



Human Rights and Dignity in Forensic Mental Health

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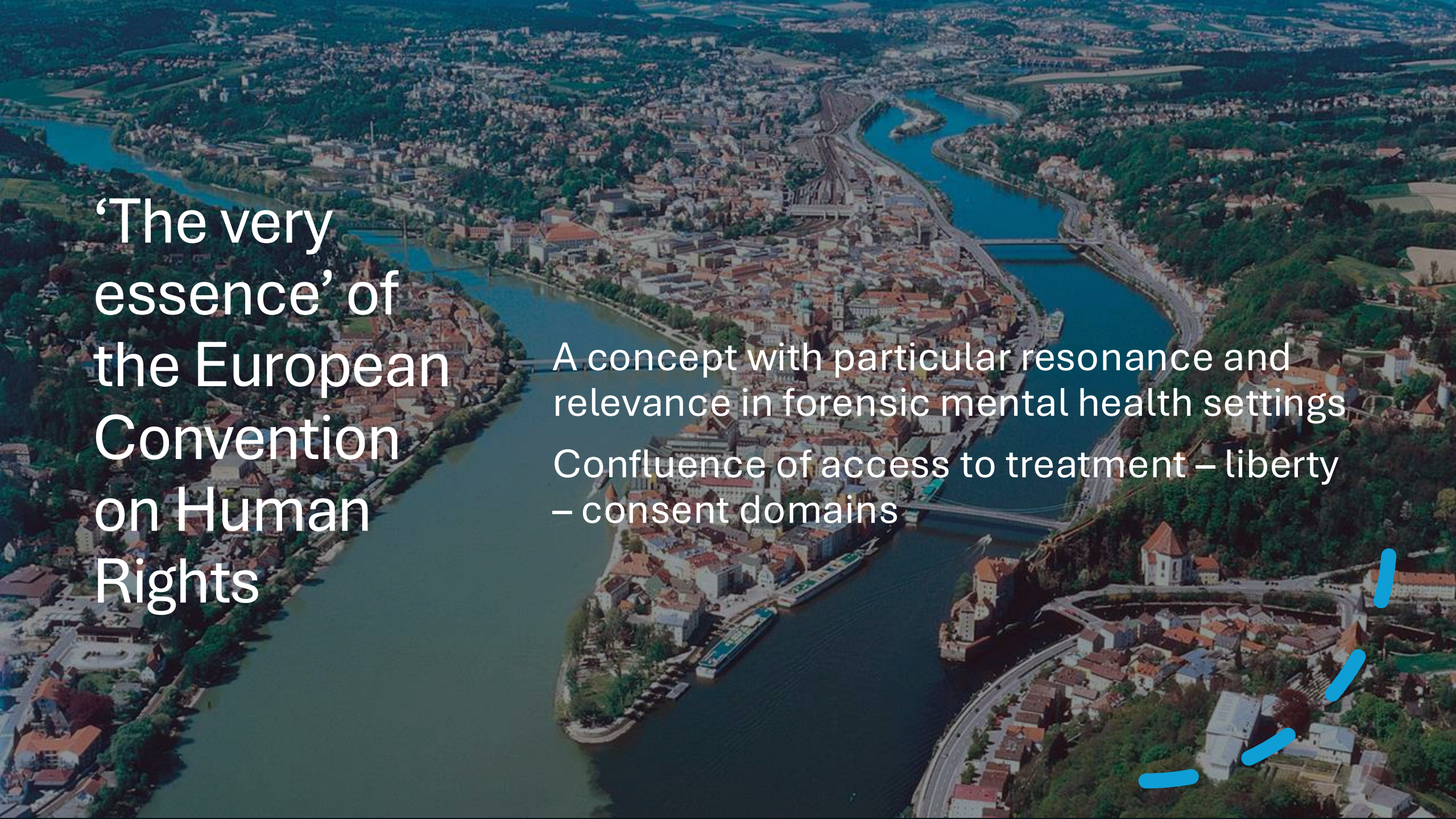
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Dignity



An aerial photograph of a city, likely Vienna, showing a wide river (the Danube) flowing through it. A large, historic castle (Burg) sits on a small island in the river. The city is densely packed with buildings, and there are green spaces and parks. The text is overlaid on the left side of the image.

‘The very essence’ of the European Convention on Human Rights

A concept with particular resonance and
relevance in forensic mental health settings
Confluence of access to treatment – liberty
– consent domains

Four blue brushstroke-like marks arranged in a cluster in the bottom right corner of the image.

European Convention on Human Rights

Dignity

Pretty v. UK (2002); Goodwin v. UK (2003)

- The bedrock of the Convention
- ... But what does it mean?
- ... And what does its protection require?

Dignity through your eyes

A definition?

Its source?

A set of principles which guide your
practice?

A set of behaviours or attitudes you exhibit?

Something else?



Dignity's roots

A philosophical and legal concept with a life well beyond these domains

A right or a value on which other rights are based?

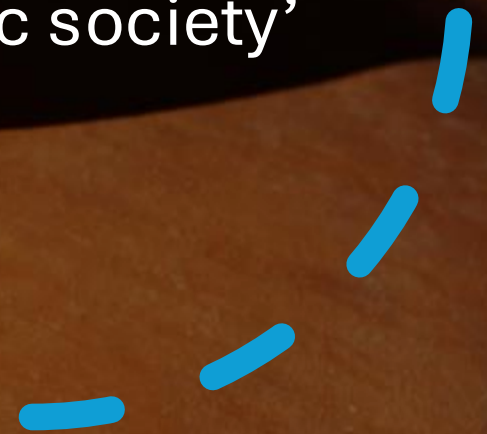
- Status
- A status held by virtue of being a human being
- A status held by virtue of humans' creation by a supernatural power
- A status bestowed by others



A useful concept?

