

A person is holding a rectangular frame against a cloudy sky background. The frame is empty, and the person's hands are visible on the left and right sides. The text is overlaid on the frame.

I'm Not Invisible:

A vision of rights-centered practice

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Introduction

Overview

- Define human rights-aligned healthcare
- Utilize my study as a case story
- Examine psychiatric distress within a societal context
- Discover examples of rights-aligned mental health care from across the world



What are human rights?

Human rights are the fundamental freedoms everyone should have, including people using services and staff. They ensure fair, respectful, equal, and dignified treatment, allowing people to have a say in their lives and participate in decisions about their care. It's within the duty of care providers to uphold these rights for everyone involved.

Everyone is born with human rights, regardless of their identity, origin, or status. While legal restrictions may sometimes limit how these rights are exercised, they cannot be taken away.

Why are human rights important in your work?

There's a growing focus on human rights, empowerment, and choice in health and social care. This shift calls for moving away from a paternalistic approach to one that integrates human rights into every aspect of care. Adopting a human rights-based approach ensures that care is compassionate, effective, and respectful of everyone's inherent rights.



UN Universal Declaration of Human Rights

Adopted: December 10, 1948

1. We are all born free and equal
2. Everyone has rights despite differences
3. All have the right to live, and live in safety
4. No one may enslave you
5. No one may torture you
6. You have rights no matter where you travel
7. All are equal before the law
8. Human rights are protected by law
9. No one should be unfairly detained
10. All have a right to a fair trial
11. All accused are innocent until proven guilty
12. All have a right to privacy
13. All have the right to move freely
14. All may enjoy asylum from persecution
15. All have a right to nationality
16. All may marry and establish families
17. All may own property
18. All may think freely, including religion
19. All may freely express opinions
20. All may assemble peacefully
21. All may participate in governing
22. All have rights to dignity and social protections
23. All have free choices of employment
24. All have rights to rest and leisure
25. All have the right to an adequate standard of living
26. All have a right to education
27. All have rights to intellectual property
28. All have the right to a world that enables and protects rights
29. All rights have responsibilities and can only be limited when infringing on others' rights
30. No one can take away your human rights

