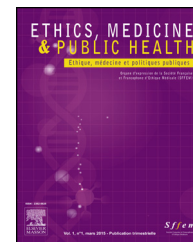




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DOSSIER ‘‘DISABILITY’’ / *Thoughts*

Inclusion as the goal of psychiatric care – Impact of the UN Convention on the Rights of Persons with Disabilities



L'intégration, but des soins en psychiatrie. L'impact de la Convention des Nations unies relative aux droits des personnes handicapées

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Summary The UN Convention on the Rights of Persons with Disabilities has a great impact on the care for persons with mental maladies, because it also protects persons with longer lasting mental impairments. Central aims and regulations of the UN convention challenge some established treatment patterns since they demand to focus strictly on the needs of the individual person, even if this might require institutional changes and additional resources. A central aim of the UN Convention is the social inclusion of all subjects with disabilities, which in psychiatry and psychotherapy includes a focus on supported decision-making and empowerment. We discuss how social inclusion with a focus on these aspects that are relevant to personal well-being and self-determination can be achieved for subjects with mental disorders. This should be achieved

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in the living environment in the community, in the work place (particularly on the regular job market), and in institutions such as homes and hospitals with in- and outpatient treatment facilities.

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MOTS CLÉS

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Résumé La Convention des Nations unies relative aux droits des personnes handicapées a un grand impact sur les soins aux personnes présentant des maladies mentales, car il protège également les personnes ayant une déficience mentale de plus longue durée. Les principaux objectifs et règlements de la Convention des Nations unies centrale contestent certains modes de traitement mis en place en exigeant qu'ils se concentrent strictement sur les besoins de l'individu, même si cela nécessite des changements institutionnels et des ressources supplémentaires. Un objectif central de la Convention est l'intégration sociale de tous les sujets ayant un handicap, ce qui en psychiatrie et psychothérapie met l'accent sur la prise de décision et la question de la responsabilité. Comment l'intégration sociale, avec la prise en compte de ces aspects pertinents pour leur bien-être personnel et leur autodétermination, peut être envisagée pour des sujets souffrant de troubles mentaux ? Ceci devrait être réalisé dans le cadre de vie de la communauté, sur le lieu de travail (en particulier sur le marché régulier du travail), et dans les établissements tels que les maisons et les hôpitaux de jour.

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Disability is a dynamically changing concept [1], and the term "disability" is used quite differently in medicine, insurance law, and social assistance law on the one side, and in disability studies and the UN Convention of Rights of Persons with Disabilities on the other. The UN Convention understands disability as follows: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" [1]. That means that subjects with longer lasting mental impairments are protected by the UN Convention on the Rights of Persons with Disabilities [1]. Central aims and regulations of the UN convention challenge some established treatment patterns since they demand to focus strictly on the needs of the individual person, even if this might require institutional changes and additional resources [2]. A central aim of the UN Convention is the social inclusion of all subjects with disabilities, which, as we will argue, in psychiatry and psychotherapy includes a focus on supported decision-making and empowerment [3].

In this review, we discuss how social inclusion with a focus on these aspects relevant to personal well-being and self-determination can be achieved for subjects with mental disorders. This should be achieved in the living environment in the community, in the work place (particularly on the regular job market), and in institutions such as homes and hospitals with in- and outpatient treatment facilities. We start with a brief definition of medically relevant mental maladies, then address these three points, and finally summarize practical consequences of our considerations.

Clinically relevant mental maladies – definition and treatment aims

For investigating the impact of the UN Convention on the Rights of Persons with Disabilities on patients with mental disorders [1], we will look closer at the definition of mental maladies and mental disorders.

Modern classification systems in psychiatry such as the DSM-5 and the ICD-10 use the term "mental disorder" to denote subjects with medically relevant mental maladies [4,5]. The *Diagnostic and statistical manual of mental disorders* in its current 5th version, the DSM-5, is produced by the American Psychiatric Association (APA); whereas the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, the ICD-10, is produced by the WHO. The DSM-5 defines a mental disorder as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental process underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities" [4]. The term "usually" was missing in the former DSM version. This means that in contrast to former versions, the DSM-5 allows the diagnosis of a mental disorder when the defining symptoms are present, even if these symptoms cause neither distress nor disability. For describing and classifying the impairment of functions and social participation, the International Classification of Functioning, Disability and Health (ICF) produced by the WHO is used [6]. However, there is a broad overlap between medical, subjective and social aspects of any given malady and its

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