McCrudden (2008): not a firm or universal grounding for judicial decision-making and a potential vehicle by which cases can be decided on non-principled bases

Snacken (2022): 'a container concept lacking consensus in a pluralistic society'



Dignity's resilience

Killmister
(2010):

- Personal dignity (standards people hold themselves to);
- Social dignity (standards people are held to);
- Status dignity (community standards for how members should be treated).

Nussbaum
(2006):

- Bodily integrity
 - Senses
 - Imagination and thought
 - Emotions
 - Affiliation
 - Practical reason
 - Connecting with other species
 - Play
 - Control over one's own environment
- Capacity?

Dignity's resilience

Hugely dominant concept in legal texts post WWII

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 1

Universal Declaration on Human Rights

International Covenant on Civil and Political Rights

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

Article 15

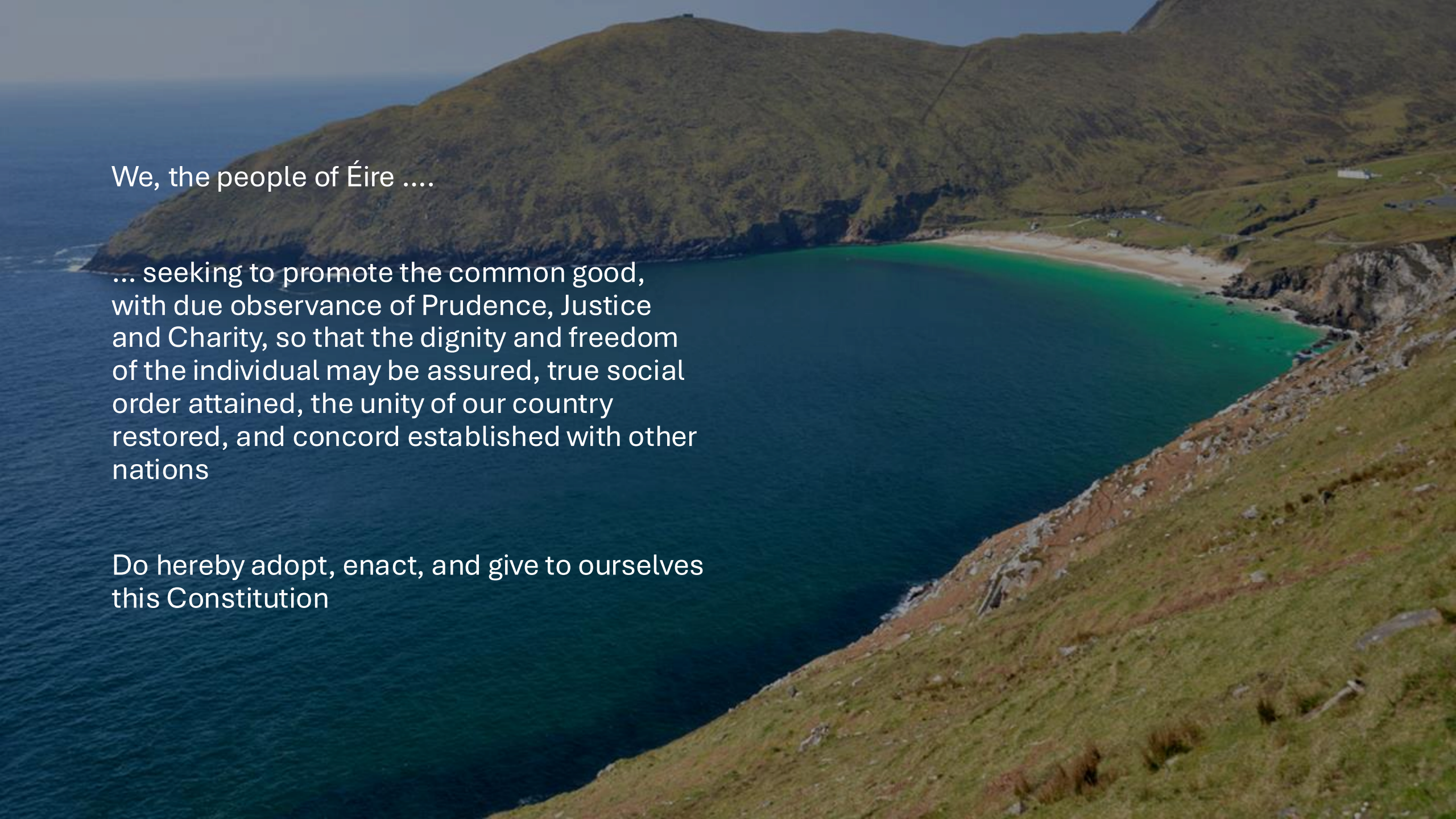
Dignity's resilience in international human rights law

A view of dignity
related to one's
status as a human
being

To be treated 'in ways
appropriate to the
kind of thing we are'
(Killmister, 2010, p.
23)



BUNREACHT NA hÉIREANN
CONSTITUTION OF IRELAND



We, the people of Éire

... seeking to promote the common good,
with due observance of Prudence, Justice
and Charity, so that the dignity and freedom
of the individual may be assured, true social
order attained, the unity of our country
restored, and concord established with other
nations

Do hereby adopt, enact, and give to ourselves
this Constitution

Right to protection of the person

Includes a right to protection of psychological as well as physical integrity

- Dignity, autonomy, privacy

Respect for the person

Autonomy

Right to privacy

Value of dignity

*Simpson v. Governor of
Mountjoy Prison [2019]*

Grundgesetz (Germany)