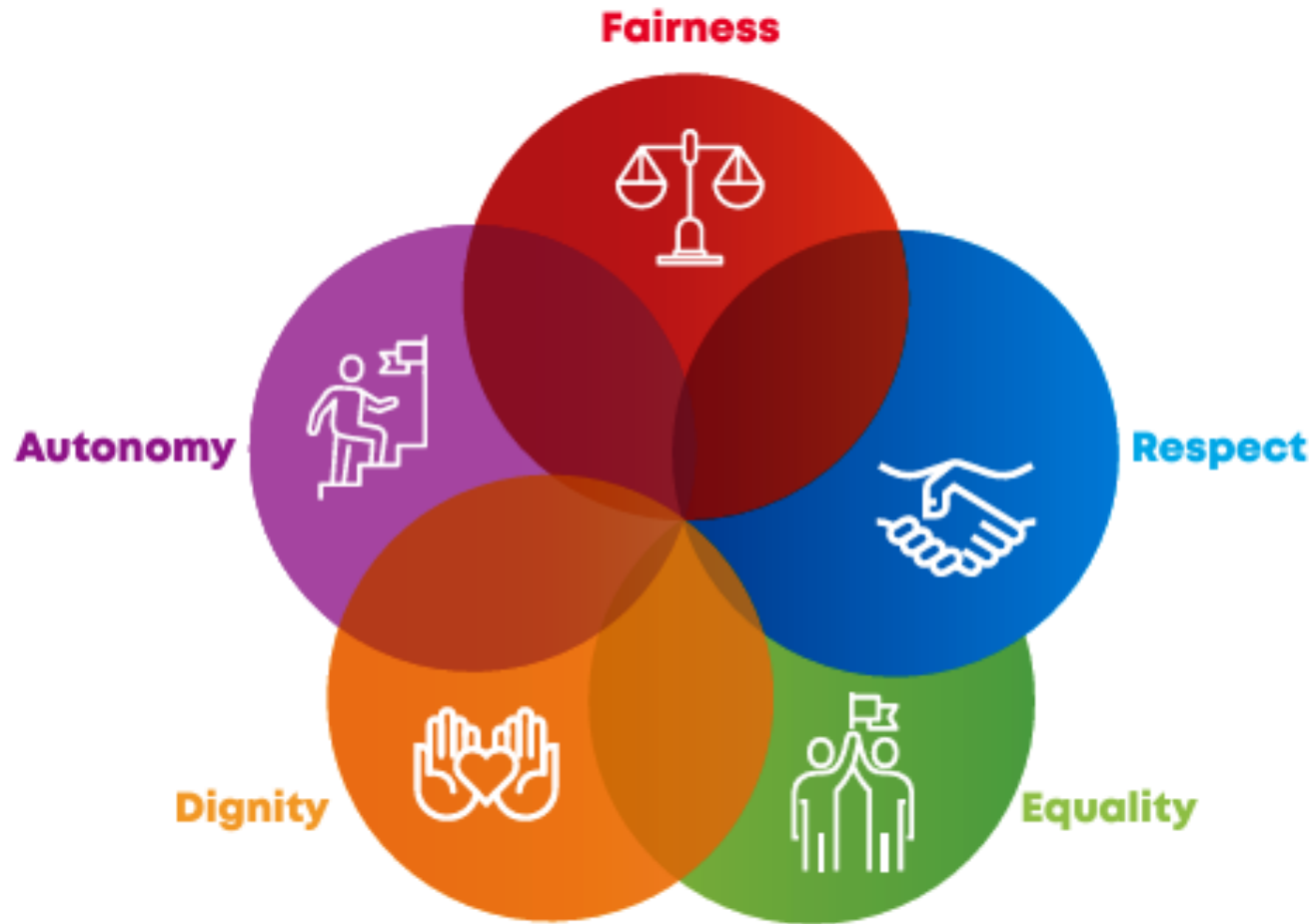
UN Convention On The Rights Of Persons With Disabilities (CRPD) (2006)

Basic Principles

- a. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- b. Non-discrimination;
- c. Full and effective participation and inclusion in society;
- d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- e. Equality of opportunity;
- f. Accessibility;
- g. Equality between men and women;
- h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.



<https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>



FREDA Principles

Curtice M, Exworthy T.
FREDA: a human rights-
based approach to
healthcare. *The Psychiatrist*.
2010;34(150-156).

A dark, abandoned hospital hallway with a gurney in the foreground and peeling walls. The scene is dimly lit, with a heavy shadow cast over the entire image. The walls are heavily damaged, with large sections of peeling paint and exposed concrete. A metal gurney with a white sheet is positioned in the center of the hallway. The floor is covered in dust and debris. In the background, a doorway is visible, leading to another room. The overall atmosphere is one of neglect and desolation.

A History of Human Rights Violations



Moral Treatment





Talking the talk,
not walking the
walk



Early intervention

- How do the founding principles of the early intervention movement align with human rights-aligned practices
- How could early intervention be criticized according to human rights principles?



