and acts. ■

# Review of mental health legislations in Nepal

**K**OISH successfully conducted discussion programs with government officials and other stakeholders in Kavre, Tanahun and Kathmandu Districts to collect feedback on research conducted by KOSHISH. KOSHISH conducted research on the gap which exists between Nepalese legislation and international human right standards about psychosocial disability. Similarly, to find out problems and hear stories of people suffering from mental health problems, KOSHISH organized an interaction program with people having first-hand experience of mental health problems in Bhaktapur.

Taking into consideration the facts of the situations of people with mental health problems, KOSHISH in partnership with FELM have been analyzing existing laws, regulations, policies, programmes, customs and practices concerning the rights of people with psychosocial disabilities/disability and chronic mental illness. Research has been conducted in line with United National Convention on the Rights of Persons with Disability and other international human rights standards.

Speaking at the program at Kavre, Madhukar Pd. Pokhrel, District Election Officer, Kavre said discriminatory laws about voting persists in Nepali laws and policies. Unless government eliminates such discriminatory laws the situation of those people will remain the same. Dr. Ajay Rijal, Psychiatrist of Dhulikhel Hospital expressed his dissatisfaction towards the use of discriminatory words.

Similarly, Program Coordinator of Kavre District Development Committee, Maya Bade Shrestha stated that one of the major reasons for mental illness is violence against women. Sita Shrestha, Police Inspector of the District Police Office, Kavre remarked that the government has failed to initiate

adequate awareness programs and treatment facilities for the people with mental health problems. Mitra Prasad Kafle, representative from Kavre District Education Office, expressed his belief that incorporating mental health in the content of relevant courses will help to bring changes in the concepts of psychosocial health.

In the second interaction program in Thanhunon 22nd February, 2017, Bijay Raj Poudel, Police Inspector of District Police Office, said that in order to help the community come out of the illusion that mental health problems cannot be treated, the government has to include public awareness programs while making rules and regulations. Likewise, representative of District Health Office shared with participants that due to inadequate supply of free psychotropic medicine people with mental illness are not getting proper treatment. Bishwa Nath Aryal emphasized the need of pressurizing the government, responsible officials, agencies, legal workers, politicians, members of parliament, civil society and human rights organizations to bring necessary changes in the law.

Similarly, in a central level discussion on 17th February 2017 Sambhu Raj Regmi, representative from Ministry of Health, said that prevalent mental health laws are not enough to protect people with mental health problems from discrimination, abuse and exploitation. Therefore, he highlighted the need to enact mental health friendly laws.

Senior Advocate Raju Prasad Chapagain opined that Nepal's laws need to be reviewed and amended to complying with the Convention on Rights of Persons with Disabilities (Such as, respect to dignity, freedom to select appropriate option on their own, personal autonomy, individual liberty, full and effective participation and inclusion without any discrimination in society, equality in opportunity, access, etc) including other international human rights standards. Representing the Nepal Bar Association Shalik Ram Sapkota; Lalitpur Bar Association Khimananda Adhikari; and Ministry of Home Affairs Bhoj Raj Dahal, had attended the program.

Similarly, in a discussion program at Bhaktapur with people suffering from psychosocial problems it was shared that they are being overlooked by individuals, family, society and the state. They highlighted the need to formulate and implement laws that will ensure their human rights and social security.

Self-Advocate and Chairperson of KOSHISH Matrika Prasad Devkota said, as of now, no research has been conducted to map the gaps between legislation of Nepal and other international instruments regarding the rights of persons with mental health problems. Sharmila Parajuli, Legal Expert opined that the study will pressurize the government to draft mental health friendly laws and policies and ensure the rights of people with mental health problems. ■



Reviewing mental health legislation of Nepal with stakeholders at Tanahun

# Regional Level Training on Human Rights, 8 Point Declaration Paper Release



Participants of 'Human Rights and Mental Health Training' in Biratnagar

National Human Rights Commission and KOSHISH, with support from UNDP and HimalPartner organized a three day training program for human rights defenders and local health workers of Eastern Region with the hope of enhancing their knowledge of mental health and human rights from 23 to 25th March, 2017 at Biratnagar. A total of 28 participants from 9 districts participated in the program. An eight-point declaration paper was also released in the program.

