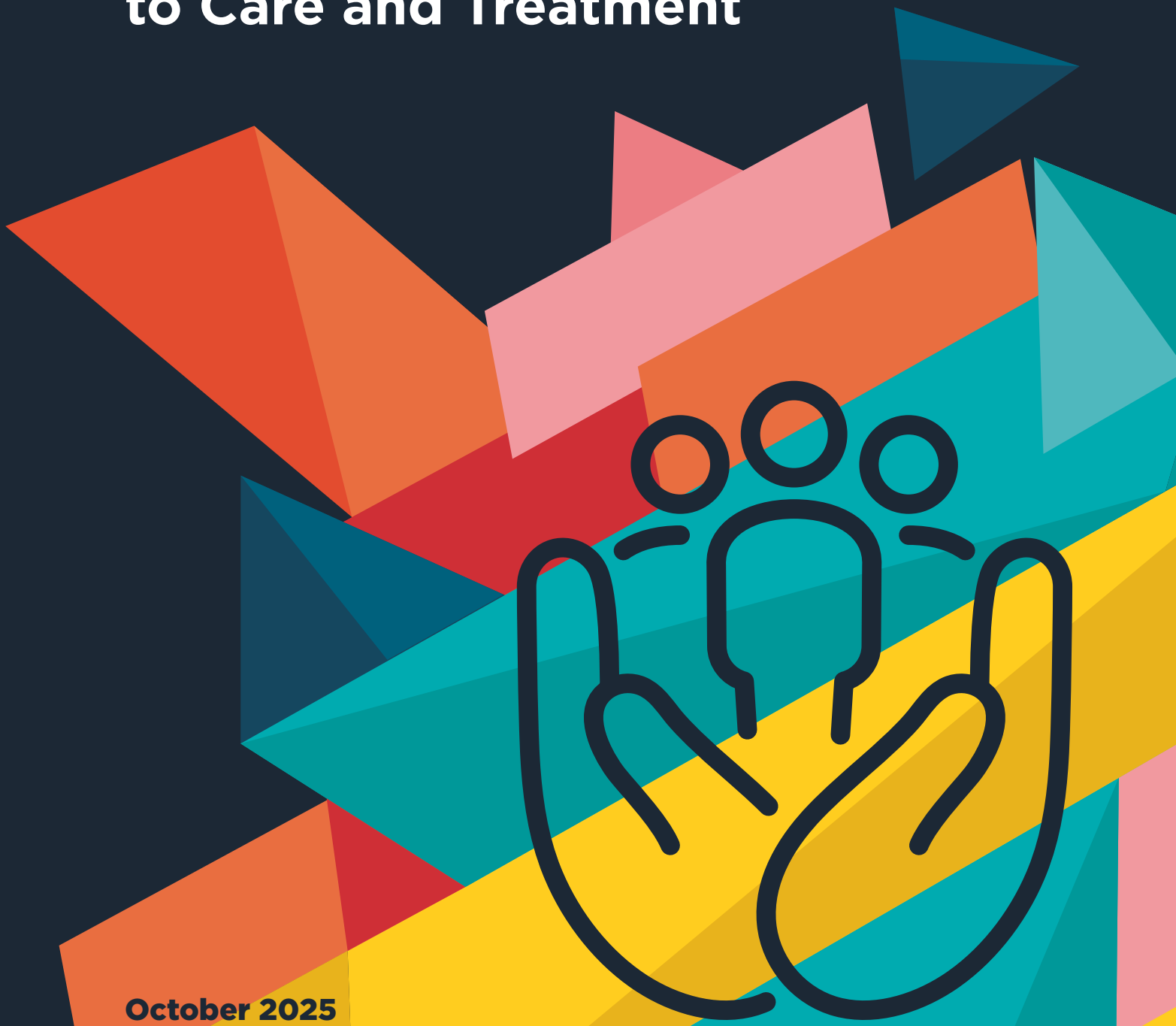
mhc
coimisiún meabhair - shláinte
mental health commission

Guidance for Irish Mental Health Services on the Adoption and Implementation of a **Human Rights-Based Approach to Care and Treatment**



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**Promoting Quality, Safety,
and Human Rights in Mental Health**

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The MHC acknowledges the contributions of everyone who contributed to the consultation process. We are grateful to the service users, their family members, and staff working in mental health services who completed the survey and shared their time and expertise via interviews and focus groups. The MHC is thankful for the feedback received from the experts by experience and participants in the MHC Stakeholder Forum, who helped shape the tips and scenarios for the providers of mental health services.

Introduction

About the Mental Health Commission

The Mental Health Commission (MHC) is an independent statutory body. We are responsible for regulating in-patient mental health services in Ireland. Our main role is to promote, encourage and foster the establishment and maintenance of high standards and good practices in providing mental health services, and to protect the interests of people admitted and detained (held) under the Mental Health Acts 2001–2018 ('the Mental Health Acts')[1]. Our mission is to safeguard the rights of service users and residents, encourage continuous quality improvement and report independently on the quality and safety of mental health services in Ireland.

The Assisted Decision-Making (Capacity) Act 2015 ('the 2015 Act') expanded our role to include setting up the Decision Support Service (DSS)[2]. The DSS helps adults who may need support – now or in the future – to make decisions about their personal welfare, including health care, and their property and finances.

Development process

Following a tender process, the MHC commissioned the UNESCO team at Munster Technological University (MTU), led by Dr Catherine Carty, to undertake an evidence review of policy and practice in implementing a human rights-based approach in mental health service provision, as well as the multi-stakeholder consultation process. The consultation process included:

- ✓ A survey, which received 354 responses from adults with experience (direct or indirect) of Irish Mental Health Services
- ✓ Interviews and focus groups with multiple stakeholders, including service users, families, carers and staff
- ✓ Feedback on the draft guidance from key stakeholders, including the MHC Stakeholder Forum, supported by Mental Health Reform

The evidence review can be found at http://aclu.ie/mental-health-and-human-rights-in-ireland/.

Purpose of this guidance

The purpose of this guidance is to raise awareness of a human rights-based approach to care and treatment in Irish mental health services. Implementing this approach is essential for improving the standard of mental health care in Ireland.

This guidance aims to support mental health service providers in embedding human rights-based principles into everyday practice. It outlines clear and practical actions to help professionals uphold the highest standards while complying with national and international human rights frameworks.

This guidance aligns with Ireland's commitments under key international and national human rights frameworks. It reinforces key principles such as equality, non-discrimination, accessibility and autonomy. It also emphasises supported decision-making, community inclusion, and the recognition of individuals' will and preferences.

1 Mental Health Acts 2001–2018 Mental Health Act, 2001
2 Assisted Decision-Making (Capacity) Act 2015 Assisted Decision-Making (Capacity) Act 2015

Scope

This guidance applies to all those involved in mental health care in Ireland in a professional capacity, including service providers, policymakers and practitioners. It is relevant to mental health services across the public, voluntary and independent sectors. It includes services for children and adolescents, adults, older persons, individuals with intellectual disabilities and mental illnesses, and forensic mental health services. The focus of this document is on enabling the rights, independence and dignity of service users, while ensuring they receive high-quality, respectful, transparent, inclusive, accessible and person-centred care that is free from stigma.

This guidance document:

- ✓ Explains the legal basis for a human rights approach in mental health care
- ✓ Outlines key principles and international frameworks that support this approach
- ✓ Provides practical steps for applying human rights in everyday practice
- ✓ Includes case studies demonstrating how these principles work in real-life situations
- ✓ Recommends ways to improve autonomy, inclusivity, dignity, person-centred care and transparency while reducing stigma in mental health services

This guidance does not provide clinical guidance on the care and treatment of service users.

Note: In this guidance, the term 'representative' refers to an individual chosen by the service user to participate in discussions about their treatment. This representative may be a decision supporter formally appointed under the 2015 Act or another trusted individual identified by the service user. The emphasis is on respecting the service user's autonomy in selecting who they wish to have involved in their care decisions.

Disclaimer: This document does not constitute legal advice regarding mental health and human rights and should not be used as a substitute for professional legal advice where required.

Section 1

Fundamentals of Human Rights

This section explains the basics of human rights that apply in mental health services and how human rights are linked to the culture of the service providers. Learning these basics will help you understand why a human rights-based approach to care and treatment is important, where it comes from, and how it connects to Irish, European and international law.

What are human rights?

Human rights are the basic rights and freedoms everyone has simply because they are human. They ensure we are treated fairly and equally, have the freedom to make life choices, and can reach our full potential. Human rights can be divided into two main types:

Civil and Political Rights:

✓ These include protection from discrimination, the right to bodily integrity, the right to privacy, the right to liberty and the prohibition of torture, cruel, inhuman and degrading treatment.

Economic, Social and Cultural Rights:

✓ These include the right to mental health care, education, and a decent standard of living (food, housing and clothing) (1).

Human rights apply to all areas of life, at any age, and cannot be taken away without just cause. Sometimes, the rights of people with mental health challenges or psychosocial disabilities, and other minorities, are unduly overlooked, denied or interfered with. Mental health staff and service providers have an important role to play in protecting and upholding the rights of service users.

While human rights are fundamental, some are not absolute and must be balanced against an individual's other rights and the rights of others. For example, a person's right to privacy in a mental health facility may need to be interfered with when weighed against the safety and wellbeing of other service users and staff. Similarly, a person's right to bodily integrity and autonomy, including the right to refuse treatment, may be limited if there is a significant risk to their life that may require intervention. Where any decision is taken that restricts rights, it must be transparently demonstrated that such restrictions are necessary, proportionate and based on clear legal justifications.

Mental health staff must remember these key features of human rights:

Universal:

✓ They apply to everyone, everywhere, at all times.

Interconnected:

✓ Rights are linked, and one can affect another.

Inherent:

✓ They belong to everyone without discrimination (1).

Why are human rights important?

Human rights protect every part of our lives and guide how we should treat one another. When our rights are respected, we may reach our full potential and may make our own choices. When they are denied, it can hold us back, lead to mistreatment, and seriously restrict a person's dignity and autonomy in mental health care settings. Respecting human rights improves the experience in mental health care settings for service users and leads to better health outcomes.

What is a human rights-based approach to care and treatment in mental health services?

Achieving excellence in mental health care requires a human rights-based approach. A human rights-based approach in mental health services prioritises the dignity, autonomy and wellbeing of service users. It ensures they have access to quality care and treatment, free from discrimination, coercion or cruel, inhuman or degrading treatment. It recognises that people with mental health conditions have the same rights and freedoms as any other person.

A human rights-based approach ensures that people with mental health conditions can fully participate in society. This includes access to education, employment and social activities. Service providers should support individual goals and their aspirations for recovery, rather than just treat symptoms.

A human rights-based approach involves helping people with mental health conditions to advocate for their own rights and needs, and to make informed decisions about their care and treatment.

A human rights-based approach goes beyond the right to mental health. The right to health signifies the fundamental entitlement of all people to access health care systems that provide an equal opportunity to achieve the best possible health outcomes. This includes health care services that adhere to the highest scientific, medical and operational standards, including appropriate staffing levels and access to facilities.