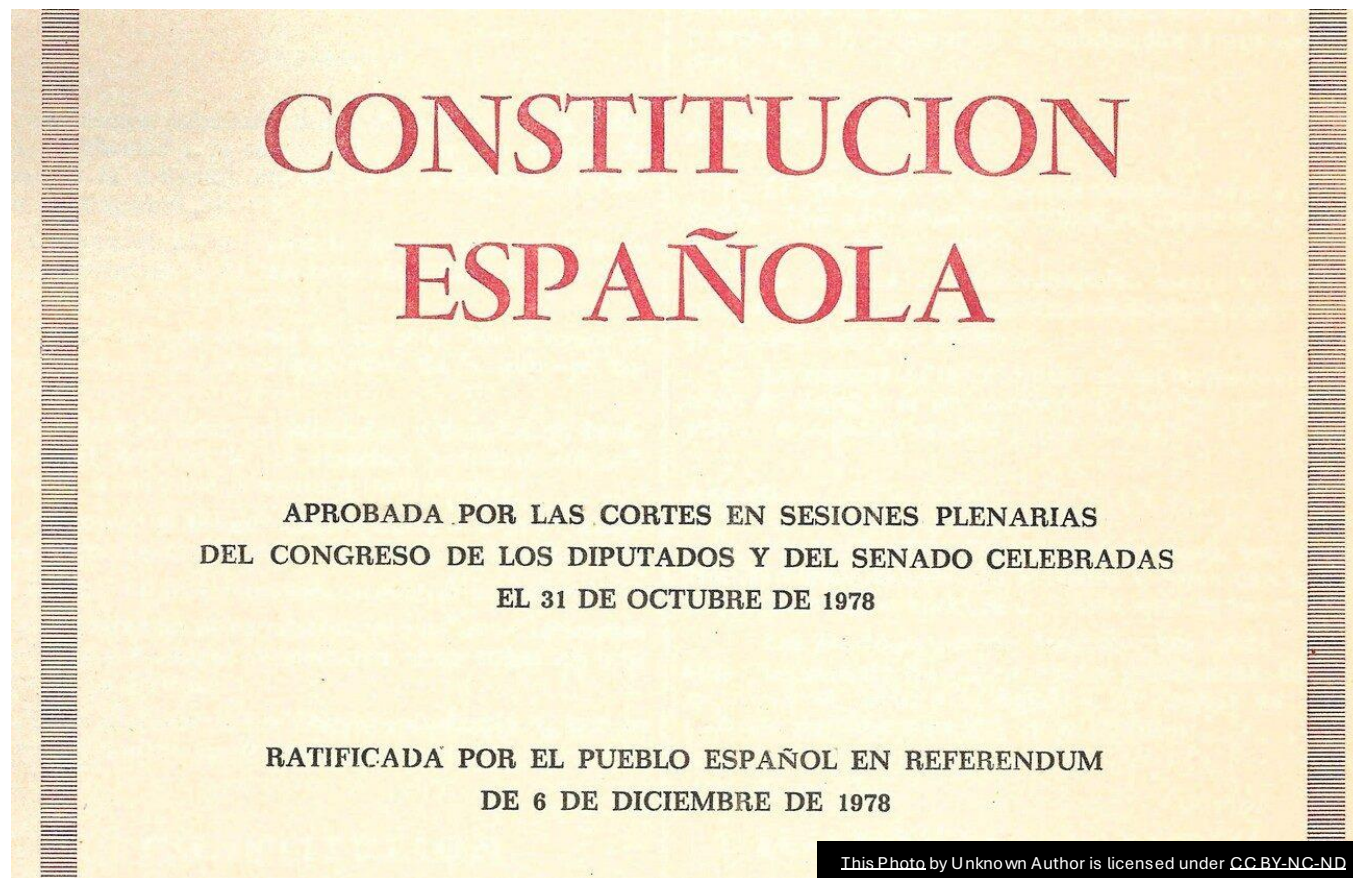
Die Würde des Menschen ist unantastbar.

Human dignity is inviolable.

To respect and protect it is the duty of all state authority.

Article 1





Constitución Española de 1978 (Spain)

The dignity of the person, the inviolable rights which are inherent, the free development of the personality ... are the foundation of the political order and social peace. (Article 10(1)).



Constitution of Kenya, 2010

Every person has inherent dignity and the right to have that dignity protected and respected.

Constitution of the Republic of South Africa, 1996

Everyone has inherent dignity and the right to have their dignity respected and protected (section 10).

Constituição da República Federativa do Brasil de 1988 (Brazil)



The Federative Republic of Brazil ... is founded on: the dignity of the human person.

헌법 South Korea

All citizens shall be assured of human worth and dignity and have the right to pursue happiness (Article 10).





Salinas Valley State Prison

July 29, 2008

Correctional Treatment

ing for mental health

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USA

‘Prisoners retain the essence of human dignity inherent in all persons. Respect for that dignity animates the Eighth Amendment prohibition against cruel and unusual punishment’.

‘The basic concept underlying the Eighth Amendment is nothing less than the dignity of man.’ *Atkins v. Virginia* (2002); *Trop v. Dulles* (1958).

Plata v Brown (2011)

Canada

Starson v. Swayze (2003)

‘The right to refuse unwanted medical treatment is fundamental to a person’s dignity and autonomy. This right is equally important in the context of treatment for mental illness’ (para 75)



Charter of Fundamental Rights of the European Union

Human dignity is inviolable. It
must be respected and
protected.

