

DECLARATION OF HUMAN RIGHTS AND MENTAL HEALTH



This Declaration, marking the 40th anniversary of the World Federation for Mental Health founded on the 21st of August 1948 and of the United Nations Universal Declaration of Human Rights proclaimed on the 10th of December 1948, was first adopted on 17 January 1989 as the Declaration of Luxor: Human Rights for the Mentally Ill during the Federation's 40th Anniversary Congress at Luxor, Egypt. The present revision recognizes the Federation's concern not only with people defined as mentally ill, but also with those vulnerable to or at risk of mental and emotional illness or distress. It recognizes that human rights transcend political, social, cultural and economic boundaries and apply to the human family as a whole. It was adopted by the Federation's Board of Directors on the 26th of August 1989 on the occasion of the Federation's biennial World Congress for Mental Health convened in that year at Auckland, New Zealand.

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PREAMBLE

Whereas the 1948 founding document of the World Federation for Mental Health entitled "Mental Health and World Citizenship" regards mental health as involving "an informed, reflective, responsible allegiance to mankind as a whole," built "on free consent" and "respect for individual and cultural differences,"

Whereas persons publicly labelled or professionally diagnosed, treated or confined as mentally ill, or suffering from emotional distress, share, in the words of the 1948 United Nations Universal Declaration of Human Rights, "the inherent dignity" and "the equal and inalienable rights of all members of the human family" and, in the words of the 1948 founding document of WFMH, the "common humanity" of persons everywhere,

Whereas the World Health Organization defines health as "a state of complete physical, mental, social and moral well-being and not merely the absence of disease or infirmity,"

Whereas a diagnosis of mental illness by a mental health practitioner shall be in accordance with accepted medical, psychological, scientific and ethical standards, and difficulty in adapting to moral, social, political or other values in itself shall not be considered a mental illness; and, whereas, persons have, nonetheless, been at times and continue to be inappropriately labelled, diagnosed, treated or confined as mentally ill,

Whereas severe mental illness not only impairs an individual's capacity for work, love and play, but impairs, as well, the life of his or her family and community and places a continuing burden of care upon society,

Whereas WFMH has endorsed the principle of user or consumer involvement in the planning, management and operation of mental health services,

Whereas WFMH affirms the fundamental rights and freedoms set out in the 1948 United Nations Universal Declaration of Human Rights and its subsequent human rights instruments,

Whereas WFMH recognizes that while implementing these principles requires note of the cultural, economic, historic, social, spiritual, and other circumstances of particular societies, minimum basic standards of human rights, transcending the limits of political and cultural groupings, shall be observed at all times,

Now, therefore, the Board of Directors of the WORLD FEDERATION FOR MENTAL HEALTH proclaims this

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as a common standard for all peoples and all nations and all members of the human family.

Article 1

Mental health promotion is a responsibility of governmental and nongovernmental authorities, as well as the intergovernmental system, especially in times of crisis. In keeping with the WHO definition of health and recognizing the WFMH concern with optimal function, health and mental health programs shall contribute both to the development of individual and family responsibility for personal and group health and to promoting the highest possible quality of life.

The prevention of mental or emotional illness or distress is an essential component of any mental health service system. Education in this respect shall extend to all health care providers as well as the public. Preventive efforts also require attention beyond the confines of the mental health care system to include optimal circumstances for development, beginning with family counseling, prenatal and perinatal care, and continuing throughout the life cycle with adequate general health care, opportunities for education, employment and social security. High priority shall be given to research on the prevention of mental disease, illness and ill health.

Article 3

The prevention of mental or emotional illness and distress and the care of those suffering from them requires cooperation between intergovernmental, governmental and nongovernmental health, science, and social welfare systems as well as educational institutions. Such cooperation shall include community involvement and the participation of professional and voluntary mental health associations and consumer and self-help groups. It will extend to research, education, planning and all necessary aspects of the problems which may arise as well as the provision of direct services.

Article 4

The fundamental rights of persons who are labelled, or diagnosed, treated or defined as mentally or emotionally ill or distressed, shall be the same as those of all other citizens. These include the right to coercion-free, dignified, humane and qualified treatment with access to medically, psychologically and socially

indicated technology; freedom from discrimination regarding equitable access to therapy or inequitable restraint on grounds of political, socio-economic, cultural, ethnic, racial, religious, gender or age status, or sexual orientation; the right to privacy and confidentiality; the right to protection of personal property; the right to protection from physical or psychological abuse; the right to protection from professional or nonprofessional neglect and abandonment; and the right, for every person, to adequate information about his or her clinical status. The right to treatment shall include hospitalization and outpatient or psychosocial treatment as appropriate, with the safeguards of accepted medical, ethical and legal opinion, and for involuntarily committed patients the rights of impartial representation, review and appeal.

Article 5

All mentally ill persons have the right to be treated under the same professional and ethical standards as other ill persons. This must include efforts to promote the greatest degree of self-determination and personal responsibility on their part. Treatment shall be in settings valued and accepted by the community, in the least intrusive manner, and under the least restrictive circumstances possible. It shall be beneficent in the sense of being carried out in the patient's best interest, not that of the family, community, professionals or the state. Treatment for persons whose capacities for self-management have been impaired by illness shall include psychosocial rehabilitation aimed at reinstating skills for living and shall take account of their needs for housing, employment, transportation, income, information and continuing care after hospital discharge.

Article 6

All populations include vulnerable groups at particular risk for mental or emotional illness or distress. Members of such groups require special preventive as well as therapeutic attention and concern for the protection of their health and human rights. They include victims of natural disaster, community and other violence including war, and of collective abuse including state sponsored abuse; and those vulnerable because of residential mobility (migrants, refugees), age (infants, children and elderly people), minority status (ethnic, racial, sexual, socio-economic), loss of civil rights (soldiers, prisoners) and health status. Life crises such as bereavements, family disruption and unemployment also place persons at risk.

Article 7

Inter-sectoral collaboration is essential to protect the human and legal rights of those who are or have been mentally or emotionally ill or at risk of mental ill health. All public authorities must recognize an obligation to respond to major mental health related social problems, as well as to the mental health consequences of catastrophic conditions. Public responsibility shall include the provision of specialized mental health services, whenever possible within the context of primary care facilities, and public education regarding mental health and illness and ways of supporting or coping with them.

Article 8

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to espouse any belief or engage in any activity leading to the destruction of any of the rights or freedoms set forth herein.

WFMH October 1989