A human rights approach highlights the need for mental health services to be delivered with respect for individual choices and unique circumstances.

What rights are guaranteed by the Irish Constitution?

The Irish Constitution (Bunreacht na hÉireann) is the foundation of human rights in Irish law[3]. It was signed into law in 1937. All laws passed in Ireland must be compatible with it. Some rights are written in the Constitution. Other rights are not written in the Constitution but are recognised by the courts as flowing from rights in the Constitution and for that reason, are also considered part of the Constitution. The State is required to uphold the rights of its citizens and avoid interfering with rights unnecessarily. Sometimes an individual's rights must be balanced with their other rights and the rights of others. In certain circumstances, it may be necessary to limit or interfere with an individual's rights for the common good or to uphold the rights of others, but this should only be done in exceptional circumstances and in accordance with the law.

Irish citizens are entitled to the following rights, among others:

- ✓ Right to life
- ✓ Right to personal liberty
- ✓ Right to privacy
- ✓ Right to bodily integrity
- ✓ Right to autonomy
- ✓ Right to dignity
- ✓ Right to protection of the person
- ✓ Right to inviolability of the dwelling
- ✓ Right to equality before the law
- ✓ Right to private property

3 The Irish Constitution (Bunreacht na hÉireann). Irish Statute Book Constitution of Ireland

What are the globally accepted frameworks of a human rights approach?

Treaties and instruments

European Convention on Human Rights

The European Convention on Human Rights (ECHR) protects fundamental human rights and freedoms for individuals in Europe[4]. It was created by the Council of Europe in 1950 and entered into force in 1953. The European Convention on Human Rights Act 2003 gave effect to ECHR rights in Irish law. This means that ECHR rights can be considered and enforced by the Irish Courts.

The ECHR protects the following rights, among others:

- ✓ Right to life
- ✓ Prohibition of torture and ill-treatment
- ✓ Right to liberty and security
- ✓ Right to privacy
- ✓ Right to freedom of thought, conscience and religion
- ✓ Freedom of expression, assembly and association
- ✓ Freedom from discrimination
- ✓ Protection of private property

If someone believes their rights under the ECHR have been violated by their country, they can take their case to the European Court of Human Rights (ECtHR), but they must seek to resolve the rights violation in their own country first. Countries may have to change laws or practices as a result of the Court's decisions.

International Bill of Rights

The International Bill of Rights is a collection of human rights treaties adopted by the United Nations (UN)[5]. It comprises the Universal Declaration of Human Rights (UDHR)[6], the International Covenant on Civil and Political Rights (ICCPR)[7], and the International Covenant on Economic, Social and Cultural Rights (ICESCR)[8]. Together, these documents form a comprehensive framework for protecting and promoting human rights globally. The rights and freedoms under the UDHR and ICCPR include, among others:

- ✓ Freedom from discrimination
- ✓ Right to life, liberty and personal security
- ✓ Freedom of opinion and expression
- ✓ Freedom of association
- ✓ Freedom from torture and cruel, inhuman or degrading treatment
- ✓ Right to be treated with humanity in detention
- ✓ Right to equality
- ✓ Freedom from interference with privacy, family, home and correspondence
- ✓ Right to participate in cultural life of community

4 Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights, as amended) (ECHR). European Convention on Human Rights - ECHR Official Texts - ECHR - ECHR / CEDH

5 International Bill of Rights, UN GA Res 217A (III), 10 Dec 1948. International Bill of Human Rights.

6 Universal Declaration of Human Rights (adopted 10 December 1948 UNGA Res 217 A(III) (UDHR). The Universal Declaration of Human Rights Is Turning 75: Here's What You Need To Know

7 International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 (ICCPR). International Covenant on Civil and Political Rights | OHCHR

8 International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3 (ICESCR) International Covenant on Economic, Social and Cultural Rights | OHCHR

The ICESCR focuses on economic, social and cultural rights and places a duty on States to take steps to progressively achieve the full realisation of these rights over time and meet certain minimum requirements immediately. These rights include:

- ✓ Right to adequate standard of living (food, clothing and housing)
- ✓ Right to social security
- ✓ Right to the highest attainable standard of physical and mental health, including the right to health care
- ✓ Right to education
- ✓ Right to participate in cultural life

UN Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is a treaty that recognises that people with long-term physical, mental, intellectual or sensory disabilities often face barriers to participating fully in society[9]. The UNCRPD aims to remove these barriers, fight discrimination, and ensure full equality under the law. It follows a social model of disability, focusing on removing obstacles to rights for people with disabilities. The Irish government signed the UNCRPD in 2007, and it was ratified and came into force in Ireland in 2018.

The 2024 UN Disability Convention reinforced the importance of a social model of disability, focusing on removing barriers that prevent individuals from fully exercising their rights. It mandates a shift from paternalistic practices to rights-respecting frameworks that empower individuals through supported decision-making and inclusion in their communities.

Irish mental health services must actively align their practices with these principles to ensure equitable and rights-based care. The State is obligated to raise awareness throughout society on the rights of people with disabilities, their capabilities and their contributions, and to take measures to combat stereotypes, prejudices and harmful practices. The State must also take appropriate steps to enable people with disabilities to live independently and participate fully in all aspects of life. This obligation includes identifying and removing obstacles and barriers to accessibility in relation to infrastructure, information and communications. Under the UNCRPD, individuals are entitled to the following rights, among others:

- ✓ Right to equality and non-discrimination
- ✓ Right to life
- ✓ Right to liberty and personal security
- ✓ Freedom from torture or cruel, inhuman or degrading treatment
- ✓ Freedom from exploitation, violence and abuse
- ✓ Right to respect for physical and mental integrity
- ✓ Right to liberty of movement
- ✓ Right to live independently and be included in the community
- ✓ Right to privacy
- ✓ Right to health
- ✓ Right to education

9 Convention on the Rights of Persons with Disabilities (adopted 13 December 2006, entered into force 3 May 2008) 2515 UNTS 3. Convention on the Rights of Persons with Disabilities | OHCHR

EU Charter of Fundamental Rights

The EU Charter of Fundamental Rights promotes and protects human rights in Europe and came into force in the EU in 2009[10]. It incorporates all rights found in the case law of the Court of Justice, the rights and freedoms guaranteed by the European Convention on Human Rights and other rights and principles founded in common constitutional traditions across EU countries and other international instruments. The Charter is divided into six chapters – dignity, freedoms, equality, solidarity, citizens' rights and justice.

It includes many of the rights mentioned above and the following additional rights:

- ✓ Right to be treated with dignity
- ✓ Right to integrity of the person (medical consent required and prohibition of certain general practices)
- ✓ Protection of personal data
- ✓ Rights of elderly to live with dignity and participate in social and cultural life
- ✓ Rights of persons with disabilities to benefit from measures to ensure their independence and integration in community

If there is a violation of a person's rights under the Charter, a case may be brought to the Court of Justice of the European Union, but a person must seek to resolve the rights violation in their own country first.

Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care

Adopted by the UN in 1991, the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care state that people with mental health challenges are entitled to all the same rights as everyone else – civil, political, economic, social and cultural – outlined in key documents like the Universal Declaration of Human Rights[11]. These Principles are not legally binding but outline standards that mental health systems should strive to meet. They contain more detailed rights that people with mental health challenges are entitled to. For example, it guarantees the following rights, among others:

- ✓ Right to live and work in the community, as far as possible
- ✓ Right to be treated and cared for in the community where they live
- ✓ Right to be protected from harm
- ✓ Right to receive notice of rights on admission to a care and treatment facility in an accessible format
- ✓ Right to confidentiality of information
- ✓ Determination of mental illness must be made in accordance with internationally accepted medical standards, and not based on past treatment or hospitalisation, or non-conformity with cultural, political or religious beliefs prevailing in the community.

10 European Union, Charter of Fundamental Rights of the European Union (2007), Official Journal of the European Union C326/02, 14 December 2007. text_en.pdf

11 UN General Assembly, Principles for the Protection of Persons With Mental Illness and the Improvement of Mental Health Care, Resolution A/RES/46/119, 17 December 1991. Principles for the protection of persons with mental illness and the improvement of mental health care | OHCHR

Principles and values

Respect, Protect and Fulfil Framework

The Respect, Protect and Fulfil Framework is a foundational approach in international human rights law, outlining key responsibilities for upholding human rights (2). These responsibilities include:

Respect: Refrain from interfering with or unnecessarily limiting individuals' enjoyment of their human rights. For example, policies and practices should avoid discrimination and respect individual freedoms, ensuring any restrictions are legitimate and proportionate.

Protect: Establish laws, systems and safeguards to prevent human rights violations by third parties, while fostering a culture that prioritises respect for human rights.

Fulfil: Take proactive measures to ensure individuals can fully exercise their rights, such as providing remedies for violations and creating accessible conditions that enable autonomy and dignity.

In the context of mental health services, this framework helps mental health providers offer care that respects people's rights. It ensures fair access to treatment while promoting dignity and personal choice. Providers are responsible for adhering to human rights principles in their policies, practices and interactions with service users. Their obligations include:

Respecting Rights: Uphold autonomy and dignity by ensuring service users can make informed decisions about their care. Avoid coercive measures unless absolutely necessary and ensure that all practices protect individual preferences and rights.

Protecting Rights: Implement robust policies and training to prevent rights violations, address systemic discrimination, and create an environment where human rights are embedded into service delivery. Include service users in policy development to promote accountability and inclusivity.

Fulfilling Rights: Enable service users to fully enjoy their rights through transparent complaints systems, accessible pathways for governance participation, and alignment with human rights frameworks such as the UNCRPD and the Mental Health Acts.

Providers must also establish effective monitoring and oversight mechanisms to ensure compliance with these responsibilities. This includes regular audits, feedback systems and governance structures that prioritise transparency, accountability and continuous improvement.

By adopting the Respect, Protect and Fulfil Framework, Irish mental health services can promote alignment with national and international human rights standards, including the 2015 Act. This approach fosters a culture of respect, dignity and equitable care, ensuring better outcomes for individuals and communities.

The MENTAL Principles

Human rights are based on core values like dignity, fairness, equality, respect and independence. These values guide how mental health services should operate. Carty et al. (3) introduce the MENTAL principles, a framework designed to ensure the practical implementation of human rights in mental health care.

- ✓ **M**eaningful Participation: Service users should be actively involved in decisions about their care and their rights.
- ✓ **E**mpowerment: Service users should understand their rights and be able to influence their care, treatment and the policies that affect them.
- ✓ **N**on-Discrimination and Equality: All service users must be treated equally, with staff working to eliminate discrimination and support marginalised groups.
- ✓ **T**ailored Care: Care and treatment should respect each service user's preferences and choices.
- ✓ **A**ccountability: Staff must follow human rights standards and hold others accountable too. Feedback, complaints and whistleblowing should be used to improve services.
- ✓ **L**egality: Human rights in mental health care must follow Irish, European and international laws, including the Mental Health Acts and related regulations.

How do those frameworks and concepts apply to Irish mental health services?

A human rights-based approach to mental health care must align with the Irish Constitution, the ECHR and the UNCRPD.

