

# Creation Of The ITHACA Toolkit To Monitor General Health And Human Rights In Mental Health And Social Care Facilities

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## Abstract

People in social care and mental health facilities frequently experience human rights abuses. International human rights law must be followed by governments and private institutions that offer these health and social services. It is becoming more widely acknowledged that monitoring such compliance is essential to guaranteeing that rights are upheld and that violations are exposed, addressed, and avoided.

**Aims:** In order to prevent human rights violations and enhance general health care practices in psychiatric and social care institutions, the Institutional Treatment, Human Rights and Care Assessment (ITHACA) project developed a way to record violations and best practices.

**In Conclusions:** The ITHACA Toolkit, which specifically calls for service users' involvement in the monitoring of human rights violations and general health care practices, is a valid and workable approach for the systematic monitoring of human rights and general health care in psychiatric and social care facilities.

**Keywords:** Public Health, Social care facilities, Mental health, ITHACA Toolkit.

## Introduction:

According to the (World Health Organization, 2005) many people with disabilities related to mental illness have little to no access to supportive systems that offer talking therapies, medication, and/or social assistance. Many people with these disabilities live in circumstances that are outside the local, national, or international communities' sphere of influence, despite the fact that they are hard to define. This Convention employs a social model of disability, which views disability as one variation on the spectrum of human experiences rather than something that a person embodies, and it represents a paradigm shift in the way that human rights for people with disabilities are viewed.

The regulatory agencies in every European nation differ greatly and are outside the purview of this essay. Nonetheless, there are a number of systems in place throughout Europe to keep an eye on and record the human rights of those residing in mental health and social care facilities, including the right to health (Bartlett et al. 2006; Council of Europe, 2009). The effectiveness of these mechanisms and the coverage of social care and psychiatric facilities are not well documented (Niveau, 2004). A number of landmark cases concerning human rights abuses in mental hospitals have been decided by the European Court of Human Rights.

The need to increase the efficacy of independent human rights monitoring is now evident. According to Paul Hunt, the former UN Special Rapporteur on the right of all people to enjoy the best possible standard of physical and mental health, these human rights violations can thrive behind closed doors due to inadequate oversight of psychiatric facilities and nonexistent or weak accountability systems (Hunt, 2005; Hunt & Mesquita, 2006).

## Development of a toolkit :

The following essential standards are used by this framework to track how well rights are being upheld, respected, and realized. Availability investigates whether the service or program is accessible to all members of the public. Accessibility examines whether it is economically viable for the typical customer or client and whether it is easily and conveniently accessible from a given location. It also assesses whether the program's or service's information is openly accessible and free of discrimination. Acceptability also looks into whether these programs or services are suitable, culturally friendly, and acceptable to people of all races, ethnicities, religions, sexes, sexual orientations, and other prohibited discriminatory categories. The last section investigates the quality of these programs and how it is assessed, tracked, and measured over time.

### **Making Use of the Toolkit:**

A guide to the ITHACA Toolkit prompt questions, the prompt questions for monitoring visits, the purpose of conducting human rights monitoring, the definition of human rights, the definition of general health care, the principles and methods of human rights monitoring, the steps involved in conducting human rights monitoring, and the goals of the toolkit are all covered in the nine sections.

The toolkit is designed for human rights monitoring teams, which ought to consist of a health care professional, a service user, and someone with experience in human rights. According to the toolkit, human rights monitoring necessitates knowledge of international human rights standards, the different subjects to be covered, institutional information gathering techniques, and the fundamentals of human rights monitoring, such as consistent monitoring, proving one's independence from the service being visited, avoiding harm, and gathering reliable data (Trotter et al. 2001).

### **Concerns about general health:**

Regarding the makeup of the monitoring teams, participants believed that service users should be included because of the distinct viewpoint that their experiences in psychiatric services provide. This was especially true when talking about general health care. There are numerous instances in the course of one's entire therapy and as a result of medication where one must sit for an extended period of time." This is another factor contributing to the tendency for many patients to gain weight. This, in my opinion, is not a given. One should, in my opinion, watch out for physical activity or sports of some kind. Additionally, I believe that gaining weight is detrimental and that it is required for the therapy ( Sayce & O'Brian, 2004).

