Establishing good practice in rights-based approaches to mental health in Kenya

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Analytical platform: Approaches to mental health/disability

Analytical platform: The evolution of a rights-based model

While models of mental health care have adapted somewhat to incorporate biopsychosocial and social approaches, the social inclusion of people with disabilities was most clearly centralized in the development of a rights-based model

In 2007, the United Nations adopted the Convention on the Rights of Persons with Disabilities, requiring states to adopt community-based, user-centered models of care based on principles of dignity and autonomy

Despite these shifts, dominant discourse continues to apply a biomedical lens to mental health, including the recent report of the Lancet Commission on Global Mental Health and Sustainable Development and the Global Ministerial Mental Health Summit

Analytical platform: Impediments to implementation of a rights-based model and continued rights violations

Continued human rights violations in mental health systems include physical abuse and violence, arbitrary detention, forced institutionalization and denial of civil and political rights

While 177 states have ratified the CRPD, there is no country In the world whose laws are fully compliant

Degener notes:

Most of the States Parties' reports [on the CRPD] do not reflect a clear understanding of the human rights model of disability. While it has become unfashionable to rely on the medical model of disability, the paradigm shift to the human rights model has yet to be reflected in implementation.

Rights-based approaches remain poorly understood and under-investment in them is a continuous challenge

Analytical platform: Rights-based approaches to health-What do they mean and what can they add?

UN Common Understanding	General Comment 14	WHO/OHCHR definition	CRPD
Universality and Inalienability	Availability	Availability	Dignity and Autonomy
Indivisibility	Acceptability	Acceptability	Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
Inter-dependence and Inter-relatedness	Accessibility	Accessibility	Accessibility
Equality and Non-discrimination	Non-discrimination*	Non-discrimination	Equality and Non-discrimination
Participation and Inclusion		Participation	Effective participation and Inclusion
Accountability and the Rule of Law		Accountability	Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities
	Quality	Quality	

Table 1: Comparing guiding principles of the UN Common Understanding of rights-based approaches to Health, the 'AAAQ' framework of General Comment 14 on the right to the highest attainable standard of health, the WHO/OHCHR definition of rights-based approaches to health and the CRPD

*According to General Comment 14 of the Committee on Economic, Social and Cultural Rights (2000), accessibility, in the 'AAAQ' framework incorporates a commitment to non-discrimination

Analytical platform: Rights-based approaches to health- What do they mean and what can they add?

Despite the proliferation of these frameworks, Gruskin et al. (2010: 134) state that they adopt a

'lowest common denominator approach, privileging consensus over specificity...[the] general nature [makes] it difficult to operationalize, and agencies have taken on different aspects...reflecting their respective mandates'.

Similarly, Klasing et al. reviewed the definitions of a rights-based approach of various organizations in humanitarian settings, observing that

'an organization's 'rights-based approach' is determined not only by the legal framework, but by the organization's founders, governors, stakeholders, and others, rendering the term somewhat relative to the organization or group one happens to be addressing'.
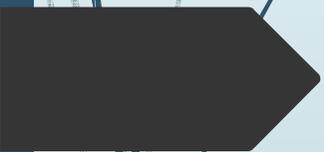
This illustrates that the actual meaning and content of a rights-based approach to health remains vague, leaving it open to varied, sometimes conflicting interpretations