The Irish Constitution guarantees important rights for everyone, including the right to make decisions about your own body, the right to be treated fairly and the right to keep your medical information private. Any interference with these rights, such as involuntary detention or treatment, must be justified under constitutional principles, ensuring proportionality and necessity.

The ECHR provides additional safeguards, in particular, the prohibition of inhuman and degrading treatment, the right to liberty and security, and the right to respect for private and family life. These provisions reinforce the need for mental health services to uphold dignity, ensure procedural safeguards, and prevent arbitrary detention or coercion.

The UNCRPD further strengthens protections by recognising the right of persons with disabilities, including those with mental health conditions, to equal recognition before the law and freedom from torture or cruel, inhuman or degrading treatment. It emphasises supported decision-making over substituted decision-making and mandates accessible, community-based mental health services that promote autonomy, accessibility and inclusion. In practice, these legal frameworks require mental health services to balance rights carefully, ensuring that restrictions are imposed only when necessary, are proportionate and are in line with legal safeguards while prioritising the will and preferences of service users.

Other relevant Irish laws, Rules and Codes of Practice

Irish Human Rights and Equality Commission Act 2014

Since 2014, the Irish Human Rights and Equality Commission Act has required all public bodies, including the Health Service Executive (HSE), which provides the vast majority of mental health services in the State, to have regard to the following obligations as part of their public sector duty:

- ✓ Eliminating discrimination
- ✓ Promoting equality of opportunity and treatment for staff and service users
- ✓ Protecting the human rights of members of the public body, staff and service users[12]

These human rights encompass constitutional rights, rights guaranteed under international and European treaties and conventions, including the Optional Protocol to the UN Convention on the Rights of Persons with Disabilities, and fundamental rights inherent to all individuals.

As part of this duty, the HSE is required to outline in its strategic and implementation plans the human rights and equality issues relevant to its operations. These plans must include the policies, actions and measures the HSE has implemented – or intends to implement – to address these issues. Public sector duty implementation plans, developed at the organisational level by the HSE, ensure compliance with these obligations.

The HSE must also report annually on its progress in addressing human rights and equality issues. This reporting process promotes transparency and accountability in ensuring human rights are respected, protected and fulfilled across the mental health services it delivers.

The Irish Human Rights and Equality Commission (IHREC) monitors compliance with the public sector duty. In cases where a public body, such as the HSE, fails to meet its obligations, IHREC has enforcement powers. These include conducting reviews, issuing recommendations, and requiring the preparation and implementation of action plans to address identified shortcomings.

12 Irish Human Rights and Equality Commission Act 2014 (No. 25 of 2014) Irish Human Rights and Equality Commission Act 2014

Mental Health Acts

The Mental Health Acts 2001–2018 ('The Mental Health Acts') form the underpinning legislation for mental health services in Ireland and place numerous responsibilities on mental health service providers. These Acts also establish the Mental Health Commission (MHC), an independent statutory body tasked with registration, inspection, monitoring and enforcement and preparing guidance for services.

MHC: Background, role and remit

The MHC plays a vital role in upholding human rights across the mental health system. It promotes, encourages and fosters high standards and best practices in delivering mental health services. The MHC is deeply committed to ensuring equity of access to person-centred mental health services and decision support services that provide high-quality care. Its mission is to promote and vindicate the human rights of both service users and staff.

As part of its responsibilities, the MHC appoints an Inspector of Mental Health Services as well as Assistant Inspectors carrying out the inspection functions on their behalf. The Inspector and Assistant Inspectors are empowered to carry out regular inspections of mental health facilities to ensure compliance with statutory obligations, regulations and best practices. The findings are reported to the Commission and inform decisions on registration and enforcement (which includes improvement and accountability). The Inspectorate plays a crucial role in upholding the standards and rights outlined in the legislation.

The Mental Health Acts are essential in safeguarding the human rights of individuals using mental health services. One of their key functions is to uphold and vindicate human rights through safeguards designed to balance individual autonomy with protection from harm. For example, the Mental Health Acts outline detailed criteria for involuntary admission, ensuring such admissions are strictly limited to cases where individuals are at significant risk of harm to themselves or others. These provisions help protect fundamental rights, such as the right to life and the right to health, while establishing safeguards to prevent unnecessary interference with personal liberty.

These safeguards include regular reviews by independent mental health tribunals, which assess the necessity for involuntary detention. Individuals have the right to appeal decisions, and tribunals are required to convene at regular intervals to ensure that no person is detained longer than necessary. Through these mechanisms, the Act provides clear protections against arbitrary or prolonged detention, upholding the right to due process and ensuring decisions are proportionate and justified.

The Mental Health Act 2001 (Approved Centres) Regulations 2006 reinforce human rights by placing explicit requirements on service providers regarding economic, social and cultural rights[13]. For instance, regulations mandate that service users have access to adequate food, clothing and well-maintained premises, as well as recreational activities that support overall wellbeing. Provisions are also included to safeguard privacy, protect general health, and promote individual autonomy and dignity through the development of personalised care plans tailored to reflect service users' unique needs, promoting choice and self-determination in their treatment.

Additionally, the regulations emphasise health and safety and risk management, requiring service providers to maintain comprehensive policies and procedures to ensure a safe environment for service users. Combined, these measures uphold the inherent dignity of every person in mental health care, creating an environment where human rights are actively protected.

Under the Assisted Decision Making (Capacity) Act 2015, the MHC is also responsible for the Decision Support Service (DSS). The DSS is legally mandated to support individuals with decision-making or capacity difficulties by:

- ✓ Raising public awareness about the Act and the UN Convention on the Rights of Persons with Disabilities
- ✓ Providing clear guidance and information on the legal framework that supports decision-making
- ✓ Overseeing the registration and supervision of decision support agreements

13 Mental Health Act 2001 (Approved Centres) Regulations 2006 (S.I. No. 551/2006) S.I. No. 551/2006 - Mental Health Act 2001 (Approved Centres) Regulations 2006

By combining the protections afforded by the Mental Health Acts, the Approved Centre Regulations, and the Assisted Decision Making (Capacity) Act 2015, Irish mental health services are equipped with robust frameworks that prioritise autonomy, dignity and human rights in all aspects of care.

Rules and Code of Practice Governing Restrictive Practices

The Rules Governing the Use of Seclusion (4) and the Rules Governing the Use of Mechanical Restraints (5) are key tools designed to promote a human rights approach. They require that restrictive measures be used only in emergencies and as a measure of last resort recognising that restrictive practices can have harmful physical and psychological consequences. They make provisions for accountability and appropriate governance of the restrictive practices. They recognise the service user who is subjected to the practice as a rights holder whose dignity must be upheld at all times.

The Code of Practice on the Use of Physical Restraint, informed by a rights-based approach to mental health care and treatment, emphasises the need for services to adopt a rights-based approach to mental health care (6). Adherence to the Code of Practice encourages continual efforts to avoid, reduce and, where possible, eliminate restrictive practices.

The Rules and Code aim to ensure that, by adhering to these principles, the use of restraint and seclusion in Ireland is consistent with human rights standards. The MHC has found that the rate of use of restrictive practices in Ireland is falling significantly (7).

Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre

The Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre (8) is a set of guidelines that explain how people should be treated when they are admitted to, transferred between, or discharged from a mental health facility, also called an 'approved centre'. These guidelines are meant to ensure that people's rights are respected and that they receive proper care.

The Code of Practice includes guidelines on:

1. **Admission:** The guidelines emphasise an individual's right to information, ensuring that they are fully informed about the reasons for their admission and their rights throughout the process. A fair and proper assessment protects their right to privacy, ensuring all evaluations are conducted respectfully and confidentially. The inclusion of individual care plans upholds their autonomy by allowing their preferences and needs to be central to their treatment.
2. **Transfer:** When a person is transferred from one facility to another, their right to continuity of care is prioritised, ensuring that their treatment is maintained seamlessly. The process safeguards the individual's right to dignity, requiring all transfers to be planned with transparency and conducted in a manner that respects their circumstances and choices.
3. **Discharge:** Discharge protocols protect the individual's right to wellbeing, ensuring they are ready to leave the facility and with adequate support in place. Service providers must uphold their right to autonomy by involving them in the discharge planning process and ensuring they have access to information about community resources and follow-up care.

The Code of Practice requires that the process be done carefully and respectfully, with the person's mental and physical health in mind. It also emphasises that service users have rights and should be treated with dignity during the entire process.

National Quality Framework: Driving Excellence in Mental Health Services

The National Quality Framework sets out the themes, standards and associated criteria considered essential for delivering quality and recovery-oriented mental health services in Ireland (9). A human rights approach is prominent throughout the document, mandating that mental health services uphold human rights, dignity and respect. The Framework guides the services toward integrating human rights in the design, implementation and monitoring of programmes. Service users are encouraged to engage in activities that are meaningful to them. Staff should treat service users with dignity, respect, honesty and openness and value service users' beliefs and preferences.

Connecting human rights, legal frameworks and organisational culture

Integrating a human rights approach in mental health care is driven not only by legal frameworks but also by the organisational culture within which practitioners operate. Organisational culture defines the collective values, beliefs and practices of all staff within a mental health setting and influences how policies, procedures and daily interactions are shaped.

In mental health, a human rights culture means always putting the rights of service users first. This involves incorporating human rights into every aspect of care – whether care planning, daily interactions, or policies and procedures.

By focusing on rights-based practices and openly adopting a human rights-based approach to care, mental health services can make a real difference, helping to create positive, meaningful changes. Principles such as dignity, fairness, equality, respect and independence should guide every action and decision. By embracing these principles, mental health practitioners become professionals who put human rights first and contribute to a culture of respect and fairness.

To effectively implement an organisation-wide human rights-informed approach to care, there should be open-minded support from all levels of leadership within the mental health service. Adopting a culture that values a person-centred approach ensures that individual needs, preferences and rights guide every decision and interaction, fostering respect and tailored support.

Section 2

Applying a Human Rights Approach

This section is designed to help you integrate a human rights approach into your daily work as a service provider or practitioner. It introduces the RIGHTS framework – a practical tool to guide you in applying human rights principles effectively. Each part of the framework is explained in a human rights context, along with practical actions and scenarios to help you promote human rights in everyday tasks. For further guidance on adopting and implementing this framework, service providers are encouraged to access the MHC's training module, which provides detailed, practical examples and tools to support a human rights-based approach in mental health care.

The RIGHTS Framework

The RIGHTS acronym, developed by the MHC and informed by the MTU evidence review, reflects the key themes that emerged from the consultation process and is used to explore essential considerations and actions for implementing a human rights approach. Each component of the framework is explained within a human rights context, accompanied by actions and practical tips to help your organisation better support and promote human rights. The components are:

- **R** espect for Autonomy
- **I** nclusion and Accessibility
- **G** uarantee of Dignity
- **H** olistic and Person-Centred Care
- **T** ransparency and Accountability
- **S** tigma Reduction

Respect for autonomy

Autonomy – being able to make decisions about one's life, including the right to choose one's own mental health care – is key to a person's autonomy and personhood (10).

