

Can psychiatry lead the way in legislating for health and wellbeing?

Earlier this year, the World Health Organisation robustly highlighted “the vital role of law” in “advancing the right to health”¹. Psychiatry is the medical field best acquainted with use of legislation in day-to-day clinical care, although for many decades mental health law did little to improve the situation of the majority of the mentally ill; i.e. voluntary patients. From certifying lunacy to building asylums, the evolution of mental health law has been slow, and many countries still retain severely outdated laws focused on involuntary care rather than ensuring access to treatment for all².

Recent revisions of legislation have, however, sought to harmonise mental health law with international conventions on human rights including the United Nations’ Convention on the Right of Persons with Disabilities (CRPD)³. India, for example, is on the verge of enacting its long anticipated Mental Healthcare Bill that explicitly seeks to accord with the CRPD, which commits ratifying countries not only to protect from violations of rights but also “to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities”⁴. The Indian legislation is admirably ambitious.

Having done too little to promote the wellbeing of the majority of people with mental illness for the last two centuries, then, might the latest iterations of mental health law finally advocate more effectively for *everyone* with mental illness? And might such legislation also lead the way for health legislation in general, as proposed by the WHO, as other medical specialties follow the Indian example and use legislation more assertively to improve the lives of their patients?

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