Addressing the opening ceremony, Govinda Sharma Poudel Member of NHRC, said that the organizations working for human rights should incorporate mental health in their programs and raise the issues among the public. He also expressed his belief that participants will voluntarily make best use of knowledge and skills they learned in the training to ensure the right of people with psychosocial disability.

Matrika Prasad Devkota, Chairperson of KOSHISH and Self Advocate delivered training on 'Traditional Practices and Cultures of Nepal' and 'United Nations Convention on the Rights of Persons with Disability'. He also screened a documentary named Gaurito highlighting the situation of persons with mental health problems in Nepal.

Kosh Raj Neupane, Deputy Director of National Human Rights Commission facilitated a session on 'Basic Concepts

of Human Rights', 'Conceptual Clarity on Crime', 'Human Rights Violations', 'Abuse and Abetment', 'Human Rights and Health', 'Core Conventions' and on 'Advocacy Skills and Basic Principles of Human Rights Monitoring'.

Similarly, Sharmila Parajuli, legal expert and resource person gave a presentation on Mental Health and Human Rights in Nepal. Similarly, psychologist Archana Pokhrel gave a presentation on Psychological First Aid.

The participants expressed their gratitude to National Human Rights Commission and KOSHISH for organizing such an important program and also signed the 'Biratnagar Declaration on Mental Health and Human Rights 2073' with a commitment to follow these declared points:

**1** Organize advocacy and awareness programs, endorse the government to formulate mental health/psychosocial disability friendly laws, and advocate for implementing the provisions stated in Fundamental Rights Section of the Constitution of Nepal.

**2** Advocate for effective implementation of National Mental Health Policy 1997, National Multi-sectorial Plan of Action for Prevention and Controlling of Non-Communicable Disease 2014-2020.

**3** Organize programs for influencing ministry and line agencies to increase budget for mental health at local level.

**4** Endorse political parties and leaders to include mental health in their election manifesto.

**5** Take initiation for establishing autonomous and effective mechanism in Ministry of Health or Health Department for effective implementation and monitoring of activities intended towards promotion, prevention, cure and rehabilitation of people with psychosocial disability.

**6** Collaborate and coordinate with National Human Rights Commission and other state agencies for sensitizing public about the UN Convention on the Rights of Persons with Disabilities and other core human rights standards.

**7** Organize programs to pressurize concerned stakeholders to incorporate mental health into the primary health system.

**8** Carry out advocacy programs to influence the Government of Nepal to formulate policies, plans and programs for community based mental health services. ■

# Basic Training for Health Workers

**K**OISH organized a five day long training on 'Mental Health Gap Action Training' for 15 health workers of Bhaktapur and Lalitpur districts to enhance their understanding about mental health issues, symptoms and treatment options. The program was organized by KOSHISH together with Patan Academy of Health Science (PAHS) with support from CBM International.

Training mainly covered issues about depression, anxiety, severe psychotic problems, epilepsy, conversion disorder, dementia, substance abuse disorder, and intellectual disability etc. In addition, trainers were also trained on the importance and method of psychological counseling in Nepal.

Five specialists of mental health Dr. Pawan Sharma, Dr. Gaurav Bhattarai, Dr. Sulochana Joshi, Dr. Ramesh Kandel and Anup Raj Bhandari jointly designed the content and facilitated



*Health workers receiving training on 'Mental Health Gap Action Program'*

the training. Training was led by associate Dr. Ravi Shakya, Professor from PAHS.

Jhalak Sharma, chief guest of the program highlighted the fact that mental health problems have been increasing and the trend is for it to continue rise. He also admired the role of KOSHISH in mainstreaming mental health issues in the country. In addition, he also requested all the participants to employ their skills and knowledge that they learned in the training for the benefit of persons with mental health issues.

Matrika Devkota, Chairperson of KOSHISH emphasized the need for professional human resource in the mental health field. Similarly, Dr. Bishnu Sharma, Director of PAHS expressed his confidence that trainees will provide quality services in the community from the training they received.

Participants expressed that they were happy to receive the training and promised to use their skills in the community for the benefit of the people with mental health problems. ■

## Role of Media in Mental Health Awareness

Led by Press Council and in coordination with KOSHISH, an interaction program entitled "Role of Media in Mental Health Awareness" was organized with an objective of increasing the awareness of the public on mental health on 31st March, 2017 at the meeting hall of the Press Council, Sinamangal.