Focus Area: Supporting individuals to make their own decisions about care and treatment.

Evidence: Throughout the consultation many service users felt that their right to refuse treatment was not always respected, and treatment decisions were made without full and informed consent.

Suggested Action: Educate and empower staff to recognise and respect autonomy and support legal capacity in every interaction. Establish protocols for informed consent, supported decision-making, advocacy, peer review and right to refuse treatment.

Autonomy – the right to make one's own choices and have control over personal decisions – is a fundamental principle in human rights. However, in the context of Irish mental health services, respect for autonomy remains a significant challenge, particularly for individuals with psychosocial and intellectual disabilities.

Despite commitments under the UNCRPD, service users in Ireland continue to face significant barriers in exercising their legal capacity and making decisions about their treatment. Official figures from the MHC's 2024 Annual Report reveal that 3,586 people were involuntarily detained to approved mental health centres in 2024. This figure includes 1,981 admission orders from the community, 557 under re-grading, 839 renewal orders for periods up to three months and 209 renewal orders for periods up to six months (7).

This process is regulated by the Mental Health Acts, which set strict criteria for detention. Under these laws, a person may only be detained if they have a mental disorder that poses a serious risk to themselves or others, or if their condition is likely to deteriorate without treatment. The Acts explicitly state that individuals cannot be detained solely due to a personality disorder, social deviance or addiction to drugs or alcohol.

Those detained involuntarily under the Mental Health Acts have the right to an independent tribunal, which reviews their detention to ensure it is lawful and necessary. This tribunal provides legal oversight and safeguards individual rights.

The 2015 Act introduced supported decision-making to replace substitute decision-making where possible, aiming to empower individuals to retain control over their choices, including health care decisions. However, many respondents noted inconsistencies in its implementation, with 84% of service users believing that the right to refuse treatment is not always respected. Additionally, 57% of respondents indicated that consent to treatment is not achieved without coercion or undue influence (11).

Autonomy is linked to informed consent. Yet, 41% of all respondents, including 68% of service users, stated that the benefits and risks of treatment were not clearly explained to them in a way they could understand (11). Similarly, 42% reported that the risks of not receiving treatment were not adequately communicated (11).

The erosion of autonomy extends beyond consent to care. Many individuals feel that their voices are not heard in treatment planning, with only 40% of service users and families reporting that individuals are not empowered to lead their own recovery journey (11). Additionally, 69% of respondents confirmed that advance planning for health care decisions is not widely practised, leaving individuals vulnerable to decisions made by others when they are unable to express their preferences (11).

By embracing a human rights-based approach, Irish mental health services can move toward a future where all individuals – regardless of their mental health status – have the autonomy and support needed to make informed decisions about their lives.

Practical actions for service providers and practitioners

Provide information:

- ✓ Inform individuals about their right to refuse the recommended treatment or to choose between the available treatment options.
- ✓ Provide information in plain language and accessible formats to accommodate all individuals.
- ✓ Understand the person's communication style and adapt to it when discussing care and treatment options.
- ✓ Also provide information on when their human rights may be compromised, such as explaining that they may be detained under the Mental Health Acts 2001–2018 which is outlined in the Know Your Rights information booklet.

Create headspace:

- ✓ Allow sufficient time to process the care and treatment options.
- ✓ Create opportunities for individuals to ask questions and confirm their understanding.

Explain clearly:

- ✓ Support informed consent – make sure that the person understands the consequences of their decision.

Respect decisions:

- ✓ Respect and honour an individual's decision to refuse, even if it seems unwise or conflicts with what you interpret as their will and preferences. For health care professionals in practice, this means:
  - ✓ Clearly documenting the person's refusal and the rationale behind their decision
  - ✓ Taking time to understand the person's perspective, ensuring their decision is informed and not coerced
  - ✓ Engaging in thoughtful communication that explores potential consequences of the refusal while remaining respectful of their autonomy
  - ✓ Continuously balancing professional judgement with the ethical duty to uphold the person's right to make their own choices

Consider alternatives:

- ✓ Present alternative care and treatment options if available.

Invite relevant representatives:

- ✓ Encourage individuals to select trusted advocates, decision-making supporters or peers.
- ✓ Establish an advocacy framework – define the roles of advocates. Ensure they remain independent and prioritise the individual's will and preference.

Provide tools

- ✓ Offer decision aids, interpreters or communication devices to improve communication with those who need it.

Provide or attend training:

- ✓ Understand the principles of informed consent, including how to explain risks, benefits and alternatives.
- ✓ Provide or attend training on human rights and Assisted Decision-Making (Capacity) Act 2015.

Promote self-advocacy:

- ✓ Provide training and resources to empower individuals to speak for themselves.

Manage feedback and respond to complaints:

- ✓ Encourage feedback and accountability. Invite feedback from service users and advocates and act on it.

Mary's case: Upholding autonomy in mental health treatment

Mary is a 30-year-old woman living in Galway. She is experiencing depressive symptoms and has been previously treated for bipolar disorder. She reaches out to a community mental health clinic for support. Mary values holistic approaches and prefers alternative therapies, such as mindfulness and lifestyle changes, to manage her mental health. Despite this, she notices that her doctor continues her current medication regimen without discussing her preferences. This leaves her feeling dismissed and powerless in her own care.

In response to Mary's concerns, the clinic takes proactive steps to ensure she feels heard and involved in decisions about her treatment. They arrange a multidisciplinary team (MDT) meeting, bringing together professionals from different fields to review Mary's situation. During the meeting, Mary is encouraged to share her preferences, and the team listens attentively, prioritising shared decision-making.

The clinic introduces strategies to encourage more collaborative care. They update their policies to allow flexible care planning, ensuring individuals like Mary have meaningful input into their treatment. Instead of solely relying on standard medication protocols, the team works to include holistic practices in her care. They develop a tailored programme that incorporates mindfulness, dietary advice and lifestyle adjustments alongside her existing treatment.

To foster long-term improvements, the clinic launches staff training focused on respecting autonomy, engaging service users, and delivering informed, person-centred care. The programme equips practitioners with the skills to hold open discussions about treatment options, ensuring service users feel valued and empowered in their health care journey.

Additionally, the clinic establishes robust feedback systems, enabling service users to share their experiences and influence service development. Mary and others are encouraged to give regular input, strengthening the clinic's commitment to person-centred care. By embracing these changes, the service reaffirms its dedication to a human rights-based approach, ensuring everyone receives care that respects their preferences and supports their autonomy.

Thanks to these efforts, Mary regains a sense of control over her mental health journey, knowing her voice matters. The clinic's commitment to collaborative and respectful care builds trust and promotes wellbeing within the community.

Inclusion and accessibility

Inclusion and accessibility in mental health services ensures all individuals, regardless of their background, abilities or circumstances, have access to quality mental health care and the basic facilities within the service (12). Everyone, whoever and wherever they are, has a deserving and inherent right to the highest attainable standard of mental health (13).

Focus Area: Ensuring that all individuals have equitable access to services, personal freedoms and basic amenities that uphold their dignity and foster inclusion.

Evidence: In the *Evidence, Consultation and Analysis Report on Mental Health and Human Rights in Ireland* commissioned by the MHC, reports of restricted access to basic comforts like tea at night, locked bedroom doors in some settings and limited access to the internet highlight constraints on personal freedom, autonomy and connectivity. Service users frequently identified challenges in accessing services appropriate to their needs, compounded by regional disparities.

Suggested Action: Ensure unrestricted access to essential items and comforts, such as food and beverages, at all times; avoid unnecessarily locking bedroom doors; foster trust and autonomy for service users; and provide internet access as a standard in mental health facilities to support education, communication and recovery.

Making mental health services inclusive and accessible is an essential part of a rights-based approach to care. Everyone should be able to get the support they need, free from discrimination and have the opportunity to take part fully in their community. These principles are protected under international human rights laws, including the UNCRPD. While improvements have been made, many people still struggle to access services, and there are ongoing barriers that make full participation difficult.

Access to mental health services can be limited for different reasons, including location, cost, information availability and cultural considerations. *The Evidence, Consultation and Analysis Report on Mental Health and Human Rights in Ireland*, commissioned by the MHC, highlights some of these challenges. In the report, 27% of people rated the availability of mental health services as low, meaning that many individuals find it hard to get support when they need it (11). A further 23% rated accessibility as low to moderate, and 8% said services were completely inaccessible to them (11). These figures show that urgent improvements are needed to ensure people can get help without unnecessary delays or obstacles.

Discrimination and marginalisation remain serious concerns for many service users. According to the report, 65% of respondents said that power imbalances between staff and service users significantly impact their wellbeing and recovery (11). People from marginalised groups, including ethnic minorities and individuals with disabilities, often face additional difficulties when trying to access mental health services. One respondent highlighted the lack of culturally sensitive services, saying, “We have a long way to go with our ethnic minority and Traveller populations, they have very high rates of young male suicide” (11).

A key part of making mental health services more accessible is involving people with lived experience in service planning and decision-making. One respondent shared, “You can never have full inclusion if the people affected are left on the perimeter of society” (11). Ensuring that people who use mental health services have a voice in shaping them is essential.

Beyond accessing professional support, community inclusion plays a huge role in mental health recovery. However, many people using mental health services report feeling isolated. Respondents said that services do not always help individuals to take part in social, cultural and leisure activities – activities that are vital for inclusion and long-term recovery.

Having the right accommodation and support is another important part of accessibility. Some individuals need extra help to live independently, and expanding these services would improve their ability to integrate into the community. One respondent explained, “Some service users are just not able to live independently in the community and would love to have more support” (11). Article 19 of the UNCRPD states that everyone has the right to live independently and be included in the community, yet many people remain in institutional settings or struggle to transition to community life due to a lack of support.

Making mental health services accessible to all is a key part of respecting human rights and promoting recovery. By taking a rights-based approach, Irish mental health services can improve availability, ensure equitable access, and create a system where every individual can get the support they need without barriers.

Practical actions for service providers and practitioners

Provide information:

- ✓ Make sure that all service users are informed about available facilities and services and know how to access them.
- ✓ Have an accessible welcome pack that service users can read at all times that invites them to use the available services and facilities.
- ✓ Ensure information about local mental health services, including how to access them, is readily available and easily understandable for the general public through community outreach, public campaigns and online platforms.

Create safe spaces:

- ✓ Make food and beverage areas welcoming and free from stigma or monitoring that could deter use. Ensure that there are no restrictions on times that the area can be accessed and used.
- ✓ Maintain well-stocked food and beverage stations in accessible areas, offering diverse dietary options (e.g., allergen-free, culturally appropriate).

Offer personal autonomy:

- ✓ Where feasible, allow service users to control access to their rooms by providing keys or secure access codes. Include a privacy blind on glass panels in bedrooms.

Provide infrastructure:

- ✓ Set up a secure, high-speed internet connection with sufficient bandwidth.
- ✓ Create accessible areas, such as lounges or private rooms, for internet access.
- ✓ Offer shared or personal devices (e.g., tablets or computers) to users who do not have their own.
- ✓ Educate on safe internet use, privacy and recognising online risks.