My story



My story



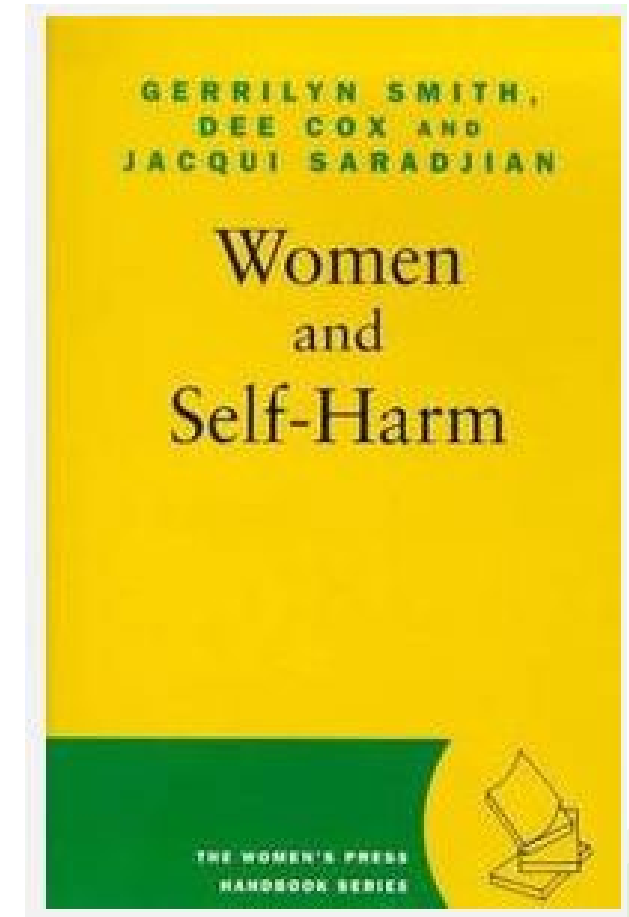
A dense, top-down view of a large number of various pills and capsules. The pills are in many different colors including red, blue, yellow, green, pink, orange, and white. They also have various shapes: round, oval, and capsule-shaped. Some have markings like a cross or a score line. The text "The lost years" is overlaid in the center in a white, sans-serif font.

The lost years

A feminist breakthrough

“In our culture women are often taught how to manage other people’s feelings at the expense of managing their own, whereas men are taught to manage their own feelings at the expense of others. In particular, being angry has often been deemed ‘unfeminine’ and yet one of the most powerful responses to trauma is anger. Anger is a reasonable response to unreasonable events.

In a distorted way, to injure oneself could be seen as morally superior to injuring others, no matter how injurious those others may have been towards us; by directing anger inwards towards ourselves, we successfully protect others from the full fury of our anger.”