Kishor Shrestha, Chairperson of Press Council shared with the participants that Press Council has prepared the 'Disability Code of Conduct' to ensure the rights of people with disabilities and proper coverage of news related to them. He also emphasized that whenever journalists cover news, they must abide by the code of conduct. Shrestha expressed his commitment to fully support KOSHISH's endeavour to

disseminate information on mental health at the grass root level.

Former Chairperson of Press Council Borna Bahadur Karki opined that even though these issues are highly prevalent in the society, they are hidden. Therefore, in order to not let it become more severe, it is the duty of journalists to write about the issues and make the public aware. He praised KOSHISH for its initiation on such a critical and challenging issue and also urged all the media personnel present in the program to do whatever they can in order to disseminate information on the issues at local level.

Matrika Prasad Devkota, Chairperson of KOSHISH presented a working paper on the role of media. In his presentation, he urged

the media personnel to play an important role for raising awareness in general people and advocacy in order to create an environment for people with mental illness to receive proper treatment and to promote and protect their right to a dignified life so that they do not experience insults, exploitation and stigma from the society in which they live. In addition, he screened a documentary prepared by KOSHISH on the Situation of People with Mental Illness and the Role of KOSHISH.

In the program, journalists stressed that this kind of interaction needs to be organized outside the Kathmandu valley. They also expressed their commitment to prioritize this issue while preparing reports. ■



Capacity build-up training for Female Community Health Volunteers

**K**OUSHISH organized a three day training on 'Mental Health and Psychosocial Support' for 24 Female Community Health Volunteers of Lalitpur to enhance their knowledge on providing excellent health services to the people in the community. The training was organized from 18th to 20th January at Gupteshor Lower Secondary School, Lalitpur.

FCHVs were retrained in causes of mental health problems, its symptoms, treatment, stress management,

and other issues related to mental wellbeing. They were also trained on the ways to improve the mental health of individuals, including the promotion of mental well-being, the prevention of mental disorders, and the protection of human rights and care of people with psychosocial disability.

Participants were happy to receive mental health training and promised to use knowledge they learned for the protection and promotion of people with mental health problems. They

also requested KOSHISH to organize such training on a regular basis to receive professional knowledge on mental care and wellbeing.

In the closing ceremony, chief guest Durga KC, Sub In charge of Vardeu Health Post, expressed appreciation to KOSHISH for organizing such a fruitful training. MatrikaDevkota, Chairperson and self-advocate gave his vote of thanks to all the trainers and participants. ■

## Mental health and psychosocial social support in community

**K**OUSHISH has provided mental health OPD services to 170 people, which include 48, 87, and 35 individuals from Kabhre, Bhaktapur and Lalitpur respectively from the beginning of 2017, under the Disability Inclusive Community Based Mental Health and Psychosocial Support Project.

In the given service, competent and experienced psychiatrists diagnose and suggest medications for the patients as well as regular monitoring to ascertain the continuity of the medications by the clients.

Similarly, patients who have recovered from mild



MatrikaDevkota explaining the 'Role of Media on Mental Health' among journalists

mental problems after taking medication have also been provided with psychotherapy as recommended by psychologists and counselors working in KOSHISH. In addition, clients are also empowered to cope with the problems by

in their lives by helping them develop positive thinking. In these three district projects 69 clients have been receiving psychosocial counseling at the community level through KOSHISH. ■

# Training teachers to promote mental wellbeing among children



Teachers posed with banner after receiving 'Mental Health Training'

**K**OISH has ended a two day long workshop on mental wellbeing among children for 18 school teachers and administrators in Bhaktapur, under the Disability Inclusive Community Based Mental Health and Psychosocial Support Project on 9th and 10th March.

The training covered the topics including identifying the causes of mental health problems,

communication skills, stress management and other issues on mental health and wellbeing.

The training also included various interesting exercises like "My Desired Childhood" and "Inner Mind and External Mind" to make the training sessions more interesting and participatory.

