**Call for input to report on Local Government and Human Rights (OHCHR)**

**Human rights based approach in the field of psychiatry**

* **Example from Region Västra Götaland, Sweden**

Region Västra Götaland is one of Sweden’s 21 regions, a politically led regional government with the focus areas of health care, public transport, regional development, and culture. The territory of Västra Götaland holds 1.7 million inhabitants and 49 municipalities, the largest being the city of Gothenburg. In 2011, a political committee for human rights was formed in Region Västra Götaland, tasked with initiating an human rights-based approach and promoting and advising on human rights issues within the organization. In 2019, the committee was transformed into an advisory committee for human rights. It is part of the regional executive board and has the mission to prepare and advise on policies and strategies concerning human rights.

When Region Västra Götaland formed the political committee for human rights in 2011, it was the first one in its kind in Sweden. No initiatives of systematic work with human rights were to be find from other areas in Sweden. The politicians were therefore keen to find out what a systematic human rights based approach could mean in practice at the regional level in a Swedish context. For example in terms of the added value it could bring to both the organization’s work, the staff employed in the region and, most importantly, to the region’s residents. A pilot project was therefore formulated with three areas that would reflect the region’s overall responsibilities. The experiences from this project should after that be spread to the rest of the region, with the goal of mainstreaming it to the entire region.

The starting point for the project was the definition of human rights based approach stated in the UN in its Common Understanding from 2003. There UN sets out 17 steps to define a human rights based approach, guided by the principles of human dignity and empowerment, equality and non-discrimination, participation and inclusion, and accountability and transparency.

For the period of 2012–2015, the Angered Local Hospital, the Bohusläns Museum, and parts of the psychiatric clinic at Sahlgrenska University Hospital were selected to test and incorporate human rights into their regular work. The committee for human rights were exeptionally keen on testing a human rights-based approach within the psychiatric field, since the psychiatry is an area where human rights are continously put to its tests, challenged every day and were difficult human rights dilemmas arise. For example when it comes to coersive measures, participation, integrity and stigma.

**Experiences and lessons learned from testing a human rights based approach in the psychiatry**

One clear result from the project was a significant reduction in the use of coersive measures in the psychiatry that took part in the work. During the pilot project, staff reduced the use of beltings from about four times per month to four times per year. This was possible through the guideline from human rights and the fact that the UN has critized Sweden of using coercive measures in too high extent with the recommendation to Sweden to develop other ways of working. By exploring human rights more deeply and the concepts of duty-bearer and rights-holder, this created a compass for the every day work and affected power dynamics. Both when it came to the relationship between personal and patients, but also between the personal itself.

At this particular ward, duty bearers and rights holders, noted that certain areas caused a lot of stress and frustration among the rights holders. The ward had rules about how many cups of coffee one were allowed to drink and when, how many pillows that were allowed to have at the room and so on. These rules didn’t had the function of safety, but instead they caused stress and frustration, with the effect of coersive measures in many cases. Right holders and duty bearers looked over all these rules and discussed changes, with the result of modification in many of these rules. After that, the ward was experienced as much calmer by both the rights holders and the duty bearers, and the amount of coersive measures was reduced significally.

The experiences from the human rights based approach is further described in the article ”A human rights based approach to psychiatry – is it possible?”, published in Harvard Health and Human Rights Journal, Volume 22/1, June 2020, pp 121-32. Authors: Emma Broberg, Agneta Persson, Anna Jacobson and Anna-Karin Engqvist.

In this article we also gives the lessons learned from the project, for example the following ones:

* It is important for rights holders to become involved at the start of the process and all the way forward. This allows the stories and experiences of rights holders to be placed at the heart of the work, and it helps ensure that all participants work together on equal terms.
* Using the principles actively helps ensure that everyone is allowed to speak and take part in meetings on equal terms, and it supports the right of everyone to express themselves on their own terms. The principles of human rights based approach, equality, participation, and influence, became very alive in that sense.
* The success of this project was in many ways made possible by the commitment and engagement of enthusiasts and strategic individuals within the hospital’s hierarchy. The commitment of senior management was a strong factor for success. To take one example, one of the unit managers from the psychiatry ward involved has after the project changed position. She is now the manager at another psychiatric ward, where she has introduced the human rights based approach. As a result, the use of coercive measures has been reduced by 70%, and staff sick leave by 30%, in this new ward. This shows that working with human rights in a systematic way promotes empowerment and health among both rights holders and duty bearers and that the experience is transferable to departments that were not part of the pilot.
* Our constant evaluation of the process and the connection to human rights principles, meant that we got a good idea of what worked and what did not. It also allowed us to adjust fast. Central to this ability was the fact that everyone who participated in the work was also included in follow-up efforts. Mistakes were seen as opportunities to learn from rather than something to be ashamed off.

**Regional guidelines for a human rights based approach**

The overall mission with the pilot project was to test wheather a human rights based approach, as stated by the UN in its Common Understanding, could work in a Swedish regional context, and if so what benefits could this way of working gives to the organisation and the individual human being. Our answer to this question is that yes it works, but it need to be modified and simplified a bit to be useful in a Swedish regional context.

From the results, experiences and lessons learned from the project, we hade conducted two guidelines for inspiration and support. The two documents follow the same steps and principles, but one is a little bit more targeted at rights holders and the other one a little bit more at duty bearers. The UN principles of human rights based approach shall permeate the work in our region: dignity and empowerment, equality and non-discrimination, participation and inclusion, and accountability and transparency. From UN’s 17 steps of a human rights based approach we have landed in five steps that is more adapted to the conditions of our region. The principles mentioned above shall permeate all five steps, which are as follows:

1. **Obtain knowledge about human rights related to mission and duties.**

This knowledge includes human rights in general and with a specific focus on the organization’s core mission (such as human rights within psychiatry, at a museum, or at a school).

1. **Analyze.**

Which human rights are the organization’s main responsibilities? Who are the rights holders? Do different groups of rights holders have different access to their rights?

1. **Set goals and plan. Link goals clearly to human rights.**

Use the language of human rights and try to reach those persons who are most in need first.

1. **Carry out.**

Ensure that decisions are made as close to those affected as possible. Develop cooperation placing the rights holder at the center.

1. **Follow up.**

Evaluate goals, results, and process

The guidelines are found at the following webpage: <https://www.vgregion.se/regional-utveckling/verksamhetsomraden/manskliga-rattigheter/rattighetsbaserat-arbete/>