Overstretched/
Underfunded
MH system

Racism

Biomedical
Dominance

Defective
Chemical-
imbalance
Mental Patient
Foster Kid
Abused
Neglected

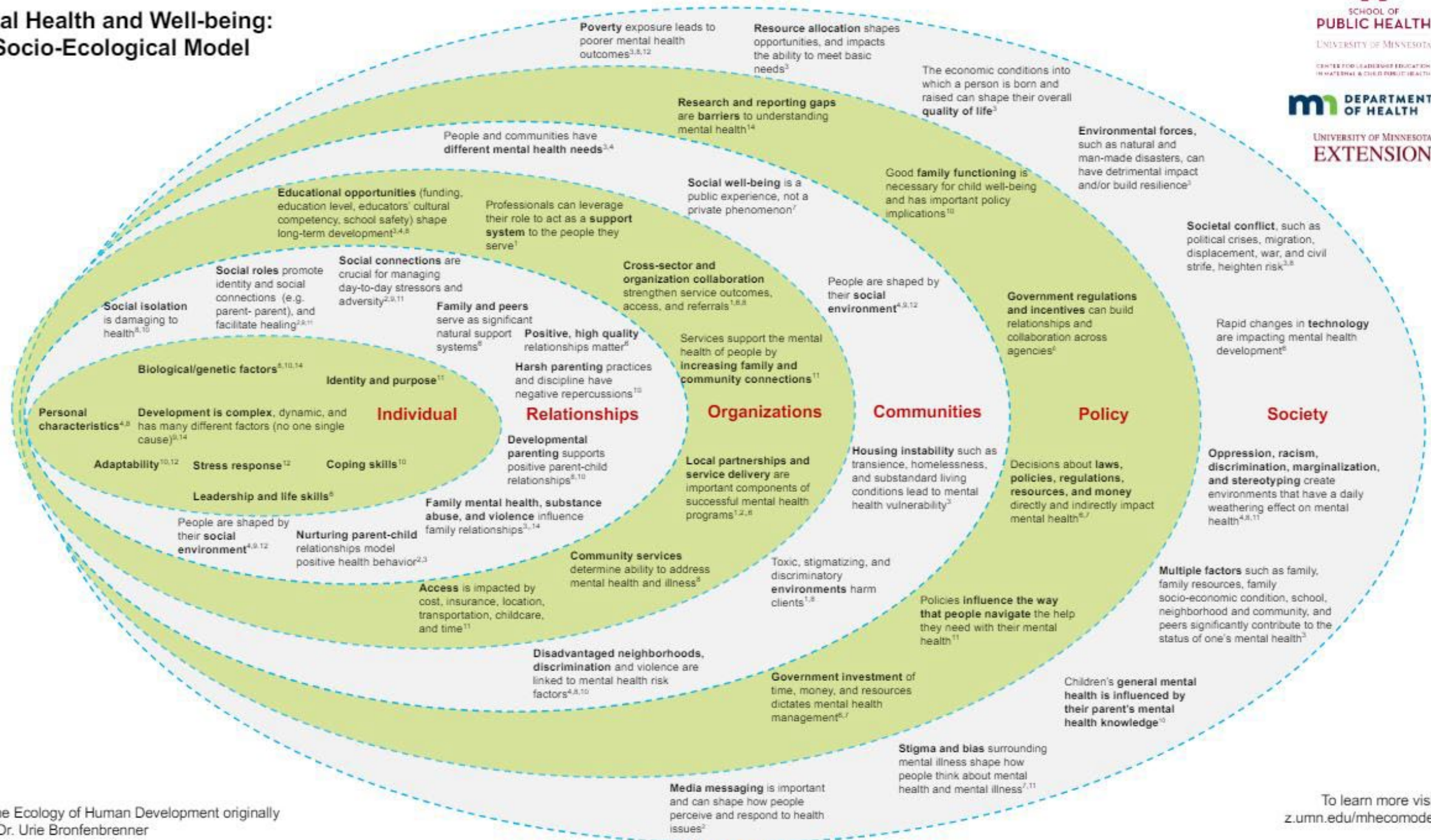
Sexism

Stigma/
