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The *Lancet* Series on global mental health draws attention to a long neglected health and social policy issue. This concern is particularly needed today, because social conditions, especially widespread poverty, disasters, violence, and war, can precipitate the breakdown of vulnerable individuals and social systems.

In this context we note how groups such as the People's Health Movement (PHM), a coalition of several groups working in many countries, have evolved an approach to mental health that is qualitatively different from expert-driven strategies. This approach is exemplified by the *Peoples Charter for Health*[1] and subsequent documents[2] based on peoples' experiences and aspirations.[3] Just as people living with HIV/AIDS have provided input into policy and practice, there is a need to give a greater centrality to those living with mental illness. Such an opportunity is afforded by the UN Convention on the Rights of Persons with Disabilities, which has had the active participation of individuals with disabilities, including those living with mental illness.

The right to life and liberty is primary in human rights discourse. However, for people with mental illness, deprivation of liberty by forced institutionalisation might be justified on grounds of danger to themselves and others. This justification does not take into account the people who have died or been permanently scarred by loss of liberty or basic human dignity. User-survivors narrate the experience graphically, and seek a total embargo on forced

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interventions.[4] The UN Convention recognises that all people have rights to both life and liberty and to physical and mental integrity. However, it neither expressly bans nor explicitly permits forced intervention. This stalemate affords an opportunity to revisit forced interventions from the standpoint of people with mental illness.[5]

Scholars have argued that personal effectance (the opportunity to act or function) is essential for human beings to fulfil their potential.[6] The right of all individuals to be recognised in law as having the capacity to act promotes such personal effectance; however, the capacity to act has been regarded as questionable for people with mental illness. Consequently, there is legal provision to enable arrangements that protect the interests of such people, although such arrangements have been viewed as legal reinforcement of social stigma.[7] The UN Convention on the Rights of Persons with Disabilities has further questioned this process of disqualification. Article 12 of the Convention recognises the full legal capacity of all people with disability, and that the capacity to act is an integral component of this legal capacity. Yet the article does not negate the need for support—instead, in acceptance of human interdependence, the Convention recognises the right to seek support, and in acceptance of human frailty, it establishes the standards for providing support and safeguards against abuse. The mechanisms of support for people with mental illness need not be based on the all-or-nothing theory of guardianship. The personal ombudsperson system in Sweden[8] and the restricted guardianship procedures of India[9] are steps in that direction.[10]

People living with mental illness have always faced difficulties in participating in society because of pressure to conform to normal social and legal standards. This pressure has been eased by the Convention, which accepts the principle of reasonable accommodation and allows the norms to be modified to accommodate people's diversity. The Convention also recognises that people with disabilities, including those living with mental illness, have a right to be consulted in the formulation of all policies, laws, and practices that affect them. There is thus a duty to recast psychiatric practice and procedure in active consultation with its users.

In addition to medical interventions, an important demand being voiced by civil society representatives is for the creation of support networks for human distress and illness that are wider than the medical establishment.[11] A cue could be taken from innovative community-based work by non-governmental organisations and professional groups. The groups include: BasicNeeds,[12] working in several countries; CBR Forum (community-based rehabilitation), partnered with 90 organisations across India; and the Women's Health Empowerment Programme, supported by WHO. Various creative strategies have evolved, such as: the setting up of self-help groups, including people with mental illness and their support networks; addressing issues of livelihood; promotion of life-skills education and parenting skills; and studying and using local healing traditions, including spiritual traditions.[13] These methods, combined with the psychiatric care offered by the medical establishment, could make for a mental health policy that is holistic and consonant with human rights.

The UN Convention on the Rights of Persons with Disabilities and the People's Movement for Mental Health require that the stereotypes of mental health law and policy be revisited. Because law and policy do not exist in isolation from society, this is a mandate to re-examine their implications for social interactions, in therapy, and in clinical decision-making.

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We declare that we have no conflict of interest.

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