RajyaLaxmiShrestha from Adarsha Secondary School expressed

appreciation for KOSHISH for providing a distinctive training for teachers. All the participants, including Shrestha promise to utilize skills and knowledge they learned for the benefit of children with mental health problems. Since many mental health problems are seen among adolescents, such programs will be organized with teacher training in different parts of Bhaktapur. ■

**Mental Health Service  
Offered by  
KOSHISH  
at Tanahun District**

- **Psychosocial Counseling**
  - **Psychiatric OPD**
- Every month 1st and 3rd Sunday  
11:00 am - 3:00 pm**

## KOSHISH Contact Office and Counseling Centre

**Byas-2, Malpot Line, Damauli, Tanahun  
Contact Person: Basanta Bhatta, Cell: 9856060715**

# Developing attachment through Self-help groups



*Discussion on developing self-help group guidelines*

With an objective of providing information to leaders of self-help groups on forming and operating such groups effectively, KOSHISH organized an orientation program in Chundevi of Bhaktapur District on 27th and 28th February. The program was attended by 17 participants, including members from KOSHISH, DepFor, DPOD, NFDN and peer support volunteers. Attendees discussed effective guidelines and strategies to organize self-help groups based on a model practiced in Denmark.

Speaking at the program, chairperson of KOSHISH and self-advocate MatrikaDevkota said that people having similar life experiences should assemble together to form groups as they understand each other better,

can share their feelings without fear enabling them to learn from one another's experiences and support each other for a speedy recovery.

"Being a part of self-help group provides opportunities to create a support network and stimulate recovery among the persons with mental health problems." said, Hanne Tranberg, Representative from DepFor. Similarly, RenuLohani, representative of DPOD shared her experience of organizing self-help groups across different parts of Nepal.

RajuBasnet, General Secretary of NFDN shared his views on the importance of forming self-help groups, its challenges and solutions. He said that unity among people

having psychosocial disability is important to empower them and create a collective spirit which strengthens them as well as the team.

The participants also discussed the codes of conduct, ground rules and procedures to be followed in their regular meetings. The close teamwork between the members of KOSHISH, DepFor and DPOD made the program exciting and motivating.

KOSHISH has been organizing such orientation programs with an objective to empower 50 individuals who are recovering from mental health problems in Kathmandu valley. Accordingly, KOSHISH is planning to form 3 self-help groups this year and a further 2 next year. ■

## Capacity Enhancement for self-advocates

With an aim of enhancing the capacity of self-advocates, KOSHISH organized a two day training for eight mental health advocates at Chundevi of Bhaktapur District on 27 and 28 February.

During the first session, self-advocates were informed about the current situation of people with mental health problems in Nepal and the country's health system. Later, they were trained on strategies for lobbying and advocating. At the end of the program, all the participants came up with different strategies significant in advocacy and lobby. ■



# Review of mental health legislation in Commonwealth member states

**P**romotion of mental health and human rights can be seen as complementary approaches to advancing the well-being of people worldwide. Violations of rights can affect mental health; one way of preventing human rights violations is through mental health law reform aligned to the promotion of the rights of persons with mental illness (PWMI) and leading to a progressive, well-formulated mental health law.

In an effort to protect and promote the rights of PWMI, several international conventions, although not aimed specifically at PWMI, have provisions which promote and protect the rights of PWMI. More recently, the UN Convention on the Rights of Persons with Disabilities (CRPD) was adopted by the General Assembly in 2006 and serves as a comprehensive and legally binding framework for promoting and protecting the rights of PWMI. Globally, the CRPD has been celebrated as a universal standard for the promotion of human rights of persons with disabilities. Thirty-eight Commonwealth countries have ratified the CRPD while 11 others have signed the convention. It is, however, unclear whether countries

which have ratified the convention have adapted their mental health legislation to reflect the binding provisions outlined in the CRPD. This article reviews the situation across Commonwealth member states to obtain an insight as to how mental health legislation in

The drafted mental health act of Nepal also requires updating in line with the United Nations Convention on the Rights of Persons with Disabilities, and with other regional and international human rights treaties.

the Commonwealth complies with the CRPD and adopts a rights-based approach.

For this article, we analyzed dedicated mental health legislation in Commonwealth member states. We were able to obtain copies of mental health laws from 45

countries but were unable to obtain copies of mental health laws of four countries (Rwanda, Saint Lucia, St Kitts and Nevis, and St Vincent and the Grenadines) and were also unable to obtain an official English translation of the mental health law in Cyprus. An extensive online search and correspondence with Commonwealth Health Professions Alliance (CHPA) partners revealed that Cameroon, Maldives and Mozambique did not have dedicated mental health legislation.