Low Expectations

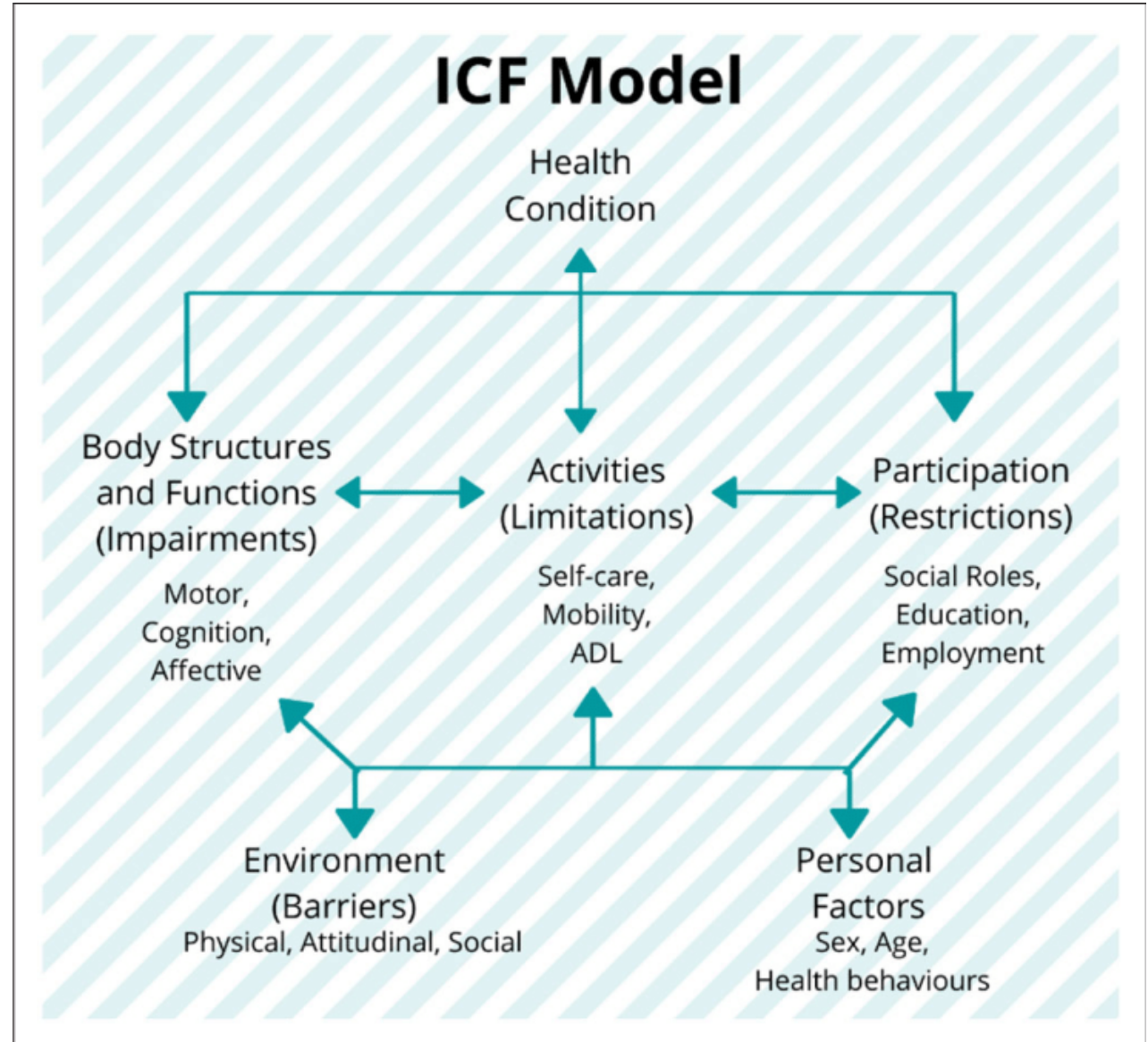
Ableism

Capitalism

Mental Health and Well-being: A Socio-Ecological Model

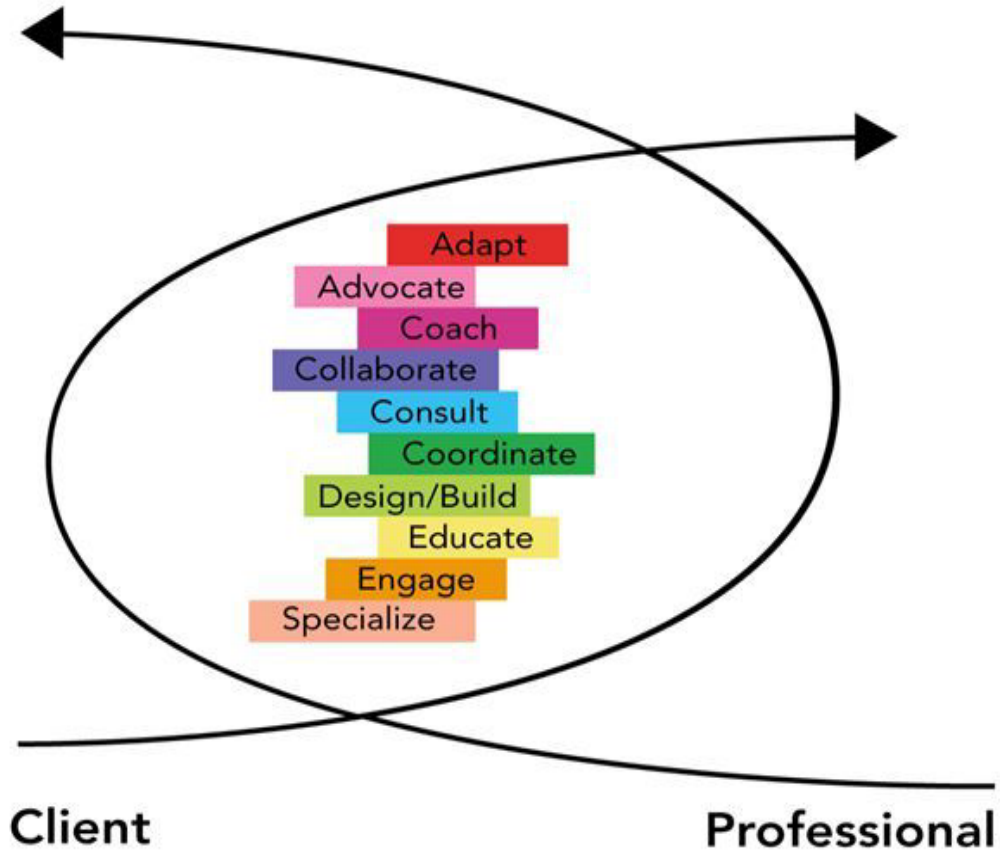


