

**Mental Health  
Promoting Rights, Fighting Stigma  
A Multi-Country Project**

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## **Mental Health Promoting Rights, Fighting Stigma**

AIFO started the implementation on community mental health over two years ago, through the contribution of the European Union and the technical support of a high number of partners ranging from the World Health Organization to Disabled People International. The work done in Liberia on Community Based Rehabilitation (CBR) and mental health is part of this programme, which also targets Indonesia, Mongolia and Brazil, countries where AIFO's presence is well rooted through either CBR or health programmes.

The two main trajectories of the project are human rights and community mental health. The work on human rights is crosscutting to all AIFO activities, since AIFO's mandate as health NGO is to apply a human rights based approach to health. A human rights based approach to healthcare implies that people with mental health conditions are seen in first place as subjects of rights: right to quality accessible healthcare; right to live their lives in a safe and favorable environment. Mental health is the most neglected area of healthcare and mental illness is everywhere associated to a very resilient type of stigma that has to do with dangerousness, and aggressiveness. In the Liberian contest, stigma attached to mental illness takes a particular form and is often associated to witchcraft and possession. Mental illness is therefore sometime perceived as a condition that has to do with the world of spirits, the result of a possession or of an open channel (open mole) where bad thoughts and spiritual entities can enter, causing confusion and delusions; accordingly, if the mentally ill is possessed by bad spirits, then mental illness is an evil condition.

It must be said that every culture of the world develops different explanatory models when it comes to mental illness and most of them resort to the world of spirits; in all the target countries of the programme, traditional beliefs and superstitions create false images about the mentally ill; the construction of myths in turns results in stigma and discrimination; in many cases the direct result of these constructions are human rights violations ranging from unnecessary physical restraint (the use of chains for instance) to sexual violence or even killing.

Sadly, communities are not the only inhospitable places for the mentally ill since everywhere in the world many human rights violations take place within the same health services that should provide treatment and support: lack of access to quality services and medications; forced admissions; physical restraint are among the most common violations. AIFO supports the view, already embraced by many governments, including the Government of Liberia, that mental health services should be provided as close as possible to the person to ensure that his/her ties with the community and family are not broken because of the illness and to allow the full enjoyment of his/her social rights. Accordingly, AIFO is promoting community mental health systems rather than hospital based models.

**In Liberia**, our work on human rights and community mental health consists of a wide range of activities implemented in Margibi, Bong, Nimba, River Gee and Maryland: training of field workers and health professionals to build their capacity to recognize and prevent human rights violations both in the communities and within the health system; a protocol of intervention that links the CBR field workers deployed in the communities with the local mental health services to ensure that the first identification and assessment is done at the community level and that a follow up and a human rights monitoring system is in place in the community for those clients who are under treatment or have been hospitalized and then discharged. The community mental health interventions are complemented by awareness raising activities, such as community talks on the theme of mental illness to make Liberian communities hospitable places also for those who are facing mental illness.

**In Mongolia**, the programme focuses on the establishment of self-help groups of people with mental health conditions; training of family doctors on mental health skills to promote the integration of mental health into primary health care, workshops on human rights and community mental health for mental health and primary health care professionals.

**In Brazil**, the activities consist of training for users, families and professionals on human rights and mental health services quality standards; the project has therefore established a platform of users, families, civil society and professionals who is engaged in a participative assessment of quality and human rights standards in two mental health hospitals in Salvador de Bahia.

**In Indonesia**, activities focus on training healthcare and CBR professionals on mental health skills. One of the key messages has to do with abandoning a very widespread practice in Indonesia: the so called *pasung*, namely the physical restraint of the mentally ill in the community through chains and locks.

Different settings, different activities but one goal: promoting the rights and improve the lives of people living with mental illness.

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