The three models of a rights-based approach

Legal Approach

Advocacy Approach

Public Health Approach

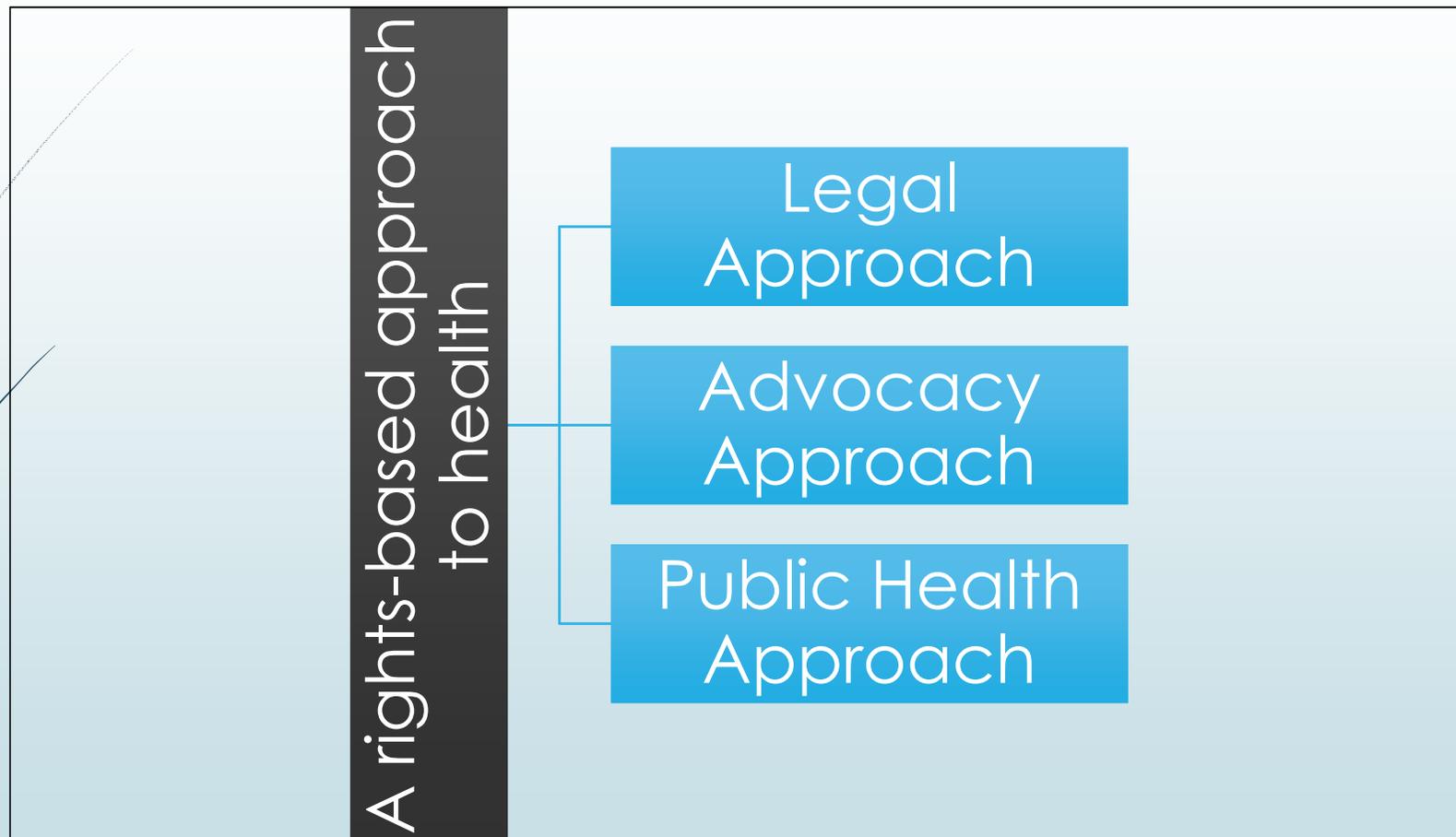A rights-based approach to health

Figure 1: The three 'versions' of the rights-based approach to health, according to Gruskin (2006)

Analytical platform: Assessing the impact of a rights-based approach

Research into rights-based approaches to health is limited. The literature on the subject of rights-based approaches has emphasized the legal and policy orientation, although there appears to be growing awareness of the need for normative guidance to translate into programming. As Smith-Estelle et al. (2015: 1713) note:

'The application of human rights norms at the national policy level is well documented, but rigorous research focusing on the field level application of a human rights-based approach to health program design, implementation and evaluation, including measuring its impact on project outcomes, is still very much in its infancy.'

Because rights-based approaches involve a range of interventions, many of which tend to be systemic in nature, assessing impact (and therefore building 'evidence') is made more complex. Unnithan (2015: 46) suggests that:

'[Rights-based approaches] require additional ways of thinking about what constitutes evidence. This is because human rights are understood, applied, and taken up in a variety of ways by different institutions and individuals, and difficult to capture through the experimental methods of analysis used in clinical trials. Alongside evidence gathered on the basis of observation and controlled experimentation (as in evidence-based medicine), a 'subject-near' approach is necessary to ascertain what a human rights-based framework means and achieves. A subject-near approach entails adopting a social, cultural, interpretive, and experiential perspective.'

Analytical platform: A brief overview of rights-based approaches to mental health

The lack of research and application of rights-based approaches is particularly striking in the field of mental health. In 2012, the WHO launched the Quality Rights Initiative aimed at setting standards for rights observance in mental health systems. While Quality Rights has some programmatic emphasis, its primary goal is changing of laws and policies related to mental health.

Most research focuses on these shifts as well, looking at the role of changes in laws and policies as tools to shift service provision or at efforts to advocate for the rights of people with psychosocial disabilities ('awareness raising').