Article 1



Dignity and forensic mental health settings



United Nations Principles for the Protection of Persons with Mental Illness (1991)

Every person with a mental illness shall have the right to be treated with humanity and respect for the inherent dignity of the human person.

Principle 1.2

Recommendation
CM/Rec(2004)10
on the protection
of the human rights
and dignity of
persons with
mental disorder

Persons with mental disorder shall be treated with respect for their human rights and dignity.

The dignity and autonomy of such persons shall be respected in all circumstances.

Article 4

United Nations Convention on the Rights of People with Disabilities (2006)

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their **inherent dignity**.

Article 3 – General Principles

(a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons.



Dignity and ethical guidelines



World Medical Association (WMA) Declaration of Geneva (2017)	“I will respect the autonomy and dignity of my patient.”
UNESCO Universal Declaration on Bioethics and Human Rights (2005)	“Human dignity, human rights and fundamental freedoms are to be fully respected.”
General Medical Council (UK) Good Medical Practice (2024)	“You must treat patients as individuals and respect their dignity.”
Canadian Medical Association Code of Ethics (2018)	“Always treat the patient with dignity and respect.”
Irish Medical Council Guide to Professional Conduct and Ethics (9th edition, 2024)	“You must show respect for patients and colleagues, and treat them with dignity at all times.”
Australian Medical Board Code of Conduct (2020)	“Treat patients with respect, dignity, compassion and care.”

World Psychiatric Association (WPA) Madrid Declaration (2011)	“Psychiatrists shall respect the humanity, dignity and autonomy of all patients.”
American Psychiatric Association (APA) Ethics Principles (2013)	“Respect for human dignity.”
European Psychiatric Association (EPA) Code of Ethics (2018)	“Ethical care must aim to enhance the dignity and self-determination of persons with mental illness.”
Royal College of Psychiatrists (UK) Core Values (2018)	“Psychiatrists must promote and protect the dignity of their patients.”

Dignity and research in medicine

Dignity often used in ambiguous ways or synonymous with good conditions

- Self-report measures of experiences of dignity (Chochinov et al, 2008) (Ota et al, 2019)

Need for more legal—medical dialogue

Patient Dignity Inventory						
For each item, please indicate how much of a problem or concern these have been for you within the last few days.		Not a problem	A slight problem	A problem	A major problem	An overwhelming problem
1.	Not being able to carry out tasks associated with daily living (eg. washing myself, getting dressed).	1	2	3	4	5
2.	Not being able to attend to my bodily functions independently (eg. needing assistance with toileting-related activities).	1	2	3	4	5
3.	Experiencing physically distressing symptoms (such as pain, shortness of	1	2	3	4	5



Dignity and psychiatry

Plunkett & Kelly (2024): an underused concept despite its obvious relevance

- Plunkett et al (2022): advocate for recognition that undermining dignity be viewed as an iatrogenic harm

Kennedy and Davoren (2025): consciousness and free will form the bedrock of human dignity

- Several studies examining experiences of dignity in different settings/contexts (Griffith and Griffith 2024)

The image shows the exterior of the European Court of Human Rights building in Strasbourg. The building features two large, cylindrical, white-clad volumes with red structural supports, connected by a central glass-enclosed section. In the foreground, there is a wide, paved staircase leading up to the building, flanked by a green lawn and a metal railing. The sky is blue with scattered white clouds.

Dignity and the ECHR

What dignity means when it gets litigated

Dignity and
inhuman or
degrading
treatment
or
punishment

Article 3, European Convention on
Human Rights

No one shall be subjected to
torture or to inhuman or degrading
treatment or punishment

No exceptions or derogations
(unlike right to liberty in Article 5)



Inhuman and Degrading

Article 3 ECHR is a value of civilisation closely bound up with respect for human dignity (*Bouyid v. Belgium*, 2015)

Article 3 is the source of by far the most references to dignity in its decisions

The Court is four times more likely to find a violation of Article 3 if it mentions dignity (*Fikfak and Izvorozza*, 2022)

Intermediary principles (Kant)

Dignity and Article 3

Clear link between prohibitions on torture, inhuman and degrading treatment, and dignity

Article 3's concepts of inhuman and degrading treatment provide a useful 'proxy' for treatment which breaches dignity

Especially in forensic mental health settings/prison when examined by the ECtHR



The meaning of dignity in Article 3

Snacken (2015, 2021): being seen as human

- Not being reduced to a single status

Core components to find a violation of Article 3:

- Physical and mental suffering
- Fear
- Anguish
- Feelings of inferiority
- Humiliation and debasement
- Breaking physical and moral resistance

Focus on bodily integrity and physical and mental well-being as well as one's sense of integrity and self-worth





Violations of Article 3

O'Rourke's proposed definition:

‘an interference with a core aspect of the personality, which the person is situationally powerless to avoid’ (2024, p.159)

Threats to Article 3 in FMHS

Material conditions

Living space

Lighting, ventilation

Personal belongings

Lack of individualised treatment

Lack of qualified staff

Use of restraints

Seclusion

(CPT)



2. Issues to be addressed on the ward level

- 2.1. admission of patients – procedures, regulations
- 2.2. placement of patients in the rooms
- 2.3. different regimes of observation
- 2.4. daily activities provided for the patients
- 2.5. presence of medical and paramedical staff
- 2.6. treatment plans and teamwork
- 2.7. medication (availability, possible excessive use, chemical restraints)
- 2.8. availability of psychotherapeutic treatments and psychosocial interventions
- 2.9. interpatient violence