Use the internet therapeutically:

- ✓ Promote online education, telehealth services, mindfulness apps and recovery tools.

Evaluate accessibility features, including:

- ✓ Wheelchair access (ramps, lifts, wide doorways)
- ✓ Signage (clear, multilingual, tactile/Braille)
- ✓ Lighting and acoustics to accommodate sensory sensitivities
- ✓ Availability of assistive devices (hearing aids, screen readers)

Engage service users

- ✓ Gather feedback on accessibility challenges through interviews or surveys.

Assemble a diverse audit team:

- ✓ Include staff, service users and accessibility specialists to ensure varied perspectives.

Follow-up:

- ✓ Conduct regular re-audits and adapt to evolving needs and standards.

Establish guidelines:

- ✓ Implement policies to ensure staff never restrict access to essentials like food and water as a form of control or punishment.

Educate staff:

- ✓ Train staff to prioritise trust-building and understand the psychological impact of locked doors on service users.

Provide alternative safeguards:

- ✓ Use non-invasive security measures, such as discreet monitoring or alarms on exits, instead of locks.

Omar's case: Promoting culturally sensitive and accessible mental health services

Omar is a 30-year-old immigrant from Somalia living with post-traumatic stress disorder (PTSD). He has struggled to access mental health support in Ireland. He initially does not know where to turn for help and faces challenges such as language barriers, limited outreach to immigrant communities, and unfamiliarity with Ireland's health care system. These obstacles leave him feeling isolated and unsure of how to find the care he needs.

Aware that access to health care is a fundamental human right, the local mental health clinic takes proactive measures to address these barriers. The clinic's awareness of such issues arises from service user feedback, collaboration with community organisations, and data highlighting disparities in accessing mental health services among immigrant populations. They implement outreach programmes to ensure immigrant communities are informed about available services. Multilingual resources are developed, and interpreter services are offered at no additional cost, ensuring clear communication from the very beginning. Community health workers are also engaged to guide individuals like Omar through the health care system, reflecting the clinic's commitment to equitable access.

Once Omar is connected with the clinic, he encounters additional challenges that affect his ability to engage with the care provided. During therapy sessions, he notices that his cultural and spiritual practices are not acknowledged, making it difficult for him to feel understood. The predominance of English within the clinic further complicates his ability to express himself fully, leaving him feeling disconnected from his treatment.

The clinic identifies these issues through direct feedback from Omar and similar experiences shared by other service users. In response, they take steps to provide inclusive and culturally sensitive care. A therapist with expertise in cultural competence is assigned to Omar, ensuring his beliefs, traditions and background are integrated into his care. His treatment plan is updated to reflect his preferences, incorporating mindfulness, prayer and traditional coping methods. Interpreter services are arranged for his therapy sessions, allowing him to communicate effectively and engage meaningfully.

To create systemic change, the clinic undertakes broader reforms. Policies are updated to embed cultural awareness into everyday practice, and recruitment efforts focus on diversifying staff to better represent Ireland's multicultural population. Partnerships are formed with community leaders and immigrant organisations, enabling services to be tailored to the needs of marginalised groups. Staff receive cultural sensitivity training to deliver person-centred care that respects each individual's unique experiences.

The clinic also introduces robust feedback systems, actively seeking input from service users like Omar to guide ongoing improvements. Continuous monitoring and evaluation ensure culturally responsive care remains a priority, fostering trust and stronger engagement among diverse service users.

Through these targeted efforts, Omar feels empowered in his mental health journey, knowing his identity, values and wellbeing are fully recognised. By addressing access issues first and adapting care to meet the diverse needs of its community, the mental health clinic exemplifies a human rights-based approach. Its commitment to accessibility, inclusivity and equity ensures that all individuals – regardless of background – receive compassionate, high-quality mental health care.

Guarantee of dignity

Dignity means, in relation to a person, the inviolable intrinsic value, equal to other persons, that the person has and includes the recognition by other persons of such value with respect of that person (14).

Focus Area: Mental health services should prioritise non-discrimination, autonomy and the inherent dignity of all individuals. Practitioners should work collaboratively with service users to ensure that care is free from coercion and upholds the will and preferences of the individual. This includes replacing coercive measures with voluntary and recovery-oriented care practices wherever possible.

Evidence: The principle of dignity is inconsistently delivered across services, with service users, family members and staff expressing concerns.

Suggested Action: Train staff in dignity-preserving practices, such as trauma-informed care, and embed respect for dignity into service charters and operational policies.

Dignity is a foundation of human rights and essential to ethical mental health care. Respecting the inherent dignity of service users requires person-centred care that is free from coercion and delivered in an environment that upholds equality and autonomy. However, findings from the Evidence, Consultation and Analysis Report on Mental Health and Human Rights in Ireland commissioned by the MHC indicate that dignity is not consistently upheld within Irish mental health services, raising concerns about discrimination, power imbalances and a lack of rights-based care.

Survey results reflect a divided perspective on whether dignity is adequately respected in mental health services. When asked if services uphold dignity on a scale from 1 (does not deliver) to 7 (fully delivers), responses varied significantly:

- Staff ratings: 13% rated services at the lowest end of the scale, indicating a failure to deliver on dignity, while 26% rated them at the highest levels. The remaining 61% fell somewhere in the middle, suggesting mixed views within the workforce.
- Service users' ratings: 19% felt services failed to uphold dignity, and only 6% believed dignity was fully respected. The majority - 75% - gave mid-range scores, reflecting uncertainty or inconsistency in their experiences.
- Family members' ratings: 38% rated services poorly, highlighting significant concerns about how their loved ones are treated. The remaining 63% gave mid to high scores, suggesting a broader range of experiences but still a notable level of dissatisfaction (11).

These findings suggest that while some practitioners strive to uphold dignity, many service users and families experience mental health care as impersonal, coercive or lacking in empathy.

A significant issue affecting dignity is the perceived power imbalance between service users and practitioners. 65% of respondents noted that power dynamics significantly impact recovery and overall wellbeing (11).

There have been increased calls to end the use of coercive measures, including medication without consent and restraint. The MHC has produced rules (see section 'Rules and Code of Practice Governing Restrictive Practices') which assert that mental health services must reduce and where possible eliminate restrictive practices. It also has a restraint and seclusion reduction strategy which services should follow.

Only 49% of respondents believe that practitioners treat individuals with dignity and respect on an equal basis, highlighting a need for ongoing education and vigilance in this area (11).

Dignity is more than a principle; it is a fundamental right that must be woven into every aspect of mental health care. While some progress has been made, the experiences of service users, families and professionals indicate that significant reform is still needed. By fostering a culture of respect, reducing coercion, and ensuring that individuals receive care that honours their autonomy, Irish mental health services can move toward a rights-based mental health system.

Practical actions for service providers and practitioners

Provide or attend in training:

- ✓ Focus on key areas such as trauma-informed care, cultural sensitivity, person-centred care, active listening, and non-coercive practices.
- ✓ Address common scenarios where dignity might be compromised, such as restraint or communication breakdowns.
- ✓ Use trauma-informed care principles: Teach staff how to create both physical and emotional safety for service users.
- ✓ Emphasise open communication and consistency.
- ✓ Focus on collaborative engagement between staff and service users and on respecting personal autonomy.
- ✓ Train staff to recognise and respect diverse cultural and socioeconomic backgrounds as well as LGBTQIA+ service users.

Train leadership teams:

- ✓ Ensure that leaders model dignity-preserving behaviour, as their actions set the tone for the organisation. Provide tools for leaders to mentor staff in respectful practices.

Develop the service charter:

- ✓ Incorporate explicit commitments to respecting individual dignity, autonomy and rights.
- ✓ Use clear, inclusive and accessible language for all stakeholders. Include principles of trauma-informed care, cultural competence and person-centred care.
- ✓ Display the Charter prominently in the service and on your organisation's website.
- ✓ Provide copies to service users and their families during orientation.

Involve stakeholders:

- ✓ Collaborate with service users, families, staff and advocacy groups to ensure the Charter reflects their priorities and concerns. Conduct workshops or surveys to gather diverse perspectives.

Update policies with dignity in mind:

- ✓ Ensure policies prioritise respect, autonomy and consent in all interactions. Include provisions for collaborative engagement between staff and service users and the right to refuse care. Define clear protocols for handling complaints related to dignity violations.

Create accountability mechanisms:

- ✓ Establish systems to monitor compliance with dignity-preserving policies. Use tools like feedback surveys, dignity checklists and regular audits.

Integrate dignity into staff performance evaluations:

- ✓ Assess staff on their adherence to dignity-preserving practices as part of routine performance reviews. Celebrate and reward exemplary behaviour that upholds dignity.

Incorporate dignity into recruitment and onboarding:

- ✓ Prioritise hiring candidates with a track record of displaying empathy and respect for diverse populations. Include dignity and trauma-informed care training as part of the onboarding process.

Leadership commitment:

- ✓ Ensure senior leaders visibly champion dignity-preserving practices and communicate their importance regularly.

Empower service users:

- ✓ Create mechanisms for service users to provide input on policies and practices. Establish advisory councils or focus groups of service users.

Celebrate dignity in action:

- ✓ Highlight staff and service user stories where dignity was upheld. Organise events or campaigns to reinforce the importance of respect and trauma-informed care.

Encourage open dialogue:

- ✓ Create safe spaces for staff and service users to raise concerns or share experiences without fear of reprisal.

Provide alternatives to restrictive practices:

- ✓ Use therapeutic tools like sensory rooms, mindfulness exercises or peer support as alternatives to restraint or seclusion.

Use de-escalation techniques:

- ✓ Provide tools for managing crises without resorting to coercion. Use role-play to practice de-escalation, conflict resolution and active listening.

Margaret's case: Ensuring dignity in mental health care facilities.

Margaret, a 55-year-old woman, is admitted to a mental health in-patient service in Ireland following a crisis. Upon arrival, she faces several unsettling experiences. She notices that wearing hospital-issued clothing is mandatory and overhears staff discussing her condition openly in communal areas. These incidents leave her feeling exposed and humiliated. During her stay, Margaret also becomes aware of constant surveillance, which she perceives as invasive and distressing. These experiences prompt Margaret to file a formal complaint, advocating for her dignity, privacy and respect.

The service takes Margaret's concerns seriously and promptly addresses the issues raised. Regarding the surveillance, Margaret is invited to a meeting where staff explain its purpose in ensuring safety while acknowledging the discomfort it may cause. The service takes a human rights-based approach to reassess its monitoring practices, prioritising transparency and proportionality. They introduce clear communication about surveillance measures, ensuring service users are informed and consulted about policies that impact their privacy. Adjustments are made to reduce unnecessary monitoring while maintaining safety, restoring a sense of trust and autonomy.

To further uphold Margaret's dignity, the service reviews its policies on clothing and privacy. Margaret is given the choice to wear her own clothes, enabling her to maintain her individuality and comfort. In response to the overheard discussions, the service enforces new confidentiality protocols, strictly prohibiting the sharing of sensitive service user information in public or communal spaces.