A non-systematic review conducted in 2016 focused on the health interventions associated with a rights-based approach, finding just 8 relevant studies. Interventions were not uniform, ranging from the provision of free services, the use of electronic health records and the use of peer counselors all being cited as rights-based approaches to mental health. Of those, six studies were located in Europe and North America.

Analytical platform: Rights-based approaches in mental health in low and middle income countries

Contextually bound factors such as culture and spirituality require consideration in the development of services.

Models of family relationships, of social interaction, of religious practice and of help-seeking can also vary depending on culture. Ensuring the cultural and contextual relevance of services can, therefore, also be an issue of quality

A social approach to disability (as per the CRPD) takes into account needs beyond the immediate health care system (education, transportation, housing and social protection). Therefore, there is a considerable need to engage with the question of how to apply a rights-based approach in contexts where significant resource constraints might be evident

Analytical platform: Research objectives

The objective of this study was to identify good practices in rights-based MHCPS for people with psychosocial disabilities in Kenya. Using mixed methods, I aimed to examine, from the perspectives of MHSUs themselves, as well as other key stakeholders, what factors constitute good practice where rights-based approaches may already be implemented.

The intention was not to produce a 'recipe' for all organizations or all settings, but rather to highlight the potential of certain interventions while also bringing attention and further conceptual clarity to what appears to be a poorly understood construct (ie. The rights-based approach to mental health).

Research questions:

What, in the opinion of key stakeholders (including people with psychosocial disabilities themselves), are the key features of rights-based mental health care and psychosocial support services in Kenya?

What, in the opinion of key stakeholders (including people with psychosocial disabilities themselves), are key interventions that should be incorporated into a rights-based approach to mental health care and psychosocial support services in Kenya?

What, in the opinion of key stakeholders (including people with psychosocial disabilities themselves), are the practical barriers and supports to implementing a rights-based approach to mental health care and psychosocial support services in Kenya?

Country context

Analytical platform: Method

Epistemological position

The application of a rights-based approach is a product of policymaking, litigation, advocacy or programming, and this relies heavily on the interpretation of various actors.

An interpretivist lens does not couch results or application as 'correct' or 'incorrect'. Its purpose is to understand the perspective of subjects and provide an accurate account

I am not seeking to produce a 'checklist' of interventions, only to document how practitioners and service users interpret the rights-based approach

To ensure rigor, interpretivist research relies on the following principles:

1. Dependability: how likely are others to draw similar conclusions?

2. Credibility: how robust are the conclusions drawn?

3. Confirmability: can these findings be replicated independently?

4. Transferability: to what extent can findings be generalized to other settings?

Analytical platform: Method

Sites

Kamili organization, Nairobi

Set up in 2009 to take over two existing community-based mental health clinics, the Kamili organization provides community psychiatry, counselling, education and skills training and the facilitation of peer support. The Kamili model also incorporates microfinance to enable beneficiaries to gain an income. The organization is also involved in advocacy to improve resourcing for mental health and to reduce stigmatization of mental health. Kamili has served over 9000 clients since it was founded, and less than 0.5% of those users have been referred out

Home of brains, Kisumu

Part of a larger youth organization, their work focuses on counselling provided by lay counsellors. Interventions also include mentorship programming, scholarships and skills training, along with the facilitation of peer support networks and efforts to raise awareness of mental health issues in the community through public education forums. They engage in cross-referrals with local hospitals to support community re-integration The organization's services are provided free of charge.. The organization also hosts the Neighbourhood Mental Health Integrated Platform (NMIHP), a civil society forum for various organizations to embed an emphasis on mental health into their work.