3. Special issues

- 3.1. use of restraints and seclusion
- 3.2. outdoor exercise
- 3.3. categories of patients under special regimes
- 3.4. restrictions concerning possessions, searches
- 3.5. ECT
- 3.6. vulnerable categories (including juveniles and children, long-term patients, physically handicapped persons)
- 3.7. contacts with the outside world (visits, access to telephone)
- 3.8. prevention of suicides
- 3.9. biomedical research

4. Assessment of material conditions

- 4.1. living conditions in different wards – layout of the rooms (privacy issues), access to light, temperature
- 4.2. clothing and personal items
- 4.3. food

Article 3 and forensic mental health settings

[Context of deprivation of liberty]

Article 3 requires that States ensure the health and well-being of those deprived of their liberty

Cases have revolved around:

- Right of access to adequate medical care
- Restrictions on use of coercive and non-consensual measures
- Involuntary treatment
- Poor physical and material conditions

Article 5 (right to liberty) and Article 8 (right to respect for private life) also commonly invoked



Article 3 is absolute

No excuses or justifications on the grounds of a lack of resources will justify a breach of Article 3

- Including shortage of places
Claes v. Belgium (2013)

Feelings of inferiority and powerlessness call for increased vigilance in reviewing compliance of conditions with Article 3

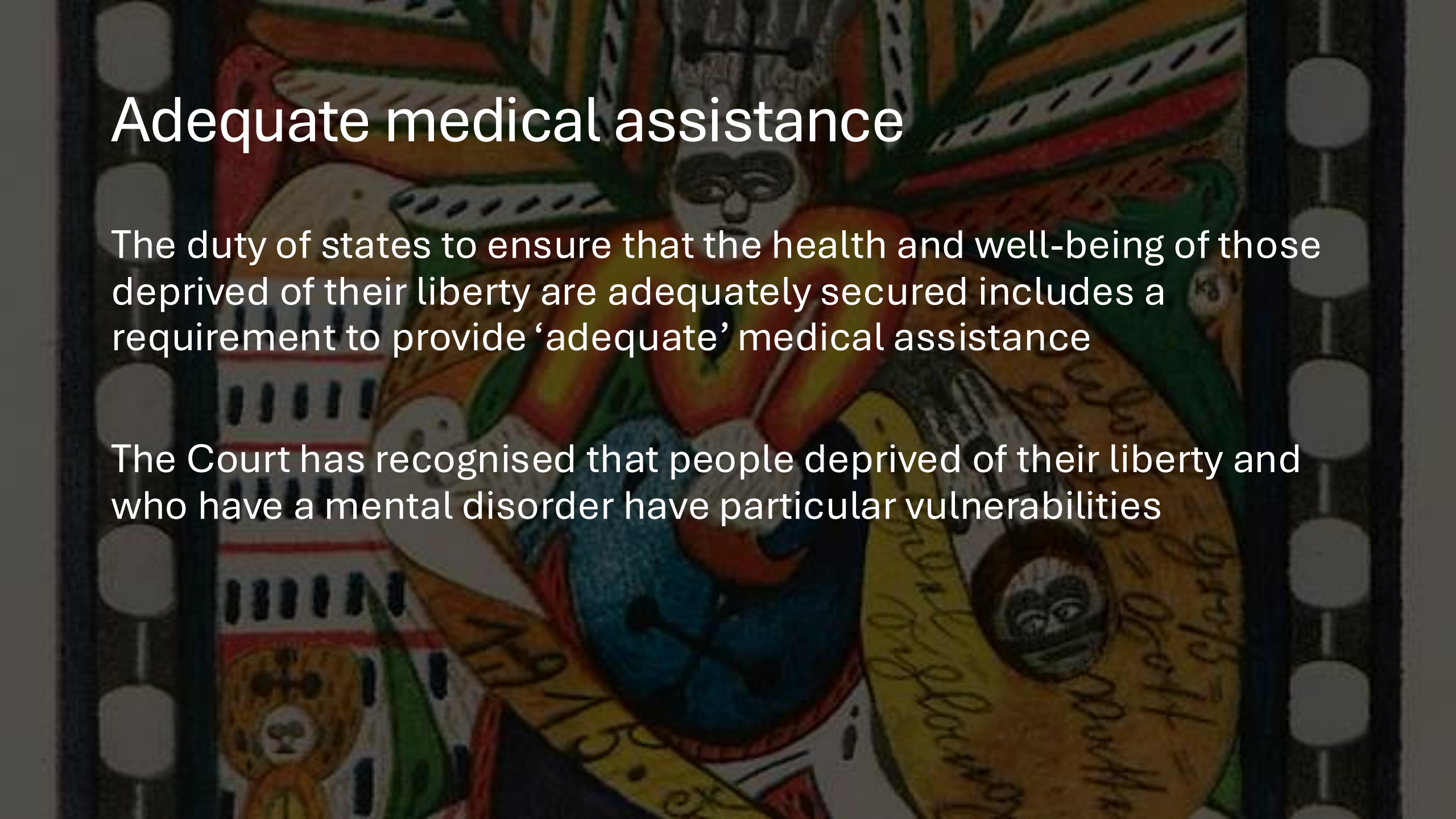
(*Rooman v. Belgium*, 2012; *Dybeku v. Albania* (2007))



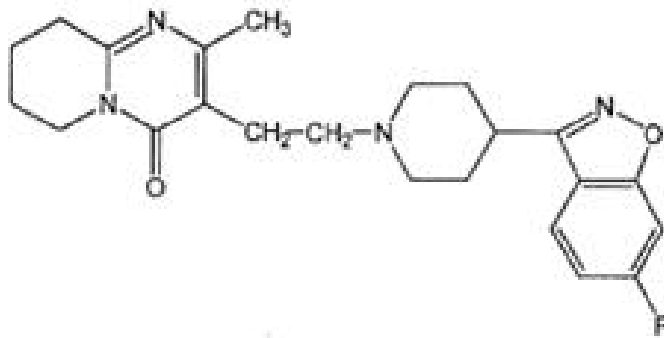
Adequate medical assistance

The duty of states to ensure that the health and well-being of those deprived of their liberty are adequately secured includes a requirement to provide 'adequate' medical assistance

