SALZBURG GLOBAL SEMINAR

New Paradigms in Behavioral and Mental Health

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Multi-national panel discusses human rights challenges in their countries.

"I am born with dignity"

Bolstering patients' human rights

How can we view mental health care as an extension of basic human rights? And in liberal democracies, how does the legal system either support or challenge that objective? These were the central questions posed during a panel discussion on the third day of the Salzburg Global Seminar program *New Paradigms for Behavioral and Mental Health Care*.

One Fellow from Uganda has been working to empower service users in her country through the lens of human rights. Patient training sessions aim to transform basic mindsets, encouraging patients to view themselves not as victims but as agents for change. Patients learn to speak up about their preferences and challenge the institutions that serve them. This involves literacy courses, public speaking training, and civics lessons about local government and methods to enact political change. Ugandan officials are often awed at how clearly patients can articulate their wishes.

In the UK, one Fellow is working to ensure human rights by fighting the discrimination and stigma surrounding mental health. Time-to-Change leads campaigns that target specific populations, spreading patients' stories and exposing the traumatic effects of discrimination. One powerful video begins like a horror film, flashing messages about the dangerous "schizos" living among us, before cutting to the reality, just a man in his kitchen living a peaceful life. Other videos target students and urge them to treat classmates with respect and compassion.

Meanwhile, another Fellow spoke about the intersection of human rights and the law. While most would agree on the value of promoting human rights and championing shared decision-making from a moral or theoretical perspective, the issues become much hazier when considering their legal application. For example, there's a fine line between promoting human rights around the world and imposing values on a community. Does practising shared decision-making mean that patients are giving an enforceable interest to their doctors and practioners?

Many such legal questions need further, careful deliberation.

How can we overcome resistance to better mental health care?

As much as we can herald integrated, community-based mental health care, there remain innumerable challenges in both developed and developing economies in enacting lasting, positive change.

The United States' system, as one Fellow pointed out, is riddled with major, systemic issues, including issues with cost, the failure to treat large populations, the inadequate communication between patients' doctors, the little emphasis on substance abuse treatment, and the fact that most de facto mental health providers are US prisons.

The situation isn't brighter in other countries. During the discussion, Fellows listed the major issues operating as barriers to better care. Those include lack of clear political leadership, change fatigue among medical professionals, segregated physical and mental health treatments, and enormous cost for access.

But there is hope. One bright example is Dual Diagnosis Anonymous, a peer group in Oregon that bypassed government failures and set up a joint mental health/substance abuse support community that thrives today.

Get involved online!

You can join in the conversation on Twitter with the hashtag #SGShealth and find other Tweeting Fellows via the list: www.twitter.com/salzburgglobal/lists/SGS-536

We are also posting all our session photos on our Facebook page: www.facebook.com/SalzburgGlobal day-by-day and will post hi-res images for use in publications on Flickr: www.flickr.com/SalzburgGlobal

You can also find photos, videos and readings in the Yammer group.

Hot Topic

What are the best (and worst) practices in mental health service provision?

"The best practice in **Chile** in terms of policy-making was to recognize the 'burden of disease.' We used to establish priorities according to mortality, so mental health conditions were always underrated. But in 2000, we established the new system, which gives an important weight to disability. Mental health became relevant.

In my country, stigma is still very important, particularly for serious mental health conditions like schizophrenia. Depession is not as stigmatized as it used to be, but schizophrenia still has a huge stigma surrounding it."

Rodrigo A. Salinas

Clinical Neurologist and Assistant Professor at University of Chile, Santiago

"We have good access to our mental health care system. All over **Germany**, you have good access to general practioners, specialists, psychiatrists and psychologists.

Our biggest problem is related to this same system: with so much institutionalized, there is no focus on real community-based health care. Everything goes through big psychiatric hospitals and psychiatrists, so access is limited to diagnostics and medication."

Harald Kolbe

Behavioural Profiler and Organizational Ethnographer for Forensic Services of the Westfalia-Lippe, Germany

"We started to provide outreach services, and some of these services can cover the patient's whole life, That is good, but it is unbalanced in different areas. The east of **China** is a priority, so the services are good. It's better than in the west, which has very low resources.

The worst part is that in the very beginning we recognized the human resources will be our bottleneck. Some provinces only had one hospital. So the government gave them money to build a new hospital, but up until now, they still have only one. So it becomes very difficult for people in the west to reach services."

Hong Ma

Professor at Mental Health Institute, Peking University, China