Analytical platform: Interviews

Ten interviews were conducted, two with the aid of an interpreter

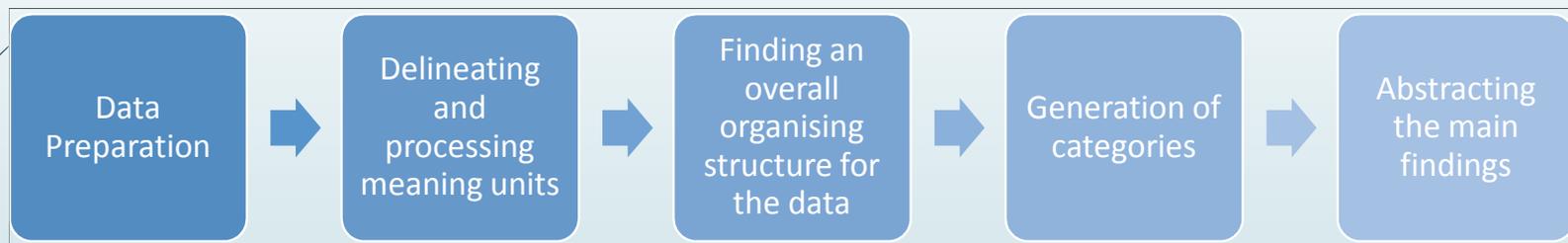| Kamili	Identity	Gender	Level of education	Age
	Executive Leadership	F	University	56
	MHSU	M	2 years secondary school	28
	MHSU	F	Primary school	40
	MHSU/Peer educator	F	Completed secondary school	32
	Psychiatric Nurse	M	Nursing college	25
Home of Brains	Executive Leadership	M	Doctoral degree	39
	MHSU/Lay counsellor	M	1 year of university	21
	MHSU	F	Completed secondary school	60
	MHSU/Lay counsellor/Peer educator	F	Completed secondary school	30
	Psychiatrist	M	Completed medical training	36

Analytical platform: Interview protocol

Providers	Users

How do the CRPD principles inform your work in relation to provision of mental health care and support?	Please describe the mental health care and supports that you receive
	• Probe around:
	    o Institutionalization (ie. Mental health care in a locked or confined facility)
	    o Coercion (ie. Forced treatment)
	    o Biomedical interventions (ie. Psychiatric medication)
	    o Decision-making
	    o Psychosocial support (ie. Supports that are not medical in nature but may contribute to better mental health
	    o Community inclusion
	    o Livelihoods (ie. Being able to make a living for yourself)

Please describe the mental health care and supports that you provide
• Probe around:
    o Institutionalization
    o Coercion
    o Biomedical interventions
    o Decision-making
    o Psychosocial support
    o Community inclusion
    o Livelihoods
	How do you understand your own rights to make decisions for yourself and to live in your community?

What does a rights-based approach to mental health care and support mean to you?	Is the mental health care and support you receive respectful of these rights?
What are the key components of a rights-based approach to mental health care and support?	What aspects of the mental health care and support you receive make you feel like you are being respected?
How does your organization operationalize the rights-based approach to mental health care and support?	What aspects of the mental health care and support you receive make you feel like you are being disrespected, discriminated against or forced to accept care you do not want?
What have been the barriers and facilitating factors to implementing a rights-based approach to mental health care?	

Analytical platform: Method

Data Analysis

Interviews were transcribed verbatim and were analyzed using the interpretivist methodology outlined by Elliot and Timulak (2005)

Data Preparation	→	Delineating and processing meaning units	→	Finding an overall organising structure for the data	→	Generation of categories	→	Abstracting the main findings

Results: Key components of a rights-based approach

Key principles

Mental health as a human right and the right to access mental health care

The central guiding principle is an intrinsic belief that is a human right to which all people are entitled

The purpose is the guiding factor…we want to ensure that people are healthy and we want to meet public health goals [but] we want also to fulfil the right to mental health itself

A focus on dignity and autonomy

Dignity is both a determinant of mental health and a central tenet of a rights-based approach

Dignity is a difficult thing to quantify or even to define, but if it's mentioned in an explicit way, we know that it becomes a guiding principle, and we start to think about how it can become a reality

Autonomy is seen as a fundamental right, but there was some disagreement about whether it should be subject to limitations

Of course autonomy and decision-making are important. We are here because too many people have been locked up, but sometimes we have to…when someone is going to get hurt…we have to

Results: Key components of a rights-based approach

Key principles

Access to information

Access to information is closely linked with dignity and autonomy in the eyes of many respondents. Knowledge regarding human rights and mental health can significantly alter the way in which people with psychosocial disabilities are able to self-advocate or pursue their rights.

It starts with information. A rights-based approach requires that people know enough about their own rights and about their condition. Otherwise, they will not be able to make informed choices

A user-centered and directed approach

A rights-based approach incorporates an emphasis on individualized support, aiming to 'meet' service users where they are, and to recognize and accommodate difference

I am not getting all the same [supports] that my friend is getting, and she is not getting some of the [supports] that I am getting, because we need different things

Results: Key components of a rights-based approach

Key principles

Right to family life and life in the community

These rights are articulated in instruments such as the CRPD. speakers believed community-oriented care and support to be especially important as part of the philosophy of a rights-based approach.