Our review yielded several key findings, described below, which together highlight the need for mental health law reform across Commonwealth countries.

## Many mental health laws are outdated

Of the 45 Commonwealth country laws included in our review, 20 per cent of laws were enacted before 1960 (when psychotropic medicines were introduced); 60 per cent of laws were enacted prior to the introduction of the MI Principles in 1991; and 90 per cent of laws were enacted before the CRPD. At the time of review, the

oldest mental health law still in force in a Commonwealth country dated from 1902, while the most recent was from 2012, indicating the wide variability in legislation throughout the Commonwealth. The relevance of classifying laws according to their date of enactment is that a law drafted prior to 1991, for example, is unlikely to include provisions in line with MI principles; similarly, laws drafted prior to 1960 are likely to reflect a time when there were limited treatment options available in the community and when institutionalization of PWMI was prevalent.

### **Stigmatizing terminology used in mental health laws**

The archaic terminology used in mental health laws to refer to PWMI also highlighted the need to amend legislation. Our review found the word 'lunatic' used in laws in 12 countries, 'insane' in 11, 'idiot' in ten, 'imbecile' in two and 'mentally defective' in two. Overall, 21 (47 per cent) of laws in Commonwealth countries use one of these terms, which reinforce stereotypes of PWMI and thus perpetuate the stigma faced by PWMI.

### **Outdated mental health laws and noncompliance with the CRPD**

While analyzing mental health legislation, we found that outdated mental health laws were less likely to comply with provisions of human rights conventions, thus increasing the risk of violation of human rights, as described below:

**Right to health care:** The right to health care means that mental health care is treated on par with physical health care, and access to mental health care (particularly at the community level) is mandated in legislation and policy (in line with article 19 of the CRPD). Our review found that only five (11 per cent) of the Commonwealth mental health laws equated physical and mental health, and 11 (24 per cent)

emphasized community-based care, although the primary focus of even these 11 laws was on institutional care and its regulation.

Further, access to care is compromised if mental health services are inappropriate to meet needs or are unaffordable. Our review revealed that 18 (40 per cent) laws gave governments the right to recover treatment costs incurred (including involuntary treatment in public mental health facilities) from the property or estate of PWMI or their relatives, friends or caregivers. This provision is problematic as it can be exploitative of PWMI and denies the right to social protection.

**Right to information and awareness of rights:** PWMI should have

**I t  
is crucial that the  
Government of Nepal  
modifies and abolishes  
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regulations and laws towards  
persons with psychosocial  
disabilities, in line with  
UNCRPD 2006.**

access to information about their care, in line with provisions in the International Covenant on Civil and Political Rights, the MI Principles and the CRPD. Our review found that only 12 (27 per cent) laws made specific provisions regarding access to information for PWMI. Even in circumstances where a provision exists on access to information, many PWMI may be unaware of their rights or are not in a position to ask about their rights. Thus, a provision in legislation mandating health authorities to inform service users of their rights will assist in exercising those rights. However, our review highlighted that mental health laws

of only 13 Commonwealth countries (29 per cent) require professionals to inform PWMI of their rights while receiving care.

**Involuntary admission and least restrictive care:** There has been a shift over the last few decades from involuntary to voluntary care and this is evidenced by our review, which found that 32 countries (71 per cent) had provisions for voluntary admission; however, few had laws stating that voluntary admission and treatment are the preferred alternative. The majority of laws specified that persons voluntarily admitted to a mental health facility can be treated only after informed consent is obtained. Currently, all Commonwealth laws allow involuntary admission and treatment for PWMI. Mental health laws in just 24 countries (53 per cent) mandate that the mental disorder must be of a specified severity to allow involuntary admission; in the remaining countries, there is no such requirement.

**Regular review of involuntary admissions:** Having review mechanisms in place and specified in mental health legislation is important as they provide a statutory safeguard with legal bodies to monitor involuntary admissions and treatment as well as appeals for care-related decision. Absence of such review mechanisms contravenes guarantees entitled to PWMI in article 14(b) of CRPD. Our review noted that more than two-thirds of mental health laws (31 out of 45) did not have provision for a judicial/quasi-judicial body to review involuntary admissions and treatment.