The Court has recognised that people deprived of their liberty and who have a mental disorder have particular vulnerabilities



Adequate medical assistance



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Special care is needed to guarantee that the conditions of detention correspond to the person's needs *Jeanty v. Belgium* (2020); *Fernandes de Oliveira v. Portugal* (2019)

Examination and diagnosis is not enough, proper treatment and medical supervision by qualified staff is necessary *Murray v. the Netherlands* (2016); *Rooman v. Romania* (2012)

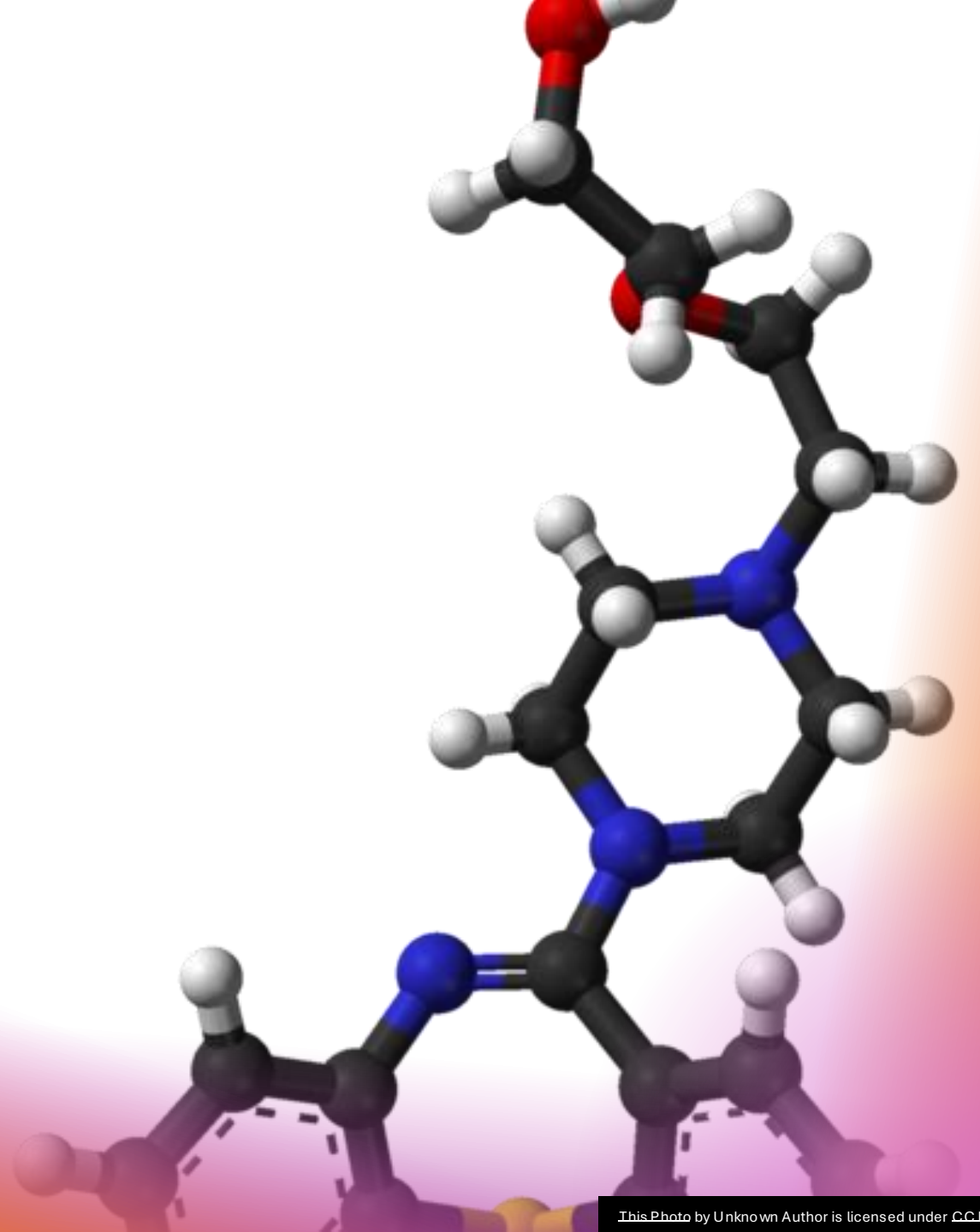
Insufficient care and poor material conditions found to breach Article 3 *Strazimiri v. Albania* (2020)

Adequate medical assistance

Keeping comprehensive records is required as part of the obligation

Diagnosis and care must be prompt and accurate

Must have a comprehensive therapeutic strategy aimed at adequately treating the illness and preventing aggravation – responding to symptoms is not enough



Restraints

Aggerholm v. Denmark; MS v. Croatia (No.2)

Restraints must be used:

- Only as a measure of last resort
- When their application is the only means available to prevent immediate or imminent harm to the patient or others
- Only for the period of time which is strictly necessary for that purposes

Restraints

MS v. Croatia: use of physical restraints for 15 hours with the stated aim of preventing attacks and to calm the patient

- Neither necessary nor proportionate
- Violation of Article 3

Aggerholm: Strapping to restraint bed for 23 hours

- Not the only means available to prevent immediate or imminent harm
- Violation of Article 3