Why should we be separate? We are not animals [to be kept] in a zoo…I want to be with others [in the community]…and I can take my treatment [at the organization] and still live [among them]

Prevention and the need to focus on social, economic, cultural, spiritual and legal determinants of well-being

A focus on prevention is an important means through which to fulfil the right to mental health, because it highlights the point that, when barriers to well-being are addressed, distress can be averted

This is what makes a rights-based approach different, isn't it? We aren't only thinking about circumstances in treatment, we're thinking about the right to be healthy so that treatment isn't really necessitated…It doesn't mean we don't care about treatment, it means we think that people shouldn't be facing the challenges that make them sick in the first place

A rights-based approach requires us to think about how people are treated in society and by government. If we don't pay attention to how these things impact [mental health], we aren't fully [engaging in] a rights-based approach

Results: Key components of a rights-based approach

Key principles

Accountability

Addressing the political determinants of mental health may also be thought of as a key factor in implementing a rights-based approach to mental health. over and above a need to ensure that laws and policies accurately reflect a rights-based approach, they must be implemented and invested in, and the commitments made by duty bearers must be fulfilled.

I am the beneficiary, but sometimes [doctors and nurses] don't think they have any [duty] to me

Results: Key components of a rights-based approach

Interventions

Quality, affordable mental health care and psychosocial support

in a context where resources are limited and the ability to access care and support is determined by financial factors, the right to access to treatment is significantly compromised. Access to affordable care is essential, but it is also essential not to sacrifice quality for affordability

We appreciate the fact that we need to work within our resources, so we try to be creative and actively look for ways to be more efficient...but to change the level of attention a beneficiary receives or to deny them the same level of care that a more wealthy person would get...that would be discrimination

Community, peer and family support

Community-based mental health models naturally eschew the possibility that people with psychosocial disabilities might be institutionalized or otherwise removed from their communities. This is an embodiment of a rights-based approach

We aren't taking people away from [their communities]. We are coming to them because they have a right to live with their people

Community-based interventions are, however, also about actually reaching the wider community, providing education that can help to combat stigma, mobilising resources to ensure service delivery and addressing living conditions that might contribute to distress

Our model targets the community as a way of reaching individuals. Because people are affected by the circumstances in their community, we want to make sure those circumstances, like stigma or ignorance, are also addressed. We see this as part and parcel of a rights-based model

Results: Key components of a rights-based approach

Interventions

Medical treatment as a support to psychosocial care

Rights-based approaches, in the organizations visited, did not emphasize psychotropic medication as a preference over psychosocial supports. Instead, they viewed medical treatment as one of several inter-related components of care, and arguably as a supportive mechanism for conducting other interventions

We know that medicine can be an important thing…but we also know that it doesn't really [achieve the objectives] of helping a person live a whole, happy, healthy life…For those things, there's a lot more that needs to happen

Education

Education can entail numerous ways to improve access to information. It can also refer to educating service users about their rights, educating families and communities to reduce stigma and providing supports that allow mental health service users to earn a livelihood

Our organization sees the provision of education around mental health and the rights of service users as an avenue to foster dignity. Through individual education to users themselves, and to their families and the broader community, we are hoping we can counter untoward superstitions and empower people to obtain their rights. We do this through publications, through radio shows and through direct engagement, sometimes even door-to-door engagement

Use of peer educators is a useful model, also, because it ensures that people with psychosocial disabilities become self-advocates and agents of change in their communities. This is borne out by the following quote:

As a peer educator, I can offer something that others can't. I can speak about the experience from a perspective that a doctor can't. The doctors don't know how alone you feel

Results: Key components of a rights-based approach

Interventions

Advocating for legal and policy change

human rights-based approaches also inherently incorporate an advocacy component because they recognize the need for systemic change

Our rights-based approach is a bit of a mishmash because we think that being involved in the political space is as important as being involved in service provision. Our goal is to support our clients to become involved in these processes themselves, and to align with other organizations who are interested in these issues

Building livelihoods and meeting basic needs

a key stressor (and a key impediment to well-being) was access to a secure livelihood. Thus, supporting mental health and well-being requires an emphasis on this key determinant. Efforts to provide support for receiving an education, to provide work opportunities or other sources of income and to promote food security can all be important and useful ways in which to address mental health and well-being needs.

You can't claim that you care about rights and then not pay attention to people's right to work, or their right to learn and become self-sufficient, or their right to food. How can anyone be mentally well if they have no source of income to feed themselves and their families?

Results: Key components of a rights-based approach

Interventions

Providing care and support that is sensitive and receptive to diversity and accommodating of difference

Provision of gender, culture and language-appropriate services are important ways in which mental health care and support services can be rights-based.