Staff receive training focused on dignity-preserving practices, respectful communication and the protection of privacy. The training highlights the importance of empathy and human rights in interactions with service users, ensuring all staff understand their role in creating a safe and supportive environment. Margaret's care plan is also revised to reflect a more person-centred approach, empowering her to actively participate in decisions affecting her wellbeing. This ensures that her preferences, values and recovery goals are fully integrated into her treatment.

To embed lasting improvements, the service establishes a robust feedback system, including satisfaction surveys and service user advisory panels. These mechanisms give individuals like Margaret a voice, allowing them to share their experiences and contribute to the ongoing evaluation of care standards. Continuous monitoring ensures the service remains accountable and committed to respecting the rights and dignity of all service users.

Through these efforts, Margaret feels valued and reassured that her concerns have led to meaningful change. By addressing issues of surveillance, autonomy and respect, the service demonstrates its commitment to human rights-based care, fostering an environment where every individual is treated with empathy, privacy and respect.

Holistic and person-centred care

Person-centred care and support refers to how services place the people using the service at the core of what they do. The needs of each person using the service therefore determine how the service operates. Person-centred care includes promoting people's rights, allowing people to make meaningful choices, supporting them to participate in decisions about their lives and providing an individualised service that recognises their will and preferences (15).

Focus Area: Addressing mental health needs in a way that considers the individual's overall wellbeing and recovery goals.

Evidence: Service users reported limited empowerment to lead their recovery journey, with some experiencing care that is not tailored to their specific goals or preferences.

Suggested Action: Co-create care plans with individuals, integrating their personal goals, preferences and cultural contexts into treatment strategies. Consider general health and recognise how it impacts on mental health of individuals.

A truly effective rights-based mental health service must prioritise holistic, person-centred care that recognises the diverse and unique needs of each individual. This approach moves beyond symptom management to consider social, psychological, environmental and cultural factors that contribute to mental wellbeing. Despite policy commitments to person-centred care, many service users in Ireland experience a system that remains predominantly medicalised and lacks a comprehensive, rights-based framework.

Holistic mental health care integrates biological, psychological, social and environmental factors to create a tailored support system that aligns with the service user's preferences and values. However, in the Evidence, Consultation and Analysis Report on Mental Health and Human Rights in Ireland commissioned by the MHC, stakeholders report that Irish mental health services still heavily rely on medication-based interventions (11). A substantial number of respondents criticised the dominant biomedical model, which they felt did not account for lived experience or social determinants of health (11). One staff member remarked, "We are too reliant on pharmaceuticals" and that people in distress are often medicated rather than supported to process their emotions and experiences (11).

A person-centred approach respects the autonomy and preferences of individuals, ensuring they have an active role in shaping their care. However, survey data suggest that many service users feel excluded from decision-making. 46% of service users reported that they had limited or no input in their care planning (11). Only 27% believed that their care was fully tailored to their needs (11). A majority of family members and carers reported that they were not sufficiently involved in supporting service users' recovery plans (11).

A lack of integration between mental health and other support services further undermines holistic care. Many respondents highlighted difficulties in accessing essential services such as:

- Housing support: 41% of respondents cited inadequate housing as a major barrier to recovery.
- Employment and education opportunities: 39% of service users stated that they lacked access to employment and skills training programmes.
- Physical health services: A significant number of service users felt that their physical health concerns were overlooked within mental health settings (11).

A staff member commented, "Mental health is not just about medication and therapy. People need homes, jobs, social connection. Without these, recovery is just a word" (11).

Holistic and person-centred care is not an aspiration; it is a necessity for a mental health system that truly upholds human rights, dignity and recovery. The integration of service user voices, social support systems and non-medical interventions must be at the core of mental health reform. Only then can Ireland's mental health services align with best practices in human rights-based, person-centred care.

Practical actions for service providers and practitioners

Show empathy:

- ✓ Actively listen: Validate the individual's experiences and emotions.
- ✓ Clarify the purpose of co-creating a care plan, emphasising that it is a collaborative effort.
- ✓ Acknowledge that the individual is the expert on their own life.

Look beyond the mental health condition:

- ✓ Consider all aspects of the person's life.

Set goals together:

- ✓ Ensure goals are Specific, Measurable, Achievable, Relevant and Time-bound.

Integrate personal will and preference:

- ✓ Preferred treatments: Ask about the service user's comfort with different therapeutic options (e.g., medication, talk therapy or holistic approaches).
- ✓ Daily routines: Incorporate their existing habits and routines into the care plan to enhance sustainability.
- ✓ Cultural practices: Respect and include cultural or spiritual practices meaningful to the individual. For example, incorporate prayer, meditation or traditional healing methods if appropriate.

Embed cultural competence and sensitivity:

- ✓ Provide cultural training for staff: Equip care providers with knowledge of cultural diversity and sensitivity.
- ✓ Consult cultural experts: Collaborate with cultural advisers or community leaders when necessary.
- ✓ Avoid assumptions: Let the individual guide what aspects of their culture are relevant to their care.

Encourage collaborative engagement between staff and service users:

- ✓ Present options clearly: Explain treatment strategies, benefits and risks using plain language.
- ✓ Weigh pros and cons together: Use decision aids or diagrams to help individuals evaluate options.
- ✓ Support autonomy: Honour the person's choices, even if they differ from your recommendations, unless safety is at significant risk.

Conduct a comprehensive assessment:

- ✓ Explore personal goals: Ask open-ended questions, such as: "What's most important to you right now?" or "What would a meaningful recovery look like for you?"
- ✓ Identify strengths: Highlight the person's existing skills, support systems and resources.
- ✓ Consider cultural factors: Discuss values, traditions, spiritual beliefs and family dynamics that influence care preferences.
- ✓ Evaluate barriers: Identify challenges (e.g., financial, logistical or emotional) that may impact care.

Engage support networks:

- ✓ Seek consent: Ensure the individual agrees to others being included in their care.
- ✓ Clarify roles: Define how each support person contributes to achieving the individual's goals.
- ✓ Respect boundaries: Balance support network involvement with the individual's autonomy and privacy.

Frank's case: Developing a holistic, person-centred approach to recovery

Frank, a man in his 70s, has faced significant mental health challenges, which over time led to severe isolation. He experienced low mood, fatigue and a lack of motivation. His physical health deteriorated as he missed medical appointments, lost weight and struggled to consistently take his prescribed medications. A turning point came when Frank collapsed at home, and his daughter found him in a critical state, prompting urgent medical intervention.

After receiving hospital treatment and stabilising physically, the health care team recognised the connection between Frank's mental health and overall wellbeing. They determined that coordinated support was crucial to managing his chronic conditions effectively and preventing further crises. Frank was referred to a local community mental health service, where he began receiving tailored care addressing both his mental health and daily needs. The service took a proactive approach based on insights from his hospitalisation and input from his daughter, who highlighted the challenges Frank faced at home.

A social worker from the community mental health service collaborated with Frank to develop a personalised care plan. Recognising his need for regular support, they organised a home help service. Care workers visited Frank daily to conduct welfare checks and assist with essential tasks, including meal preparation and medication management, ensuring he remained comfortable and well nourished.

The social worker, with Frank's consent, also involved Frank's daughter in the planning process, understanding the pivotal role of family in his recovery. She was provided with guidance on managing his medication and supporting his diet. Together, they arranged for a local meal-on-wheels service to deliver hot meals daily, addressing concerns about nutrition. Empowered by this collaboration, Frank's daughter encouraged him to embrace healthier habits and stay committed to his care plan.

As Frank's mental health gradually improved, the team introduced practical measures to support his growing independence. His medications were organised into pill pouches for easier use, and his daughter set up phone alarms to remind him to take them on time. She also found a local support group where Frank could reconnect with others, engage in meaningful activities and start rebuilding his social network. This helped to alleviate his isolation and reintegrate him into his community.

Through these collaborative efforts, Frank experienced renewed independence, strengthened support and a more fulfilling daily routine. The partnership between health care providers, community services and his family ensured that his mental health and overall wellbeing were prioritised. Frank's journey highlights the transformative power of holistic, person-centred care, where dignity, autonomy and meaningful connection shape recovery and improve quality of life.

Transparency and accountability

Clinical governance is a framework through which health care teams are accountable for the quality, safety and satisfaction of patients in the care they deliver (16).

Focus Area: In alignment with the 2024 UN Disability Convention, governance structures in mental health services must ensure full transparency and accountability. This includes involving service users in decision-making at all levels, creating clear mechanisms for complaints and feedback, and monitoring compliance with human rights principles, such as informed consent and supported decision-making frameworks.

Evidence: Many respondents noted a lack of transparency about treatment options, risks and the ability to opt-out.

Suggested Actions: Ensure that effective governance is in place. Develop clear communication protocols to explain treatment benefits and risks. Establish independent monitoring and complaint resolution systems.

Ensuring transparency and accountability in mental health services is essential for upholding human rights and fostering public trust. Governance structures, oversight mechanisms, and a culture of openness play a crucial role in ensuring service users receive fair and effective care.

Effective governance requires fair and clear structures that balance the interests of service users, professionals and policymakers. However, findings from the *Evidence, Consultation and Analysis Report on Mental Health and Human Rights in Ireland* commissioned by the MHC suggest that Irish mental health governance often lacks meaningful stakeholder involvement. 88.41% of respondents affirmed that decisions about individuals with mental health conditions are made by others, rather than in consultation with them (11). Only 61% of respondents felt their right to make decisions was respected, leaving a significant 39% without such assurance (11). Survey participants expressed concerns that service leadership is often detached from the realities of care provision, leading to inefficiencies and lack of responsiveness (11).

A fair and transparent complaints system is a cornerstone of accountability. However, service users and staff report significant barriers to lodging complaints and receiving fair resolutions (11). 67% of respondents perceived an independent complaints mechanism within Irish mental health services, but this leaves a notable 33% who do not share this confidence (11). Only 61% of respondents believed that complaints mechanisms are fair and transparent, highlighting a need for improvement (11). Some service users reported that complaints were dismissed or escalated back to service management, resulting in no meaningful investigation or resolution. One service user remarked," To complain about any incident feels futile as one is complaining to the service that you are complaining about" (11).

Transparency and accountability are fundamental to ensuring a rights-based approach to mental health care in Ireland. While some governance structures exist, current mechanisms remain inadequate in safeguarding service user rights and ensuring fair complaint resolution. By strengthening independent oversight, embedding service user participation, and fostering a culture of openness, Ireland can move toward a more transparent and accountable mental health system.

Practical actions for service providers and practitioners

Define roles and responsibilities:

- ✓ Establish a governance board or leadership team with clearly defined roles for policymaking, oversight and decision-making.
- ✓ Include diverse stakeholders (e.g., health care professionals, service users, family members, community representatives).

Foster a culture of accountability:

- ✓ Set measurable performance indicators for staff, services and outcomes.
- ✓ Conduct regular internal audits to review compliance with policies and standards.

Develop policies and procedures:

- ✓ Create comprehensive policies for clinical care, safety, rights protection and operational efficiency.
- ✓ Ensure all policies align with legal and ethical standards, including human rights frameworks.