Involuntary treatment

Domestic law on consent must be followed

The Court's view is that it is for medical authorities to decide on the therapeutic methods to be used

Force is permissible to preserve the physical and mental health of patients who do not have the decision-making capacity to decide the question of treatment for themselves

The Court examines

- Whether the medical necessity actually exists
- Whether procedural guarantees for the decision exist and are complied with

Naumenko v. Ukraine (2004)

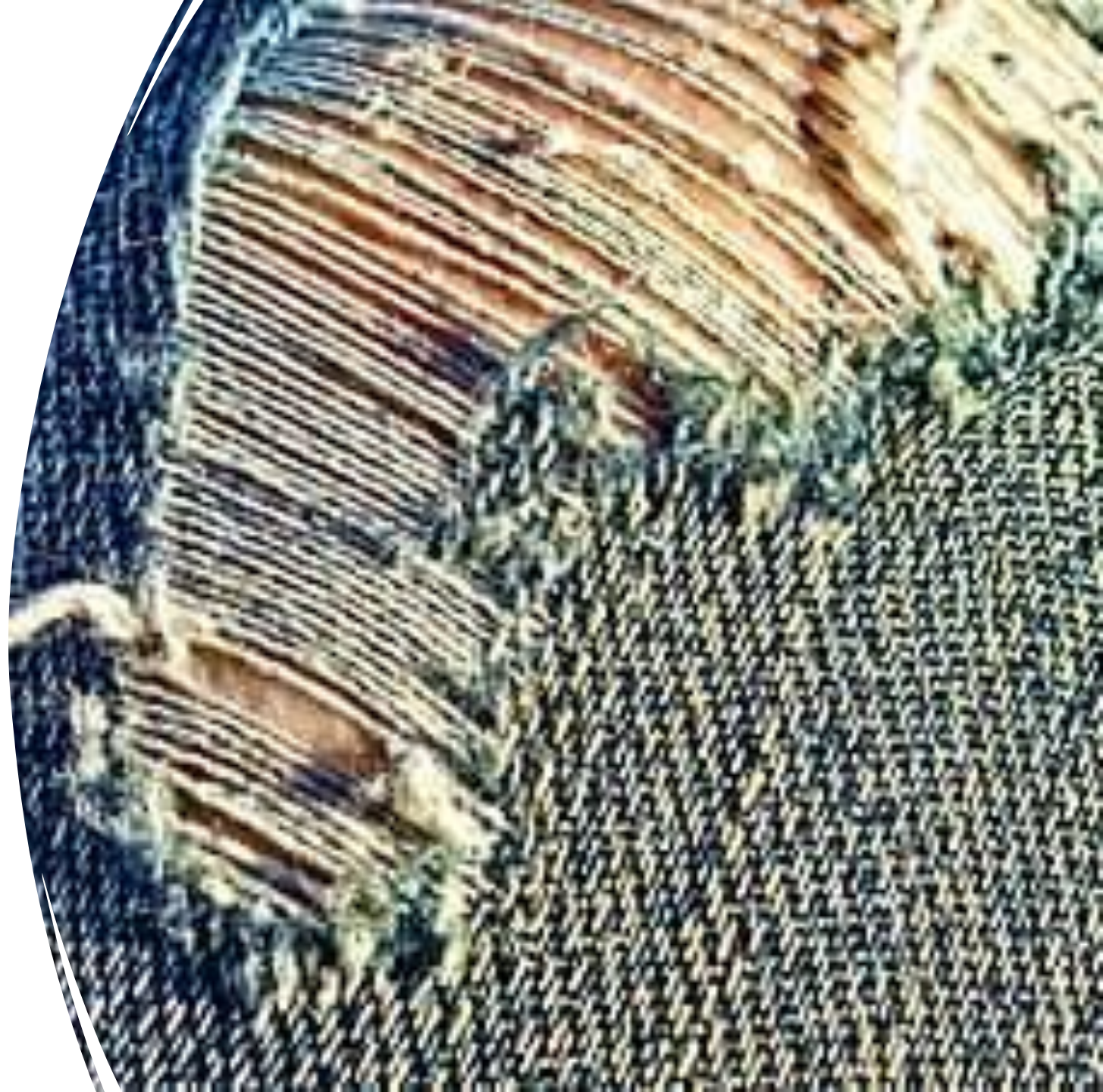
Non-consensual treatment

- No evidence that the treatment was degrading
- Serious mental disorders, two attempts on his life
- Medication was for the purpose of relieving symptoms

Goboret v. Moldova (2011)

No medical necessity found for 41 days of confinement and forced psychiatric treatment in hospital

Aroused feelings of fear, anguish and inferiority – degrading treatment



The link between liberty and inhuman and degrading treatment

Rooman v. Belgium (2012)

“There exists a close link between the “lawfulness” of the detention of persons suffering from mental disorders and the appropriateness of the treatment provided for their mental condition”.

“Any detention of mentally ill persons must have a therapeutic purpose, aimed specifically, and in so far as possible, at curing or alleviating their mental-health condition, including, where appropriate, bringing about a reduction in or control over their dangerousness”.



A security camera is mounted on a brick wall. The camera is white with a black lens and is angled downwards and to the right. The background is a wall of grey bricks.