Furthermore, we found that mental health laws in only 26 (58 per cent) of Commonwealth countries had provisions for setting up an independent body to monitor mental health facilities and mental health care settings to prevent exploitation, violence and abuse inside as well as outside the mental health facilities. An additional finding was the underrepresentation of PWMI and their caregivers on such regulatory

bodies.

The need for a transition from guardianship models to supported decision-making models: Articles 12 and 13 of the CRPD stress that PWMI have the right to equal recognition as persons before the law and are entitled to equal benefit and protection of the law. Article 12 has been celebrated by disability activists worldwide as representing a 'paradigm shift' in our perception of persons with disabilities. However, some health professionals have been less enthusiastic about this paradigm shift, primarily due to concerns about the decision-making capacity of PWMI and the lack of implementable supported decision-making models. Concerns about legal and mental capacity mean that persons with mental illness in many countries are assigned a guardian to make decisions on their behalf. Our review found that 24 Commonwealth countries (53 per cent) had guardianship provisions in their mental health legislation. Of these, seven (29 per cent) allowed only limited guardianship (restricted to decisions on property matters), while 14 (58 per cent) had provisions for both limited and plenary (full) guardianship. Plenary guardianship conflicts with obligations under the CRPD (particularly Article 12), as it does not allow PWMI to retain any decision-making abilities, rendering them non-persons before the law. Limited and partial guardianship are preferred over plenary guardianship as PWMI retain some decision-making abilities, although, ideally, supported decision-making provisions should be put in place, such as arrangements which respect the person's autonomy, will and preferences in the exercise of one's legal capacity in accordance with Article 12 of the CRPD.

While the notion of supported decision-making is a relatively new concept and it would be premature to evaluate its implementation in legislation across the Commonwealth, some member countries (e.g.

Australia, Canada and Scotland) have replaced guardianship provisions in mental health legislation with supported decisionmaking provisions, largely through separate capacity legislation. These countries could share lessons learned on transitioning to supported decision-making models with more resource-scarce Commonwealth states. Supported decision-making can be tailored to fit a country's legislative framework and resources, and can even make use of existing community resources (e.g. peer support to become 'supporters').

while only 23 countries have provisions related to protection against cruel, inhuman and degrading treatment. Informed consent of PWMI for participating in clinical and experimental research is specifically mandated in mental health legislation in only five member states. Laws in only two Commonwealth countries restrict involuntary admission of minors with mental health problems and laws in three countries have banned irreversible treatments in PWMI.

### **Future directions for mental health law reform**

Although there is substantial encouragement from regional, national and international actors to reform mental health legislation, as well as to shift the discourse on rights, many mental health laws still espouse guardianship, institutionalization and protectionism as opposed to models of supported decision-making, community-based care and entitlement. The key goals of mental health legislation should be to facilitate better access to and quality of mental health care, and to promote the rights of social inclusion of PWMI. One positive development is that a number of countries are already reforming their legislation, the result of which may be more progressive mental health laws.

Future work in this area should look at subsidiary legislation, which may have important provisions for rights protection and explore civil, political and economic laws as well as social and cultural rights for PWMI. The Commonwealth movement should also consider providing technical and financial support to member countries with limited resources to help them review and amend their mental health legislation and protect, promote and fulfill the rights of all persons with mental illness in the Commonwealth. ■

KOSHISH  
believes that people  
living with mental illness are  
of equal value to anyone else in  
society, and as an organization we  
will continue to fight and advocate  
for their rights, their dignity and  
meaningful inclusion into  
family and community  
life.

There are also a number of procedural problems with existing guardianship provisions in mental health legislation. For example, of the 24 countries with guardianship provisions only three (13 per cent) allow for the person subject to the guardianship application the right to appear personally and be represented at the guardianship hearing. In addition, 16 countries (66 per cent) have no provisions for appealing to a higher court against a guardianship order and 19 (79 per cent) do not provide for regular time-bound review of guardianship orders, contrary to the requirements of article 13(1) of the CRPD.