Provide or take part in regular training:

- ✓ Train leadership and staff on governance best practices, ethical decision-making and updates in care standards.
- ✓ Ensure ongoing professional development for board members.
- ✓ Conduct workshops on empathy, active listening and explaining complex information clearly.

Develop a feedback and complaint resolution system:

- ✓ Create a clear, accessible process for individuals to file complaints.
- ✓ Ensure the system allows anonymity and protects against retaliation.
- ✓ Educate staff about their role in supporting the complaint process.
- ✓ Inform service users of their rights and how to access the system.
- ✓ Set defined timelines for acknowledging, investigating and resolving complaints.
- ✓ Ensure clear communication with the complainant throughout the process.
- ✓ Maintain a database to monitor complaint trends and identify areas for improvement.
- ✓ Use data to refine policies, staff training and care practices.
- ✓ Integrate technology: Use digital tools (e.g., secure portals for feedback or online consent forms) to enhance efficiency and accessibility.

Use accessible language:

- ✓ Avoid medical jargon; use plain, clear language.
- ✓ Provide written materials, infographics or videos to supplement verbal explanations.

Tailor communication to the individual:

- ✓ Consider language preferences, literacy levels and cultural contexts.
- ✓ Offer interpreters or cultural mediators when needed.
- ✓ Allow time for questions and discussion.
- ✓ Create space for individuals to ask questions and express concerns.
- ✓ Encourage collaborative engagement between staff and service users by exploring their values and preferences.

Encourage stakeholder participation:

- ✓ Actively involve service users, their families and staff in governance processes, such as policy development and service evaluations.

Monitor and evaluate governance effectiveness:

- ✓ Conduct periodic reviews of governance structures and decision-making processes.
- ✓ Use external experts to provide objective assessments when necessary.

Amy's case: Promoting transparency and accountability in mental health services

Amy, a 27-year-old woman, is prescribed medication by her psychiatrist to manage her mental health. However, after experiencing severe side effects, she feels that the potential risks and available alternatives were not clearly explained to her beforehand. Feeling frustrated and unsure how to voice her concerns, Amy contacts a service user advocacy organisation for support. With their help, Amy shares her experiences with her clinic, prompting them to reassess their approach to communication and accountability.

The clinic recognises that gaps in informed consent and complaints handling contributed to Amy's negative experience. Feedback from Amy, along with insights from advocacy organisations and other service users, highlight the need for immediate improvements to ensure service users are fully informed and empowered to engage in their care. To address this, the clinic implements mandatory informed consent protocols requiring clinicians to clearly explain the benefits and risks of, and alternatives to, treatments in accessible language and formats. This ensures all service users can make educated decisions about their care.

To strengthen transparency further, the clinic establishes a clear and accessible complaints system. Service users are provided with multiple channels to voice concerns, including online forms, direct advocacy support and confidential submissions. These mechanisms are designed to be user-friendly, giving individuals like Amy confidence that their feedback will be taken seriously. To ensure fairness, a multidisciplinary oversight committee is introduced to review complaints promptly and use service user input to drive meaningful improvements.

Recognising the importance of trust, the clinic also enhances staff training on communication and transparency. Practitioners receive guidance on fostering open discussions with service users, actively listening to their concerns, and ensuring decisions align with informed choice principles. A service user-led advisory board is established, allowing service users like Amy to contribute their insights to shape clinic policies and governance. This ensures that service user voices are not just heard but embedded in decision-making processes.

To reinforce accountability and demonstrate their commitment to continuous improvement, the clinic begins publishing annual reports detailing treatment outcomes, service user feedback and trends in resolving complaints. By openly sharing performance data, they prioritise transparency and maintain high standards of care.

Through these changes, Amy – and others in similar situations – experience a more respectful and transparent mental health service. Amy's advocacy leads to lasting improvements that empower individuals to make informed decisions, voice concerns and actively engage in their treatment journey. The clinic's commitment to a human rights-based approach fosters dignity, autonomy and meaningful connection for all service users.

Stigma reduction

Mental health stigma refers to negative beliefs people may hold about those with mental illness, which can lead to stereotypes, prejudice and discrimination (17).

Focus Area: Creating a safe, non-discriminatory environment for all service users.

Evidence: Stigma and discrimination were reported as significant issues by service users and families, along with concerns about coercive practices.

Suggested Action: Implement anti-stigma campaigns within mental health services, train staff to reduce bias, and eliminate coercive practices through policy reform and training.

Stigma remains a persistent barrier to mental health equity, affecting service users' experiences, access to care and broader societal attitudes. Despite increased awareness campaigns, discrimination and stigma continue to undermine mental health recovery and human rights in Ireland.

Survey data from the Evidence, Consultation and Analysis Report on Mental Health and Human Rights in Ireland commissioned by the MHC indicate that stigma is a significant issue within Irish mental health services. The report notes that stigma continues to act as a significant barrier to accessing mental health care and to the full enjoyment of rights (11). When asked to what extent stigma is a problem for those experiencing mental health difficulties:

- 36% of respondents rated stigma at the highest severity level (7 on a 1–7 scale).
- 32% rated it at level 6, further highlighting the depth of the issue.

Only 0.6% believed stigma was not an issue at all, underscoring its near-universal recognition as a problem (11).

Discrimination also remains a widespread experience:

- 39% of service users reported experiencing discrimination on a daily basis.
- 43% of family members observed daily discrimination against loved ones in mental health services (11).

Stigma in mental health services is reinforced by systemic and societal factors:

- Workplace discrimination: Many individuals with mental health conditions face significant barriers to employment. Some respondents reported that workplace mental health initiatives were superficial, stating that companies hold wellness weeks but still see employees with mental health conditions as a liability (11).
- Institutional stigma: Service users and advocacy groups highlight that stigma is often reinforced within mental health services themselves.
- Public misunderstanding: A lack of accurate mental health education perpetuates stigma. Many respondents stressed the need for nationwide awareness campaigns grounded in human rights principles (11).

Stigma was identified as a persistent and pervasive issue across all stakeholder groups. When asked to what extent stigma is an issue for those living with mental health difficulties, 51% of service users ranked it as a 'big issue' (11). Similarly, 45% of mixed stakeholders and 48% of family members echoed this concern, describing stigma as a major challenge that impacts not only service users but their families and communities (11).

This stigma manifests in multiple ways. For example, respondents cited experiences of discrimination in health care settings and society, which contribute to a reluctance among individuals to seek support (11). The majority of service users reported encountering discrimination, with nearly 38.6% stating that it is experienced 'daily' (11). This highlights how stigma can compound mental health challenges, isolating individuals further from the services designed to help them.

Mental health services have a vital role to play in breaking down stigma. However, the report revealed that many service users feel unsupported in addressing stigma and discrimination. Less than half of respondents believed that service providers actively work to reduce these barriers (11). Additionally, only 7% of service users felt very empowered to lead their recovery journey and set life goals, suggesting that stigma can strip individuals of their autonomy and self-worth (11).

A lack of education and awareness among staff about the impact of stigma was also identified as a contributing factor. The report emphasised the need for targeted training to help staff recognise and challenge discriminatory behaviours. Over 50% of staff expressed a desire to better understand how to reduce stigma, violence and inequity in mental health settings (11). 74% of staff reported having learned about human rights in their engagement with mental health services, but there remains a gap in translating this knowledge into practice (11).

Stigma reduction is not just about changing attitudes – it requires systemic reform, education and policy-driven initiatives. Until mental health services, workplaces and broader society adopt a human rights-based, anti-stigma approach, individuals with mental health difficulties will continue to face discrimination. By implementing robust anti-stigma measures, Ireland can take a critical step toward a more inclusive and equitable mental health system.

Practical actions for service providers and practitioners

Organise or attend training to reduce stigma:

- ✓ Bias Awareness Training: Offer workshops to help staff identify their biases and understand their impact on decision-making.
- ✓ Cultural Competency Training: Teach staff to respect and respond to cultural, racial, gender and socioeconomic diversity. Address how systemic discrimination affects mental health and access to care.
- ✓ Trauma-Informed Care: Train staff to recognise how trauma shapes behaviour and how to respond in ways that promote healing. Emphasise empathy, non-judgement and collaborative approaches to care.

Leverage media and education:

- ✓ Create posters, videos and brochures for mental health facilities with affirming messages. Use social media to share positive narratives and challenge stigma. Host workshops, seminars or awareness days for both staff and service users.

Design an information campaign:

- ✓ Focus on key messages such as reducing stereotypes, emphasising recovery and humanising mental health struggles. Tailor the campaign to the audience (e.g., service users, families, staff or the broader community).

Use storytelling and lived experiences:

- ✓ Involve individuals with lived experiences of mental health challenges in sharing their stories. Highlight recovery journeys and contributions to society.

Celebrate positive practices:

- ✓ Highlight success stories of non-coercive interventions to reinforce their value and efficacy. Recognise staff who excel in providing respectful, autonomy-focused care.

Update policies to promote autonomy:

- ✓ Clearly state that restricted practices (e.g., forced treatment, seclusion) are a last resort and should be minimised. Require thorough documentation and justification for any coercive interventions. Set timelines for phasing out harmful practices entirely where possible.

Incorporate legal and ethical standards:

- ✓ Align policies with national laws, international human rights frameworks and best practices in mental health care. Ensure policies respect individuals' rights to informed consent, refusal and dignity.

Engage service users as advocates:

- ✓ Form a peer advocacy group to co-design and lead the campaign. Ensure diverse representation to reflect different cultural, gender and age perspectives.
- ✓ Involve people with lived experience in drafting and reviewing policies. Use focus groups and advisory boards to ensure policies reflect diverse perspectives.
- ✓ Partner with schools, employers and community organisations to expand the reach of the campaign.

Monitor impact:

- ✓ Measure changes in attitudes using surveys before and after the campaign. Use feedback to refine messages and strategies.

Create feedback mechanism:

- ✓ Allow service users and families to report concerns about bias, stigma or coercion anonymously.

David's case: Tackling stigma to create a safe and welcoming environment

David, a 22-year-old LGBTQIA+ student, reaches out to a mental health clinic in Ireland for support with symptoms of anxiety. During their first visit, they overhear staff using stigmatising language while discussing service users. The conversation deeply unsettles David, leaving them feeling ashamed and hesitant about seeking further help. They begin to question whether they will be treated with respect and whether their identity will be recognised and valued.

Determined to address these concerns, David raises the issue directly with the clinic's director. The director listens attentively, recognising the harm caused by stigma and the urgent need to create a safe, inclusive and supportive environment for all service users, including those from marginalised groups such as the LGBTQIA+ community. David's bravery in highlighting these issues prompts the clinic to reassess its practices and take immediate steps to strengthen its commitment to dignity, inclusion and stigma-free care.

To ensure that disrespectful behaviour is eliminated, the clinic introduces a zero-tolerance policy prohibiting stigmatising language or actions. All staff are required to uphold respectful communication standards, reinforcing the principle that every service user deserves compassionate and equitable treatment. As part of this initiative, staff members undergo comprehensive training to challenge unconscious biases, address harmful stereotypes and foster empathy. This training incorporates lived experience narratives from LGBTQIA+ individuals and others, helping staff understand the real-life impact of stigma on mental health and wellbeing.