In the clinic, no one cares whether you are male or female, or whether you are Masai or Kikuyu. What if I need something [specific] because I am a woman or because I am Kikuyu? [The service provider] has to be [sensitive] to this

Some participants acknowledged the importance of culture-appropriate care and support, but viewed traditional approaches to mental health with suspicion, arguing that these interventions may actually violate human rights

Sure, there are traditional services but they are problematic to be honest. You hear about people being chained and beaten or about their bodies being mutilated by these so-called healers

On the subject of faith-based mental health services:

It's really difficult to say. I think that churches and mosques are essential sources of community, so we want to connect with them as much as possible, but some of the things you hear that come out of them about mental health are really chilling

Results: Key components of a rights-based approach

Interventions

Access to justice and fostering accountability

The stigma and discrimination faced by people with psychosocial disabilities in Kenya contribute to numerous rights violations, with individuals denied access to their property and subjected to exploitation and abuse. Interventions to assist people with psychosocial disabilities to seek redress for these forms of injustice are seen as part of a rights-based approach to mental health and well-being

Our approach centers on the idea that people with mental health issues should be given equal access to their rights, and this means that they sometimes need assistance to go to court or to approach authorities. When you see a person with a mental health issue forced off their land, helping them to reclaim it is also [a manifestation of] a rights-based approach

Internally, efforts to foster accountability are equally relevant, and while they are deemed to be a '*work in progress*', they nonetheless also require critical engagement with MHSUs and communities. As one respondent notes:

We actively seek out feedback and we use methods like informal and anonymous complaints-handling…It's informal though, and it can be a challenge to implement because people aren't really accustomed to participating in these kinds of mechanisms. Still, we are trying to plant the seeds

Results: The contribution and efficacy of rights-based approaches

Dignity and self-esteem

The primary purpose and idea behind a rights-based approach is this idea of dignity. I know it's difficult to operationalize or quantify, but you see it in the way that people live their lives, going back to work or advocating in civic spaces or becoming part of the organization as peer educators or lay counsellors. I think you have to apply a bit of a subjective lens and say 'I know it when I see it' and with a rights-based approach to mental health, I can see the difference

When I was just going to the clinic, I would get sent home with medication and left alone for another month. I don't think they understand that I want to [participate in society]. They think that I can't or maybe they think that I don't want to

The importance of a focus on social and economic determinants

Given the strong relationship between economic well-being and mental health, there was a strong sense that economic interventions, such as livelihoods programming can make a significant difference

I can honestly say that it has changed everything…When we started doing these livelihoods programs, we found that people participated more and that they were becoming well faster and staying well longer…it makes sense, because it is actually a core [component] of social justice

Similarly, addressing the social determinants of well-being, such as stigmatization and social isolation was highlighted as having a considerable positive impact

Fundamentally, what a rights-based approach seeks to do is address the unequal treatment of people [with mental health conditions], chiefly through the reduction of stigma…In doing this, we are reducing the distance between them and the rest of society, and this makes them feel like part of society, so we see that they become more enthusiastic and more motivated to be well

It used to be so depressing hearing people call me mad…I think that [itself] used to make me unhappy and then I used to isolate myself more, and that used to make me more depressed…When they stopped doing that, I noticed my health improving

Results: Key components of a rights-based approach

The benefits to mental health service users and their families of peer and family supports

Rights-based approaches to mental health and well-being incorporating a peer and family support component can aid in the development of self-efficacy among participants

Now I am healthy myself but I also can help others…I wouldn't know how to help them if it were not for [the organization]…I would still be going to the hospital and getting told what to do like I am a child

Similarly, family support systems and services can have a direct impact on MHSUs, while also contributing to more harmonised and supportive family systems

I think [my family] understands me more now…I think they feel supported too…Because of this we are more at peace than we used to be

Empowering mental health service users to be self-advocates and to participate in society, including civic spaces promotes the ability to participate in society can be an indication of agency, which in turn contributes to mental health and well-being

These are the people most directly affected…When they participate, they are able to direct laws and policies in ways that speak to their lived experience. That makes for better policy-making, but it also means that the mental health system as a whole can be more responsive to the needs of their users, and that the government doesn't allocate its resources in ways that aren't effective or efficient

Results: Key components of a rights-based approach

Preventive benefits and the benefits (and possible limits) of autonomy

Participants also raised the contribution of a rights-based orientation as a preventive measure, stating that it has the capacity to produce better mental health outcomes

I don't use these five medications anymore. I don't get sick all the time the way I used to. When I was going to the hospital, I would get sick all the time…Now, I know when I am getting sick, and I can [take the necessary steps] to stop it [from getting worse]

It has an effect on people to be removed from their homes and their communities unnecessarily. It makes no clinical sense. That power imbalance that you see in coercive care models and medical models seems clinically ineffective to me…Instead, what we want is for people to know how to identify their emotions and their symptoms and to recognize for themselves what supports they need