### **Respect for dignity:**

Our review revealed that provisions asserting the right to dignity are lacking in 37 mental health laws,

# Follow up on the sustainable health issues of the reintegrated beneficiaries:



Psycho-education program in community



Follow-up to identify the situation of rehabilitated person

**A**ccessible and effective mental health treatment has always been a challenge for people living with mental health problems. Even so, KOSHISH has successfully rescued and treated 44 beneficiaries in the past 3 months (January-March). Comprehensive health care has been provided to these rescued beneficiaries in separate short-term emergency residential centers for men and women. A total of 27 beneficiaries have been reintegrated back to the community post-recovery after receiving medication.

Gender violence, domestic violence and sexual abuse are the major causes, which are directly or indirectly affecting mental health among women. In the last three months, KOSHISH has rescued 26 women who have been the victim of mental health problems among whom 2 have been rescued with an infant child.

KOSHISH has initiated the rescue of 10 abandoned people from the street. Similarly, government agencies, mainly the Women and Children Development Office, have referred 14 beneficiaries suffering from mental health problems. 10 beneficiaries were referred by family and community and 3 beneficiaries have been referred from different NGO's which have empathy with Mental Health issues.

The prevailing stigma in society towards mental health issues is the fundamental cause of discrimination. KOSHISH has been continuously organizing awareness campaigns and psychosocial education programs to reduce discriminatory practices and sensitize family and community members on mental health issues. The outreach educators of KOSHISH have conducted door to door psycho education and has found out about health and social status of the 41 reintegrated beneficiaries in different districts namely, Dhading, Makawanpur, Gorkha, Sindhuli, Dolakha and Tanahun. Similarly, 214 people(93 female and 121 male) in the community have benefited from psycho education given by KOSHISH.

With an objective that the problems of reintegrated beneficiaries need to be addressed at the stakeholder level, KOSHISH has been carrying out coordination and linkage stakeholder meetings with the district stakeholders to make them accountable for the appropriate provision of services and facilities to reintegrated beneficiaries.