International Classification of Functioning, Disability and Health



Occupational Therapy Enablement Skills....

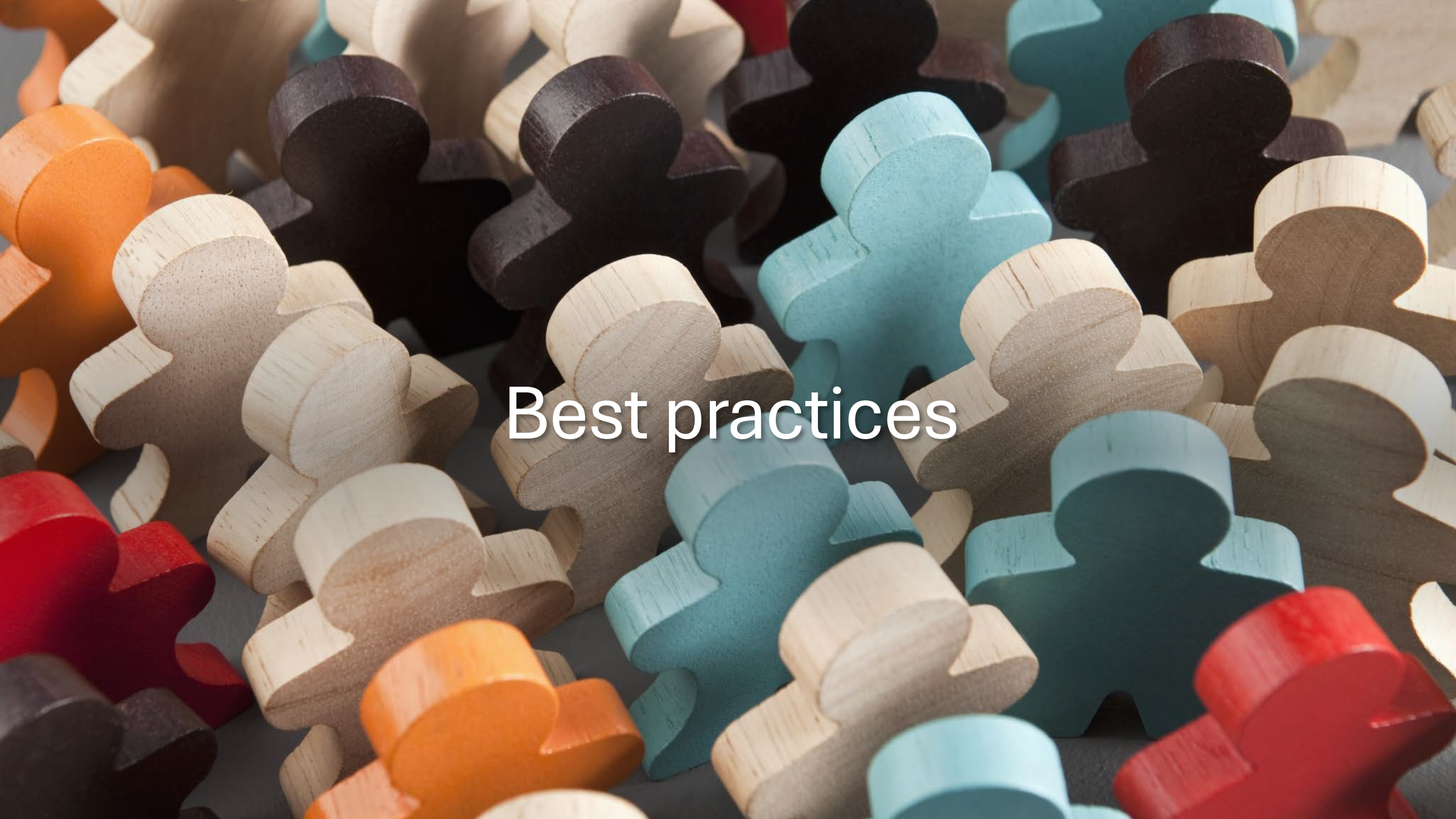
Figure 4.3 Canadian Model of Client-Centred Enablement (CMCE)