To some extent, many participants grappled with the limits of autonomy and the idea that coercion could not be used in extreme, dangerous or emergent circumstances, reflecting a continuous debate

It's absurd to say that a rights-based approach isn't being operated because of some very real unanswered questions. We do what we know for sure, and the things we don't know, we try to engage with

Results: Impediments to implementing rights-based approaches

Stigma on the basis of psychosocial disability

Stigma on the basis of psychosocial disability continues to be a pervasive challenge, and it has the effect of causing mental health to be a neglected issue. In the opinion of participants, governments and broader society fail to consider the needs of people with mental health conditions, in part because psychosocial disabilities are stigmatized and not understood

I don't think [the government] cares about [mental health]. I don't think means anything to them because it's seen as a condition of the feeble-minded or the bewitched. Even among government officials, you hear these beliefs being repeated

You are talking about human rights and the rights-based approach, but what happens if my neighbour does not think of me as a human being? What happens if my doctor does not think of me as a human being?

Lack of resources

Mental health is clearly a neglected priority, faced with low levels of investment and a body politic that is only beginning to engage with the needs of people with psychosocial disabilities. Participants highlighted this as a major impediment to the advancement of rights-based approaches

We are talking about decades, perhaps centuries of neglect, and about needs that go well beyond the rollout of drugs. I don't think governments and funders are willing to admit that

A rights-based approach is, in the opinion of some, a more substantial ask because of the social supports that characterise it. This, however, was not a view shared by all participants, with one interviewee stating:

Actually I think these community-oriented models are actually cheaper to implement. They don't require new investment in hospitals or a lot of salaries for highly specialized staff and they aren't asking people to travel for miles and miles to access services

Results: Impediments to implementing rights-based approaches

Lack of research to support rights-based approaches to mental health

Research to establish standards in rights-based approaches and to build an evidence base to support implementation of these approaches is needed

Governments and funders think in terms of evidence. They want to know that they are doing what works and that they are supporting best practice. When they hear this idea of a rights-based approach, they become wary because it's not been well-tested

As one interviewee notes, this problem is particularly acute in low and middle-income countries:

There is very little [documented evidence] to show that rights-based approaches work in settings like Kenya…Even if you can show that rights-based approaches are effective, people will say it's because they have all these resources in Sweden and Canada that we don't have here

Organizational challenges

A number of inter-related challenges within organizations can have the effect of making it difficult to implement and further develop rights-based approaches to MHCPS. These include lack of technical capacity, as highlighted above, and the short lifespans of some of these organizations due to funding constraints

Sometimes you see that it might be working, but then it happens that you can't sustain it, so you haven't been able to institutionalise a particular approach…Sometimes it's more a case of an organization applying one intervention but not really investing in the approach as a whole, maybe because they don't have the money or because they don't have the capacity

Resistance within organizations to certain aspects of a rights-based approach might also be an impediment

One of things we are talking about is supporting people with these so-called alternative lifestyles…transgender people and sex workers and so on…ideally we want to ensure that anyone who needs a service can get it…but we have to be aware that we are [operating] in a society that is conservative…Sometimes this raises challenges

Results: Supports to implementing rights-based approaches

Coalition-building

Participants noted that they were able to make significant progress in building a community of practice to engage on rights-based approaches to MHCPS through building coalitions with like-minded organizations. For example:

There are some other organizations also working in this field, and this has had the effect of helping to create a coalition…It makes advocacy easier…It makes it easier to think through some of the challenges we are grappling with like income generation schemes or stigma reduction programs

Interviewees acknowledged that this was not always the case, particularly when competition for resources is prevalent.

I think it's one thing to have a coalition that acts in the same way or supports your work in an advocacy sense, but if you are competing for the same grants, that makes cooperation more difficult

Self-advocacy by mental health service users

A significant supportive factor in developing and advocating for rights-based approaches to MHCPS services is the fact that these services are preferred and argued for by MHSUs themselves

I think there is no more powerful tool to advocate for rights-based approaches to mental health than having someone who has used such a service state unequivocally that it is the best way

Similarly, another respondent highlighted that key stakeholders, including policy-makers, may be more receptive to MHSUs themselves as a means of fostering participatory democracy:

Governments, at least nominally, have to listen to their constituents when they are developing their policies and plans. The fact that this works and constituents are behind it might make government listen…assuming government is interested in participatory democracy

Discussion: Implications

Traditional rights-based frameworks, while useful as overarching principles, require a substantial amount of content and specificity in order to be meaningful and implementable.

