



# Human Rights and Legislative Transformation In Mental Health- The Barbados Experience

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# Country Context-Services

- The Psychiatric Hospital – 500+ bed facility (both acute and chronic) and Community Mental Health Service.
- The Queen Elizabeth Hospital-12-bed acute care unit, two outpatient clinics per week, Consultation Liaison Services.
- Polyclinics- 9 polyclinics (plus 2 satellite clinics) offer weekly clinics.
- Private mental health professionals and NGOs.

# Country Context-Challenges



- The post of Mental Health Coordinator in the Ministry of Health and Wellness is vacant.
- The demand for mental health services has increased since the COVID-19 pandemic but barriers to access remain.
- Mental health care is still centralized to the Psychiatric Hospital where most of the funding for mental health is directed but the associated stigma is significant.
- Community Mental Health Services are not fully integrated into primary care and human resources especially for rehabilitation are lacking.
- Barbados signed on to CRPD on 19 July 2007 but we are not compliant due to outdated legislation.

# The Mental Health Act 1985



- This Act only addresses hospital based care.
- It does not embrace a human rights based approach.
- There is only a brief section on the rights of clients which concerns the rights of hospitalized persons not be ill treated and associated penalties.
- There is an entire section on management of property and affairs of clients.
- Medically recommended status, a type of involuntary admission, is valid for 12 months.

# The Process

March 2023 Comparing the acts of other countries to Barbados' Mental Health Act 1985- Australia, Canada, United Kingdom.

August 2023 Engaging Consultant in Mental Health Law and Policy from PAHO.

September 2023 Meetings with Consultant and Various Stakeholder Groups.

November 2023-February 2024 Formulating the Draft Legislative Notes/Instructions for the New Mental Health Act.

April 2024 Stakeholders' Consultation to Present the Notes.

April- May 2024 Discussion of comments on the draft Notes and amendments needed.

# Stakeholders



**Experts with lived experience including family members and caregivers.**



**NGOs/Civil Society organizations that support MH, Youth MH advocacy groups.**



**Clergy/religious leaders.**



**Members from professional associations (nurses, doctors, psychologist, social workers).**



**Senior Officers MHW, PAHO, Members of the Mental Health Commission Legislative Review Subcommittee. (Core Group)**



**Other Ministries (education, social welfare, law enforcement, judiciary).**



**Law Reform Commission.**



# Aims of the New Act

- To promote practices that adhere to the principles of fairness, equity, equality and justice- Guiding Principles.
- To empower service users, recognize their rights, ensure that they are informed of their rights.
- To promote treatment with the least possible restrictions.
- To provide oversight and safeguards.
- To provide a framework for regulation of the quality and safety of the mental health services.
- To ensure efficient access to appropriate care.
- To promote integration of physical and mental health care.

# Rights of Persons With Mental Illness



- Give/withhold consent.
- Access to care- least restrictive environment.
- Right to live in the community.
- Parity of physical and mental health care.
- Procedural accommodations to exercise legal capacity.
- Information and access medical records.
- Communication.

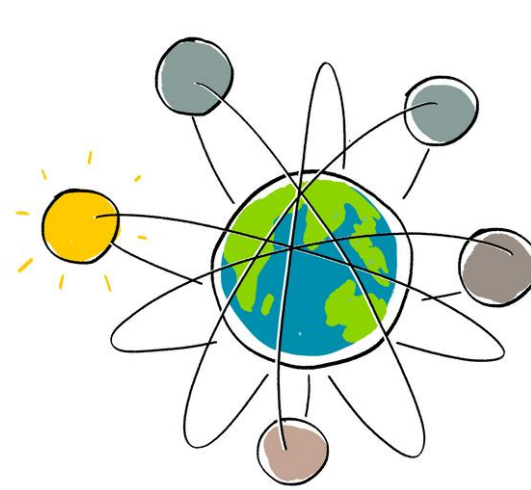


# Supported Decision Making

Advance directive.

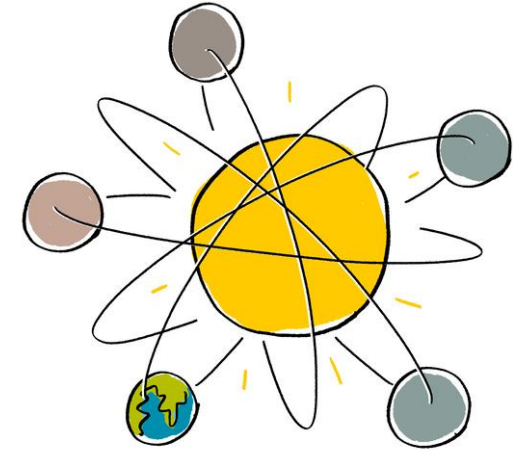
Nominated representative.

Enduring power of attorney.



**SUBSTITUTED**  
DECISION MAKING

The person's WILL and PREFERENCES are **ONE of MANY** planets orbiting the decision making universe.



**SUPPORTED**  
DECISION MAKING

The person's WILL and PREFERENCES are **AT THE CENTRE** of the decision making universe.



# Mental Health Commission

## Mental Health Tribunal

- Mental Health Commission: functions as a regulatory body, sets standards for accreditation of facilities, maintains register of practitioners, independent inquiry injury/death, collects data, registers of advance directives, and receives complaints.
- Mental Health Tribunal: like a court, 5 members- chair-judge/senior lawyer, 2 mental health professionals, non - profit organisation, lay member. Appeal decisions to Supreme Court.
- Medically recommended status was replaced by facilitated admission-requirement for two independent assessments, max 30 days, then must apply to Tribunal for extension, service user has a right to appeal to Tribunal.