

about one's clinical status; the right to privacy and confidentiality; the right to protection of personal property; the right not to be physically or psychologically abused; freedom from medical neglect and abandonment, and, concurrently, the right to treatment including hospitalization, with the safeguards of accepted medical, ethical, and legal opinion and, for involuntarily committed patients, the rights of impartial representation, review and appeal.

Article 2

Mental health promotion is a responsibility of governmental and nongovernmental authorities, as well as the intergovernmental system, especially in times of crisis. In keeping with the WHO definition of health as »a state of complete physical, mental, social and moral well being, and not merely the absence of disease or infirmity«, and recognizing the WFMH concern with optimal function, health programs should contribute both to the development of individual and family responsibility for personal and group health and to promoting the highest possible quality of life.

Article 3

The prevention of mental ill health is an essential component of any mental health service system. Education in this respect should extend to all health care providers as well as the public. Preventive efforts also require attention beyond the confines of health care institutions to include optimal circumstances for development, beginning with family counselling, prenatal and perinatal care, and continuing throughout the life cycle with adequate general health care, opportunities for education, employment, and social security. High priority must be given to research on the prevention of mental disease and ill health.

Article 4

All mentally ill persons have the right to be treated under the same professional and ethical standards as other ill persons. This must inclu-

de efforts to promote the greatest degree of self-determination and personal responsibility on their part. Treatment should be in settings valued and accepted by the community, in the least intrusive manner, and under the least restrictive circumstances possible. It should be beneficial in the sense of being carried out in the patient's best interest, not that of the family, community, professionals or the state. Treatment for persons whose capacities for self-management have been impaired by illness should include psychosocial rehabilitation aimed at reinstating skills for living and should take account of their needs for housing, employment, transportation, income, information and continuing care after hospital discharge.

Article 5

All populations include vulnerable groups at particular risk for mental ill health. They are defined mainly in terms of trauma (victims of community and other violence, and of collective abuse), residential mobility (migrants, refugees), age (infants, children and the elderly), minority status (ethnic, racial, socio-economic), loss of civil rights (soldiers, prisoners) and health status. Members of such groups require special preventive as well as therapeutic attention and concern for protection of their health and human rights.

Article 6

All public authorities have a clear responsibility to protect the human and legal rights of those who are or have been mentally ill or at risk of mental ill health. They must also recognize an obligation to respond to major mental health related social problems, as well as to the mental health consequences of catastrophic conditions. Public responsibility must include the provision of specialized mental health services, whenever possible within the context of primary care facilities, and public education regarding mental health and illness and ways of coping with them.