To further promote inclusivity, the clinic launches peer-led initiatives and educational campaigns to encourage open conversations about stigma, mental health and respect for diverse identities. Posters, digital resources and other visual materials are displayed throughout the facility, reinforcing messages of recovery, inclusion and equality. These efforts aim to create an environment where all service users, including LGBTQIA+ individuals, feel safe and welcomed.

Recognising the importance of accountability, the clinic implements a confidential reporting system that allows service user and staff to raise concerns about stigma or discrimination without fear of judgement. Staff performance reviews are updated to include assessments of stigma-reduction efforts, ensuring respectful communication remains a priority across all levels of care. Additionally, leadership actively models inclusive language and respectful interactions, cultivating a culture that values diversity and promotes trust.

A service user advisory board is established, including representation from the LGBTQIA+ community and other marginalised groups, to ensure service user voices are fully embedded in clinic governance. This advisory board works collaboratively to influence policies, strengthen inclusivity and uphold dignity for all service users.

As a result of these changes, David – and others like them – experience a welcoming and compassionate mental health service. Their efforts lead to lasting improvements that empower service users to access care confidently, knowing they will be treated with understanding, dignity and respect. By prioritising equality and inclusion, the clinic demonstrates its commitment to a human rights-based approach, fostering a safe and supportive environment for all.

Putting RIGHTS into practice

To illustrate the practical application of the RIGHTS framework, the following scenario brings each principle to life. It presents a comprehensive example of how services can uphold an individual's rights through respectful, inclusive, and person-centred care. By integrating all six components of the framework, this case demonstrates how RIGHTS can effectively inform everyday decision-making within mental health settings.

Angela's case: Upholding and embedding human rights in an acute mental health setting

Angela is 34 and has been in the Acute Mental Health Unit for 12 days under involuntary admission. She was admitted after disengaging from her GP and community mental health team following discharge two months ago. She had stopped taking medication and there were concerns for her safety.

She has been admitted involuntarily three times in the past two years. She does not believe she has a mental illness or needs medication.

Since admission, Angela has repeatedly refused medication and physical observations, and her dietary intake has been poor. She has reported feeling unsafe after perceived racist comments from other patients. Staff are concerned about her physical health, her self-care, and suicidal ideations. Her consultant hopes to arrange psychosocial supports and help with a housing change, as her current living situation is a source of stress.

Practical actions using the RIGHTS framework

R Respect for autonomy

- Offer Angela clear, jargon-free explanations of her care plan and any proposed treatments.
- Share the Know Your Rights booklet to support her understanding and informed decision-making.
- Give her time and space to ask questions and express preferences.
- Agree small, achievable goals together, such as trying one support activity or meeting with a specific staff member she trusts.

I Inclusion and accessibility

- Offer to arrange for an independent advocate to meet Angela and attend care planning meetings with her.
- Provide written summaries of discussions so she can review them in her own time.
- Direct her to relevant resources on the Mental Health Commission website that explain her rights and options in accessible formats.

G Guarantee of dignity

- Investigate alleged racist comments.
- Offer Angela a private, quiet space when she feels unsafe or distressed.
- Use respectful, non-judgemental language in all interactions and documentation.

H Holistic and person-centred care

- Link Angela with the social worker to explore housing options and community supports.
- Offer regular sessions with psychology to address trauma and coping strategies.
- Support her to eat and drink regularly, and encourage gentle activities.

T Transparency and accountability

- Keep Angela informed of any changes to her care plan and the reasons for them.
- Document all decisions and share this record with her if she wishes.
- Use tools like the Know Your Rights booklet to help her understand the rationale behind decisions and how to raise concerns.

S Stigma reduction

- Address discriminatory behaviour from patients.
- Provide ward-based education sessions to promote understanding of trauma and mental health.
- Highlight Angela's strengths and progress in team discussions and with her directly.
- Link Angela in with a peer-support worker with similar experiences so she feels supported.

Section 3

Taking Action Against Human Rights Violations

As a human rights-based practitioner, you may come across situations where service users are treated in a way that does not respect their human rights. You might witness this yourself, or a service user or their family member, friend or carer may share their concerns with you about an incident or ongoing issues.

Depending on how serious the issue is and the culture in your workplace, it may be possible to resolve it internally through education, training and discussions between management and staff. This ensures everyone understands their responsibilities regarding human rights and that there are systems in place to monitor compliance. The 2024 UN Disability Convention underscores the importance of addressing rights violations proactively. Mental health services must establish clear pathways for raising concerns, ensuring that service users and staff can report potential human rights breaches confidentially and without fear of reprisal. These systems should focus on remedies that restore autonomy and dignity to affected individuals.

If you believe a human rights violation is happening and it cannot be addressed in your immediate workplace, or if you don't feel safe or supported in raising it internally, there are ways to report your concerns to higher authorities.

Complaints

Please note that the Mental Health Acts do not provide a function for the MHC to investigate complaints made against a mental health service, but we can point you in the right direction. If you require information about making a complaint to a relevant service, please click here. Mental health services must establish transparent and user-friendly processes that empower individuals to voice their concerns without fear of reprisal. In line with Regulation 31 of the Approved Centres (AC) Regulations, approved centres are required to have complaints procedures in place. These procedures should provide clear guidance on how to file complaints, outline what individuals can expect during the investigation process, and explain how outcomes will be communicated.

Protected disclosures

Under the Protected Disclosures Act 2014, as amended by the Protected Disclosures (Amendment) Act 2022, the MHC has policies to help workers in mental health facilities report issues. A protected disclosure lets a worker report concerns about suspected wrongdoing or potential harm to the MHC. This applies when a worker believes the actions of a staff member or the service are harming the health or welfare of service users. You should use this process if the situation is urgent or if the service fails to act or tries to cover it up. You can find the full policy on the MHC website.

Complaints and disclosures related to the Assisted Decision-Making (Capacity) Act 2015

There is also a distinct statutory function under the 2015 Act to make complaints in relation to decision supporters or decision support arrangements, which you can find on the Decision Support Service website.

Although raising concerns may be intimidating or staff might worry about wasting time or causing trouble, it is important to remember that under a human rights approach to service delivery, we all have a duty to speak up. Staff should act as defenders of service users' rights.

Training resources

The MHC has developed an online training module to reinforce the guidance in this document and support the establishment of a human rights approach to mental health service provision. The training contains many practical, evidence-based examples and tools that can be used to support the adoption and implementation of a human rights-based approach to mental health care and treatment and can be accessed on HSeLanD.

The WHO QualityRights eTraining is an online course created by the World Health Organization (WHO) to promote human rights and quality care in mental health services. It provides training on understanding and applying human rights principles in mental health care settings, focusing on improving the quality of services while ensuring that the rights and dignity of people with mental health conditions are respected.

The course covers key topics such as:

Human rights principles: This helps people working in mental health services understand basic human rights, including non-discrimination, dignity and participation in decision-making.

Quality mental health services: This teaches how to provide mental health care that is safe, respectful and effective.

Promoting a recovery-oriented approach: This emphasises recovery as an individual journey, encouraging mental health services to focus on the strengths and potential of individuals.

This training is highly relevant for mental health services in Ireland because it aligns with the growing shift toward a human rights-based approach in mental health. In practice, this means ensuring that mental health care is more than just treatment; it's about upholding the rights of individuals, involving them in their care decisions, and providing services that empower and support people rather than control or stigmatise them.

For Irish mental health services, adopting the principles from the WHO QualityRights eTraining can help move away from outdated, paternalistic practices and toward a more person-centred, rights-respecting system. It also helps mental health professionals align their practices with national and international human rights standards, contributing to a more ethical and compassionate approach to care.

HSeLanD, the HSE's online learning platform, offers a wide range of training programmes that support a rights-based approach to health and social care. These courses reflect the HSE's broader commitment to equality, inclusion, and the protection of human rights across services. Staff are encouraged to engage with these resources to strengthen their understanding and application of human rights in everyday practice.

Key human rights-related training programmes available on HSeLanD include:

- Introduction to Human Rights in Health and Social Care - Applying a Human Rights-based Approach in Health and Social Care: Putting national standards into practice.
  - A comprehensive e-learning course developed by HIQA, focusing on the practical application of human rights principles in health and social care settings. It covers communication, decision-making, and dignity in care.
- Assisted Decision-Making (Capacity) Act 2015
  - Three modules designed to support staff in understanding their responsibilities under the Act and promoting supported decision-making.
- National Standards for Adult Safeguarding: Putting the standards into practice
  - A module designed by HIQA and the MHC to support front-line staff to understand and implement the National Standards for Adult Safeguarding.
- HSE Human Trafficking Awareness Training
  - A module aimed at increasing awareness of human trafficking, relevant legislation, and the HSE's role in prevention and response.
- Intercultural Awareness eLearning Programme
  - A four-part course that promotes understanding of ethnic, cultural, and religious diversity, and helps prevent harm caused by unconscious bias.
- HSE - Pronoun Awareness Training
  - Focused on respectful pronoun usage to foster LGBTIQ+ inclusive environments.
- LGBT+ Awareness and Inclusion: the basics
  - A module to raise awareness of the needs and experiences of LGBT+ individuals in healthcare settings.
- Mental Health Commission Practical Guidance for LGBTQIA+ mental health care
  - A training resource developed by the MHC to support inclusive, affirming care for LGBT+ service users in mental health settings.
- Equality and Human Rights in the Public Service
  - A broader overview of equality and human rights principles for public bodies.

Conclusion

This guidance introduces key concepts, including human rights principles and instruments, as well as practical guidance for embedding a human rights approach in mental health services.

Key messages

1. **Human Rights in Mental Health** – Mental health services must prioritise dignity, autonomy and equitable treatment for all individuals. Service users should have the same rights as anyone else, including access to quality care without discrimination or coercion.
2. **Legal and Ethical Frameworks** – Ireland's mental health services must follow national and international laws, including the Irish Constitution, the Mental Health Acts, the Assisted Decision-Making (Capacity) Act 2015 (as amended), the European Convention on Human Rights and the UN Convention on the Rights of Persons with Disabilities.
3. **The RIGHTS Framework** – A practical approach for mental health services based on:
   - **Respect for Autonomy** – Individuals must have the right to make informed choices about their care.
   - **Inclusion and Accessibility** – Services must be inclusive, ensuring all individuals can access appropriate services and care.
   - **Guarantee of Dignity** – People must be treated with respect, and their rights must be protected.
   - **Holistic and Person-Centred Care** – Treatment must address the person's overall wellbeing, not just symptoms.
   - **Transparency and Accountability** – Clear communication and oversight must ensure ethical and effective care.
   - **Stigma Reduction** – Mental health services must actively challenge discrimination and stigma.
4. **Training and Policy Changes** – Mental health professionals should receive training on human rights, trauma-informed care and cultural sensitivity. Organisations must update policies to align with international best practices.
5. **Addressing Rights Violations** – Service providers must identify and address human rights breaches. Staff should report concerns through appropriate channels, including internal complaint procedures, the MHC and legal frameworks for protected disclosures.

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