Townsend, E. A., Polatajko, H. J., Craik, J., & Davis, J. (2007). Canadian Model of Client-Centred Enablement. In E. A. Townsend and H. J. Polatajko, *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. p. 110 Ottawa, ON: CAOT Publications ACE.

Identity

Me before	Me during	Me after
Achiever	Sick	Survivor
Promising	Dangerous	Expert
Intelligent	Not capable	Professional
Go-getter	Failure	Accomplished
Driven	A patient	Strong
Mature	Dropout	Independent
Responsible	Difficult	Change-maker

A collection of colorful wooden human figures in various colors (orange, dark brown, light wood, teal, red) scattered on a dark surface. The figures are made of wood and have a simple, stylized human shape. They are scattered across the frame, with some in the foreground and some in the background. The colors are vibrant and varied, creating a diverse and inclusive visual representation. The text "Best practices" is overlaid in the center of the image in a white, sans-serif font.

Best practices



World Health Organization Guidance on community mental health services: Promoting person-centred and rights-based approaches (2021)

WHO (2021) recognizes that a lack of psychosocial understanding in American education and mental health systems has led to “an entrenched overreliance on the biomedical model in which the predominant focus of care is on diagnosis, medication, and symptom reduction while the full range of social determinants that impact people’s mental health are overlooked, all of which hinder progress toward full realization of a human rights-based approach.”



World Health Organization Guidance on community mental health services: Promoting person-centred and rights-based approaches (2021)

Providing community-based mental health services that adhere to the human rights principles outlined in the CRPD – including the fundamental rights to equality, non-discrimination, full and effective participation and inclusion in society, and respect for people’s inherent dignity and individual autonomy – will require considerable changes in practice for all countries.



Soteria House

Description

Location: Chittenden County, Vermont (also across the word, including Switzerland, Israel,

Scope: Supported living service for individuals experiencing first episode psychosis, 5 bedrooms

Duration of stay: 3-6 months or longer

Principles

Voluntary residential care with a home-like environment
Antipsychotic use de-emphasized but available through an on-site psychiatrist

Self-expression and community – family like environment

Emphasizes personal power, and supported decision-making, non-coercive practices, non-hierarchical

Staff includes “professionals” and also peers and former residents

Crisis de-escalation without restraint or isolation

Impact

Short-term outcomes are comparable to hospitalization, and long-term outcomes are far better in symptoms, rehospitalization, social functioning and employment

High user satisfaction, effective treatment with lower levels of medication, better social and professional reintegration

The daily cost of treatment at Soteria House Vermont in 2020 was \$547, nearly one-fifth the \$2,625 per day for psychiatric hospitalization



Open Dialogue Crisis Service

Lapland, Finland



Open Dialogue

Description

Location: Keropudas Hospital, Tornio, Western Lapland, Finland

Scope: Crisis and home outreach for mental health

Eligibility

Target Population: Individuals in mental health crisis

Service Area: Serves Western Lapland region

Principles

Inclusivity: Involves family and support networks

Flexibility: Meetings at home or in the office

Empowerment: Emphasizes self-determination

Minimal Medication Use: Avoids over-reliance on medications

Impact

5-year recovery rate: 82% did not have any residual psychotic symptoms, 86% had returned to their studies or a full-time job

Positive Feedback: Users, families, and professionals report positive experiences



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