### **Recommendations:**

Another drawback of the toolkit's development is that the training session only covered human rights; it did not cover the toolkit's general health care component, whose content was decided upon later. Additionally, it is frequently the case that a limiting factor is the lack of data, such as when important personnel are unavailable for interviews on the day of the monitoring visit or when documentation is inadequate or missing.

### **Based on the ITHACA staff's data collection experience, we advise EU member states to:**

- (1) align laws and policies to comply with the CRPD.
- (2) make sure that all programs and facilities intended for people with disabilities are adequately overseen by impartial authorities.
- (3) Assure the full participation and involvement of individuals with disabilities and the organizations that represent them in the monitoring process.
- (4) Make sure that individuals with disabilities and the organizations that represent them are actively involved in the creation and execution of laws and regulations that implement the CRPD.
- (5) Ensure that resources are made available to ensure high-quality general health care and to fully implement the CRPD, for instance through the progressive development of community-based services.

## We advise service users, caregivers, and family members to:

- (1) report known and observed human rights abuses.
- (2) Work together with governments, non-governmental organizations, international organizations, and monitoring groups to participate in and obtain access to monitoring institutions.
- (3) Make certain that the people who can implement changes to policy and/or care delivery are informed of the findings of the monitoring visits.
- (4) Appeal to regional, governmental, and global entities to uphold, defend, and fulfill human rights.

## Conclusion:

The ITHACA Toolkit, which specifically calls for service users' involvement in the monitoring of human rights violations and general health care practices, is a valid and workable approach for the systematic monitoring of human rights and general health care in psychiatric and social care facilities. The ITHACA Toolkit's development and early implementation stages have demonstrated that the CPRD can serve as the foundation for a workable approach to data collection about the human rights of individuals with mental health issues. This approach can be effectively implemented in institutions to collect, compile, and report on particular good and poor practices that can serve as a roadmap for improving mental health services.

## References:

1. Bartlett P, Lewis O, Thorold O (2006). *Mental Disability and the European Convention on Human Rights*. Martinus Nijhoff: Leiden.
2. Hunt P, Mesquita J (2006). Mental disabilities and the human right to the highest attainable standard of health. *Human Rights Quarterly* 45, 332–356
3. Killaspy H, King M, Wright C, White S, McCrone P, Kallert T et al. Study protocol for the development of a European measure of best practice for people with long term mental health problems in institutional care (DEMoBinc). *BMC Psychiatry* 2009, 9–36.
4. Killaspy H, White S, Wright C, Taylor TL, Turton P, Schutzwahl M et al. The development of the Quality Indicator for Rehabilitative Care (QuIRC): a measure of best practice for facilities for people with longer term mental health problems. *BMC Psychiatry* 2011, 11–35.
5. Niveau G (2004). Preventing human rights abuses in psychiatric establishments: the work of the CPT. *European Psychiatry* 19, 146–154.
6. Sayce L, O'Brian N (2004). The future of equality and human rights in Britain – opportunities and risks for disabled people. *Disability and Society* 19, 663–667.
7. Trotter R, Needle R, Goosby E, Bates C, Singer M (2001). A methodological model for rapid assessment, response and evaluation: the RARE Program in public health. *Field Methods* 13, 137–159.
8. Thornicroft G, Alem A, Antunes Dos SR, Barley E, Drake RE, Gregorio G, Hanlon C, Ito H, Latimer E, Law A, Mari J, McGeorge P, Padmavati R, Razzouk D, Semrau M, Setoya Y, Thara R, Wondimagegn D (2010). WPA guidance on steps, obstacles and mistakes to avoid in the implementation of community mental health care. *World Psychiatry* 9, 67–77
9. World Health Organisation (2012). *WHO Quality Rights Tool Kit*. WHO, Geneva.