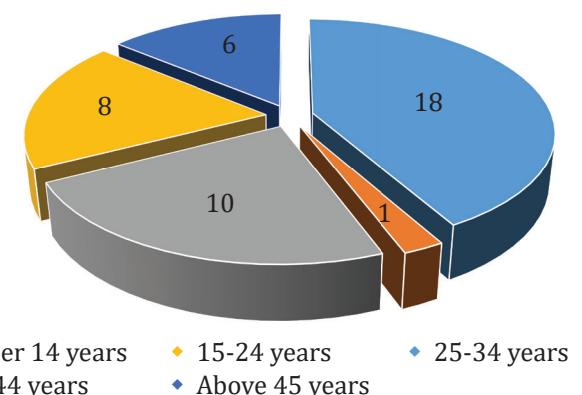


Rescued and Treatment

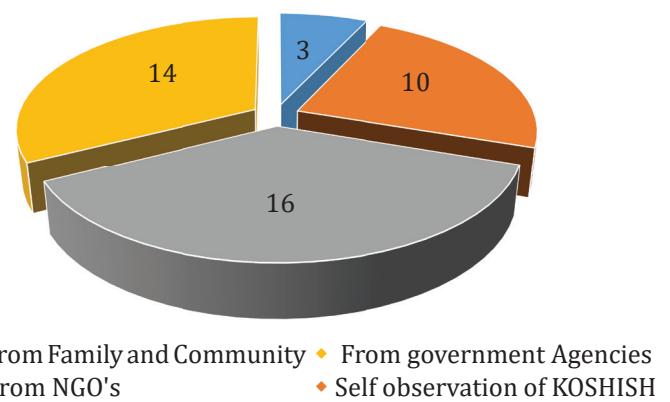


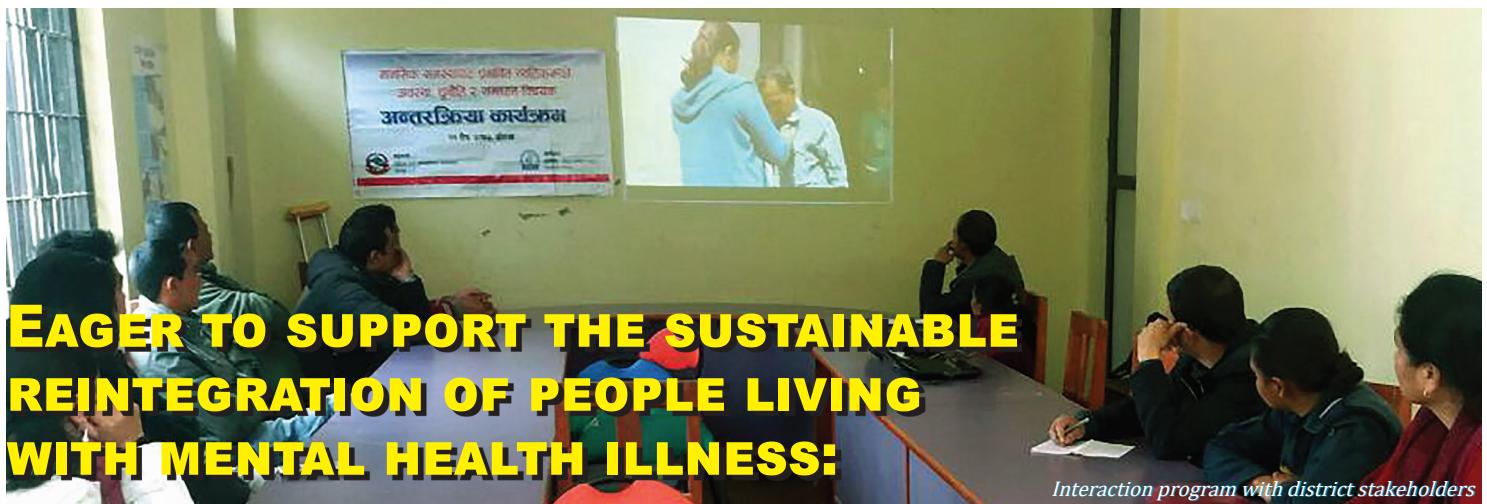
Reintegration

## Admission based on Age



## Admission based on referral





## EAGER TO SUPPORT THE SUSTAINABLE REINTEGRATION OF PEOPLE LIVING WITH MENTAL HEALTH ILLNESS:

**K**OISH has not just been involved in the rescue, recovery and reintegration of the people living with mental health illness throughout the nation, but KOSHISH also believes that the government should also be held accountable. With this objective KOSHISH has conducted interaction programs in Dolakha, Kavrepalanchowk and Dhading districts in the presence of the Women and Children Office on the situation, challenges and the remedies for the people living with mental health problems on 24th, 28th and 29th of Falgun.

The participants representing the District Administrative Office, District Coordination Committee, Women and Children Office, District Health Office, District Police Office, Members from health based organizations, organizations working on disability and the media people took actively participated in the interaction program.

Social worker from KOSHISH screened the documentary on pre and post recovery of some of the clients after rehabilitation and shared the brief history of KOSHISH. Stigma and discrimination from the society, challenges faced due to expensive

medicine and non-availability of the medicine at the local market were some of the active issues of discussion in the meeting. Along with that, the challenges faced by KOSHISH during rescue and after reintegration were the part of discussion.

The participants of the program representing all three different districts showed empathy on the challenges faced by people living with mental health problems. The participants of the interaction program made the following comments.

**"We will provide free medicine to people living with mental health problems as provided by the government".**

- Richen Jirel, Chief of Charikot Hospital

**"Arrange meetings with the reintegrated beneficiaries having mental health problem at the district and we will provide necessary aid for them."**

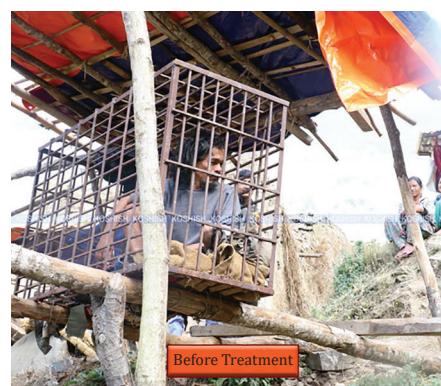
- Narayan Prasad Sedai senior executive officer, District Coordination Committee, Dolakha

**"All the referrals made on the issue of Disability card will be addressed."**

- Purna Kumar Shrestha, Chief Women and Children Office, Kavre

**"The district has been providing scholarships to the disabled people and it will be continued in the future as well."**

- Harka Bahadur Adhikari, Vice District Education Officer, Kavre



**Ram (name changed), who used to be locked up in a chain currently busy in household chores after receiving treatment from KOSHISH**



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