

Q: What challenges do you see, at the local, national, and/or regional level, in realizing the right to mental health in various areas (e.g., in the medical field, humanitarian sector, or places of detention)? How can we ensure that individuals with psychosocial disabilities or mental health conditions uphold their autonomy, independence, and dignity, while avoiding discriminatory or stigmatizing laws, policies, and practices?

At the ICRC, our mission, under the Geneva Conventions, is to protect the lives and dignity of those affected by armed conflict and provide humanitarian assistance. We also strive to prevent and alleviate the suffering of those impacted by other forms of violence, such as internal disturbances and tensions.

Armed conflict and violence exacerbate pre-existing mental health conditions and generate new ones. Data shows that 22.1% of the population in conflict zones experience mental health conditions—about 1 in 5—double the rate compared to non-conflict settings.

Unfortunately, mental health services are often scarce in these contexts. On average, low-income countries have 0.05 psychiatrists per 100,000 people, while high-income countries have a rate that is 120 times greater.

In line with its mandate, the ICRC's MHPSS program seeks to protect dignity & alleviate suffering through increase functionality and reduce distress. We achieve this through a range of programs targeting specific populations:

- People affected by violence at the community level.
- Those impacted by violence in health facilities.
- Children and women in need of reunification
- Hospitalized individuals, the weapon-wounded, and persons with disabilities
- Families of missing persons
- First responders and helpers
- Individuals affected by emergencies.
- **Persons deprived of their liberty.**

In places of detention, mental health conditions often worsen, or new ones emerge. The lack of mental health care in detention is a significant issue, and mental health services are frequently not integrated into prison health systems.

Detention centers—especially "central prisons"—are often overcrowded combined with lack adequate healthcare services, vocational training, or family visits. In "security prisons," the situation is even more dire, with reports of torture, solitary confinement, and limited or no access to health services. During conflict, these facilities tend to be overlooked.

A major challenge is the lack of access and the unwillingness of authorities to improve conditions and services for all detainees. Another underappreciated issue is the well-being of prison staff, who may be overworked, undertrained, and vulnerable to burnout and moral injury.

Q: To what extent are persons with lived experience able (or unable) to actively participate in processes and decisions affecting them? What challenges exist regarding their full inclusion in society?

In some contexts, detention facilities are used as psychiatric hospitals for severe cases, leading to situations where individuals are chained, held in solitary confinement, overmedicated, or denied basic care. They are isolated from their families and communities, with their consent often disregarded.

In contrast, I've witnessed initiatives aimed at removing people from prison, but without proper exploration of the available options, this can cause more harm than good. For instance, in some countries, suicide attempts are still criminalized, resulting in individuals being incarcerated. Those with substance use disorders are similarly imprisoned.

There is little involvement of individuals with lived experiences in the design or implementation of programs or interventions in places of detention. Their insights and perspectives are often overlooked.

Q: What specific recommendations do you have for States and other stakeholders, including effective policy tools to implement a human rights perspective on mental health?

Both International Humanitarian Law (IHL) and International Human Rights Law (IHRL) aim to protect human life, health, and dignity. They prohibit torture, cruel treatment, and discrimination. Both frameworks also outline basic rights for individuals involved in criminal justice processes, with specific provisions for women and children. Additionally, both address the right to food and health. So, there are framework and legal framework, and I think we need to focus on practical and operational aspect of this issue by improving:

- 1. Ensure Access to Mental Health Services:**
 - Adopt an integrated approach to MHPSS in detention settings, considering both the psychological and social aspects of mental health.
 - Build the capacity of prison staff through continuous training on mental health assessment, care, and referral, alongside human rights training, aligning with the Convention on the Rights of Persons with Disabilities (CRPD).
- 2. Develop Alternatives to Detention for People with Severe Mental Health Issues:**
 - Introduce diversion programs to route individuals with severe mental health disorders away from the criminal justice system and into appropriate treatment.
 - Implement policies supporting early release on medical grounds, ensuring that detainees with severe mental health conditions can receive care in community settings.
- 3. Non-Discriminatory Treatment:**
 - Implement policies to prohibit discrimination in mental health services within detention settings.
- 4. Prevent Torture and Ill-Treatment:**
 - States should implement strict policies to prevent the use of solitary confinement, prolonged isolation, and other forms of torture that can exacerbate or induce mental health conditions.
 - Regularly monitor conditions in detention facilities to ensure compliance with the UN Convention Against Torture (CAT) and establish independent bodies to investigate allegations of torture or abuse.

Q: In your view, what should be the next steps in OHCHR's work on mental health (e.g., thematic research, operational focus, or otherwise)?

Rather than simply stating that torture in places of detention must stop—though it absolutely should—we must focus on engaging with states and authorities (E.g., operational focus) to ensure mental health services are integrated into prison health systems.

Look into ways to minimize – stop utilizing places of detention as incarceration places for people with severe mental health. It could be through policy, resolutions that should be signed by state members.

Create or strengthen legislation that guarantees access to mental health care and prohibits inhumane treatment in detention settings.

Create operational guidelines that can be adopted at a national and regional level, outlining best practices for addressing mental health needs within detention facilities.

It is essential to develop practical guidelines that address not only the needs of those in detention but also the challenges faced by prison authorities. These often stem from a lack of knowledge about human rights and mental health care.

Ensure that detainees' mental health rights are protected by law, with independent oversight and clear mechanisms for addressing violations.

Promote the establishment of independent bodies that can oversee mental health conditions in places of detention, ensuring accountability and monitoring for human rights violations.

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