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used WHO QualityRights toolkit

18 bed Psychiatric Clinic of a General Hospital

20 bed Urology Clinic of the same Hospital

measure parity between mental and general
health care services

Greece



Serres



Overview of the General Hospital of Serres



Overview of the Psychiatric Clinic of Serres (3,5 km away from the General Hospital)



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Interviews

Table 2. Interviews place, dates and participants

<i>Name and Location of Facility</i>	<i>Number of Staff members</i>	<i>Number of Service Users</i>	<i>Type and Date of Visit</i>	<i>Staff members</i>		<i>Service users</i>		<i>Family members</i>		
				<i>Planned</i>	<i>Conducted</i>	<i>Planned</i>	<i>Conducted</i>	<i>Planned</i>	<i>Conducted</i>	
Psychiatric Clinic of the General Hospital of Serres, Greece	22	18	from 10.05.2012 to 12.06.2012	11	7	9	10	5	4	
			Unplanned							
			Planned	0	0	0	0	0	0	

Our findings show inequalities in the enjoyments of rights in the two clinics

Brief overview of the findings for each theme		
	Rating	
Theme	Psychiatric clinic	Urology Clinic
Theme 1: The right to an adequate standard of living	Achievement initiated (A/I)	Achievement fulfilled (A/F)
Theme 2: The right to the enjoyment of the highest attainable standard of physical and mental health	Achievement initiated (A/I)	Achieved partially (A/P)
Theme 3: The right to exercise legal capacity and to personal liberty and the security of person	Not initiated (N/I)	Achieved partially (A/P)
Theme 4: Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse	Achievement initiated (A/I)	Achieved partially (A/P)
Theme 5: The right to live independently and be included in the community	Not initiated (N/I)	Achievement initiated (A/I)

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Facility-based Results – General Hospital of Serres, Greece – June 2012

What do our findings show? (Article 28 of the CRPD)

Profound contrast between the level of achievement of the right to an adequate standard of living in the Psychiatric Clinic and the Urology Clinic

there is evidence of steps towards fulfilling this theme in the Psych.Clinic, but *significant* improvement is necessary (A/I)

right fully realized in the Urology Clinic (A/F)

key human rights may be being violated in the Psychiatric Clinic:

- the right to an adequate standard of living (CRPD art.28) is not exercised without discrimination (CRPD art. 5)
- service users are considered as having both functional and legal incapacity (CRPD art.12)
- service users are deprived of opportunities on an equal basis with others (CRPD art.3(e))
- service users face attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others (CRPD preamble (e))

What do our findings show ? (Article 25 of the CRPD)

- Significant contrast between the level of achievement of the right to health in the two Clinics
- there is evidence of steps towards fulfilling this theme in the Psych.Clinic, but *significant* improvement is necessary (A/I)
- Right realized in the Urology Clinic although *some* improvement is necessary (A/P)
- There may be violations of the right to health in the Psychiatric Clinic, and depending on the individual circumstances, potentially a violation of the right to be free from torture and inhuman or degrading treatment or punishment

As to the right to exercise legal capacity (Article 12 of the CRPD)

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- All service users interviewed enjoyed full legal capacity
 - Preferences not accommodated
 - Objectification
 - No right to refuse admission or treatment
 - Informed consent to treatment only from a minority of voluntarily admitted service users
 - Service users were not aware that they have rights
 - Service users not considered as having equal rights with others to enjoy autonomy and self-determination in governing their own lives, including the dignity and the right to make mistakes
 - No supportive measures – No supported decision-making

With respect to the right to personal liberty and the security of person (Article 14 of the CRPD)

- Involuntarily admitted service users cannot refuse admission or treatment
- 100% of service users were not aware of their right to appeal against their admission
- No opportunity to see the judge or a lawyer
- No information about legal support and appeal against detention
- Not present at their "trial", nor represented by a lawyer
- Psychiatrists are not present at the trial either
- from July 28th, 2010 until June 15th, 2012) 156 (48,4%) out of 316 persons admitted were deprived their liberty on grounds of mental disability and were administered drugs without consent
- Deprivation of liberty and treatment without free and informed consent on the grounds of the "best interests viewpoints"
- "preventive detention" ordered by the prosecutor on the basis of "danger
- psychiatric evaluations "predicting" danger confirming the need of preventive detention

With reference to freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 & 16 of the CRPD)

- No safeguards to prevent ill-treatment
- No policies that address the use of restraints
- Restraints may be used as a punishment
- No official documents prohibiting ECT or psychosurgery
- Chemical and mechanical restraints are considered as necessary to cope with involuntarily admitted service users contesting their admission
- De-escalation techniques are not used
- Police usually called either to help to physically restrain or to verbally persuade or to intimidate
- No separate record for restraints (only nursing diary)
- Mechanical restraints are not reported to external bodies
- Service users' family members are not informed
- Staff unaware that international human rights law requires that diligent records be available at the ward
- the use of restraints has NO therapeutic purpose in contrast with the Urology Clinic where it does
- mechanical restraints, however well-intentioned was reported to be, constitutes at least ill-treatment and inhuman and degrading treatment
- no national rules, procedures, or training on restraint, nor are staff trained in alternatives to these practices
- lack of understanding that restraint is a measure of last resort and not part of the package of care

As regards the right to live independently and be included in the community (Art. 19 CRPD)

- Lack of education, vocational training and employment opportunities
- Political activity and participation in organization not facilitated
- No leisure or sports activities inside the facility, exclusion, discrimination
- Stigma, shame, no effective participation in the society, no equal choices
- Service focused v. Person focused
- Prohibition to attend community events outside the facility
- Prohibition of community events to take place in the facility
- 9/10 of service users were unemployed
- Poverty restricting inclusion and participation
- Support in finding accommodation in hostels offered only to those coming from inappropriate family environments (limited places)
- Service users reported they were never told about the existence of disability and families associations
- No personal assistance – no formal advocacy support
- Individual needs assessment
- Long term individual goals essential

Review of the medical files of 19 involuntarily admitted service users

**revealed that
the main aim of Law 2071/1992
which imposes judicial review as the main
guarantee and prerequisite
for protecting the rights of involuntarily
admitted persons with mental disabilities,
IS NOT APPLICABLE IN PRACTICE**

Conclusions

- Negative experiences by 80% of consumers, 100% of carers and 43,9% of staff
- Contrast between experiences of care and staff behavior in the two clinics assessed
- Authoritative staff behaviors
- Objectification of persons with mental disabilities must end
- **UNCRPD** is a strong tool for change
- Careful **monitoring** is needed
- **Advocacy** must be available where any major life changes
- Staff managing and working staff in mental health services must become more aware of impact
- **High quality services** require the **use of evidence based practices** and must incorporate **human rights principles**, respect **autonomy**, protect **people's inherent dignity**, promote **recovery**