Mental health care is often characterized by coercion, abuse and ill-treatment. At the same time, there has been increasing interest in rights-based approaches to health. However, it is not always clear what the actual meaning of a rights-based approach is. This is particularly true in the field of mental health, and the dearth of scholarly research on this subject is especially pronounced in poorly resourced settings in low and middle-income countries.

I conducted research to examine the content of rights-based approaches to mental health and psychosocial support services in Kenya. I interviewed ten key stakeholders, including service
providers and service users, to ascertain what they perceived to be rights-based approaches to mental health in terms of content and in terms of the potential contribution of these approaches to mental health systems. I also asked about the supports and barriers to implementing rights-based approaches to mental health and psychosocial support services.

Using an interpretivist methodology, I organized the interview data into three categories, namely: Key components of a rights-based approach to mental health; the contribution of a rights-based approach; and key barriers and supports related to implementation of a rights-based approach. Central principles of rights-based approaches were identified and these principles inform the interventions that might be said to embody a rights-based approach, thus aiding in the key challenge of implementation. Participants noted some challenges to implementation, while also highlighting supportive factors.

Questions remain around the role of traditional healers and the acceptability of coercive practices, but this research highlights the central components of a rights-based approach that can guide interventions, facilitate standardization and inform future research.