Operationalizing rights-based approaches requires an emphasis on the interventions that embody the principles espoused.

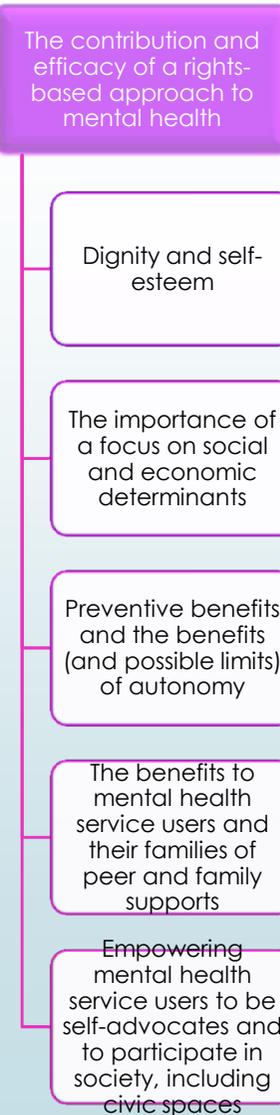| KEY PRINCIPLES	INTERVENTIONS							
	Quality, affordable mental health care and psychosocial support	Education	Medical treatment as a support to psychosocial care	Providing care and support that is sensitive and receptive to diversity and accommodating of difference	Community, peer and family supports	Building livelihoods and meeting basic needs	Advocating for legal and policy change	Access to justice and fostering accountability
Mental health as a human right and the right to access mental health care	■			■				
A focus on dignity and autonomy		■	■	■		■		
Access to information		■						■
A user-centered and directed approach			■	■	■			
Right to family life and life in the community					■			
Prevention and the need to focus on social, economic, cultural, spiritual and legal determinants of well-being						■	■	
Accountability							■	■

Table 4: Summary of key principles of a rights-based approach to mental health care and support and related interventions

Discussion: Impact of rights-based approaches

A great deal of research is needed to build upon these foundations and establish the efficacy of rights-based approaches

However, it should be noted that these approaches, by their nature, do not lend themselves to traditional measures of impact and cost-effectiveness. Therefore, new approaches to establishing efficacy should be mindful of the importance of more critical analysis

This research illustrates some of the potential ways in which rights-based approaches can contribute to mental health and well-being, offering insight into areas for further replication, standardization and evaluation

The contribution and efficacy of a rights-based approach to mental health

Dignity and self-esteem

The importance of a focus on social and economic determinants

Preventive benefits and the benefits (and possible limits) of autonomy

The benefits to mental health service users and their families of peer and family supports

Empowering mental health service users to be self-advocates and to participate in society, including civic spaces

Discussion: Implications

The centrality of socioeconomic rights

The relationship between mental health and well-being and social and economic circumstances is very closely linked. At the same time, participation and inclusion in society require the removal of barriers to full and equal citizenship, including the removal of barriers to economic inclusion and to community participation.

An approach to mental health and well-being that recognizes social and economic components as part of the model of service provision therefore has the benefit of contributing directly to mental health as well as being a mechanism for social justice.

The need to engage further with critical debates such as the limits of coercion and the role of traditional and faith-based mental health service providers

While a certain degree of clarity about the content and philosophy of a rights-based approach has been established, there is a continued to need to engage with some central questions that have arisen from the literature and from this research.

While the right to autonomy is a key component of well-being, participants of this study asserted that coercion was sometimes 'unavoidable' as a means of protecting people with psychosocial disabilities from harming themselves or others, or from exploitation or violence. This is in tension with the CRPD and requires some further elucidation

Similarly, contextually and culturally relevant service provision is central to a rights-based approach, but the participants of this study noted that traditional and faith-based services may themselves be rights-violating. There is therefore a need to further engage with how best to incorporate these models of service provision in a rights-based approach

Discussion: Implications

The need to ensure that human rights and rights based approaches are part of pushes to scale up treatment

The field of mental health is clearly entering an exciting phase with increasing attention at the global level. The issuance of the Lancet Commission on Global Mental Health and Sustainable Development's report, the subsequent Global Ministerial Summit on Mental Health and the formation of the Global Movement for Mental Health are important opportunities to make mental health a priority.

However, efforts at scaling up mental health services in a manner that merely replicates existing biomedical models will likely only contribute to further rights violations.

Raising the profile of rights-based approaches, conducting research to refine these models and building an evidence base to advocate for their adoption are important next steps as mental health comes 'out of the shadows' (in the words of the World Bank).

Questions/comments