Detention for protection alone will not comply with Article 5

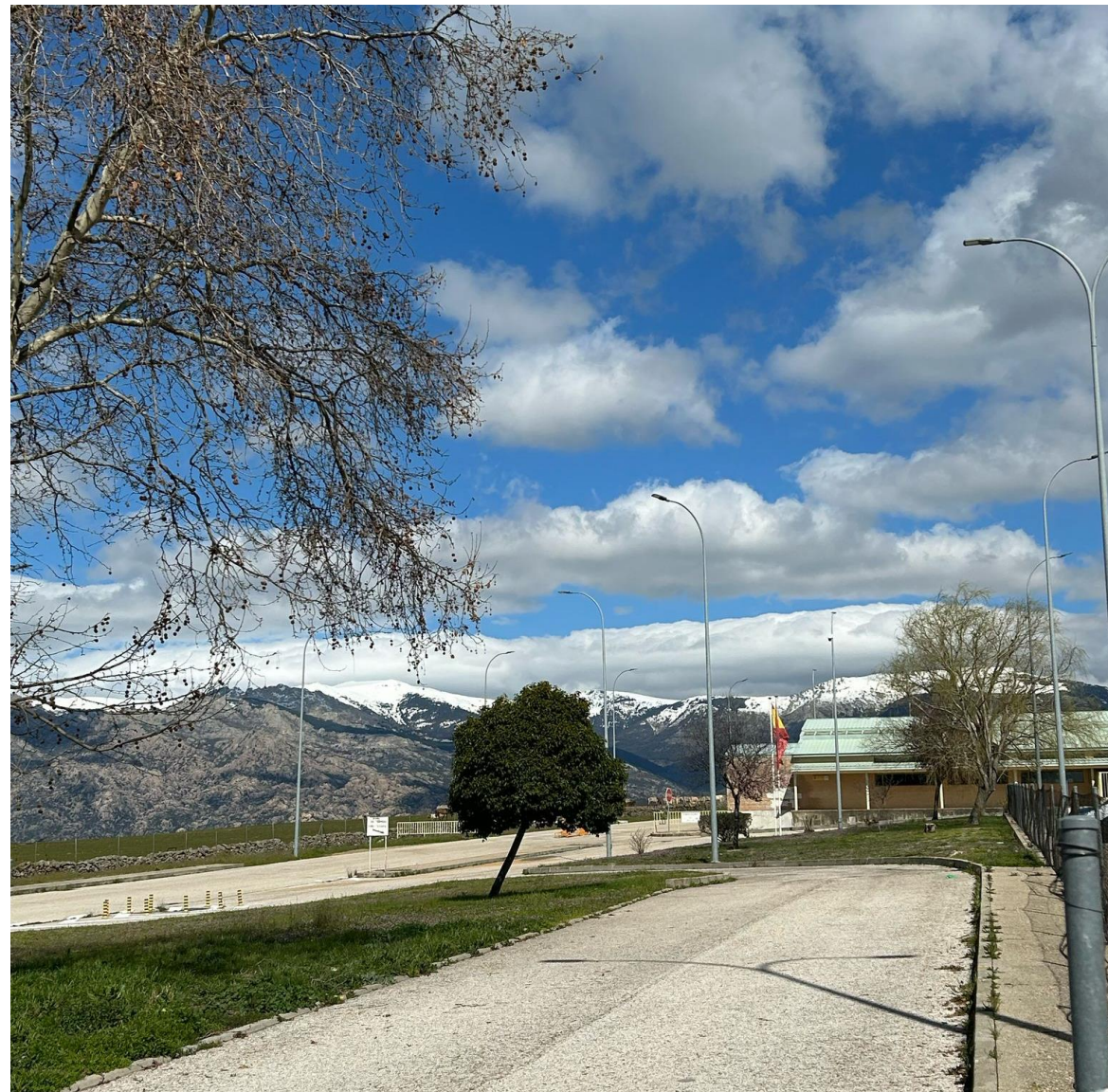
“The deprivation of liberty contemplated by Article 5 § 1 (e) has a dual function: on the one hand, the social function of protection, and on the other a therapeutic function that is related to the individual interest of the person of unsound mind in receiving an appropriate and individualised form of therapy or course of treatment. The need to ensure the first function should not, *a priori*, justify the absence of measures aimed at discharging the second”.

... “it is essential to verify whether a link has been maintained between the initial aim of detaining the applicant and the appropriateness of the treatment provided to him: only if this condition is fulfilled can the deprivation of liberty be considered lawful”.

... “the Court will examine the appropriateness of the institution in question and, in this context, the constituent elements of the treatment offered to the applicant. It will ascertain whether the care provided was such as to bring about an improvement in the applicant’s health and a reduction in the degree of danger posed by him, and to promote the prospects of release”.



In-prison mental health care



Article 3's requirements

- Adequate medical assistance must be provided to people in prison
 - Comparable to the outside, compatible with human dignity taking account the demands of imprisonment (*Blokhin v. Russia* (2016))
- This may go so far as to require transfer from prison to specialist facilities without 'delay' *Pankiewicz v. Poland* (2008)
- Must permit preparation for release *Murray v. the Netherlands* (2016)

Article 3's requirements



Recognition that prison poses a higher risk of suffering and has negative effects on health

Closer vigilance to how people in such situations are treated

Applicant must prove 'beyond a reasonable doubt' that the conditions breach Article 3

However, reports of monitoring bodies influence the Court

Sy v. Italy (2022)

Detention for two years in an ordinary prison

Italian court orders to transfer him to a psychiatric care facility
not enforced

Unsuitable conditions, not therapeutic treatment plan:
‘therapeutic abandonment’

Breaches of Article 3 and Article 5

Miranda Magro v. Portugal (2024)

- Detained in psychiatric unit of a prison hospital
- The evidence did not show that the applicant had an individual therapeutic plan, individualised, continuous and specialist care, or follow-up treatment or appropriate therapy and medication
- The administration of drugs was not accompanied by a comprehensive treatment strategy

Miranda Magro v. Portugal (2024)

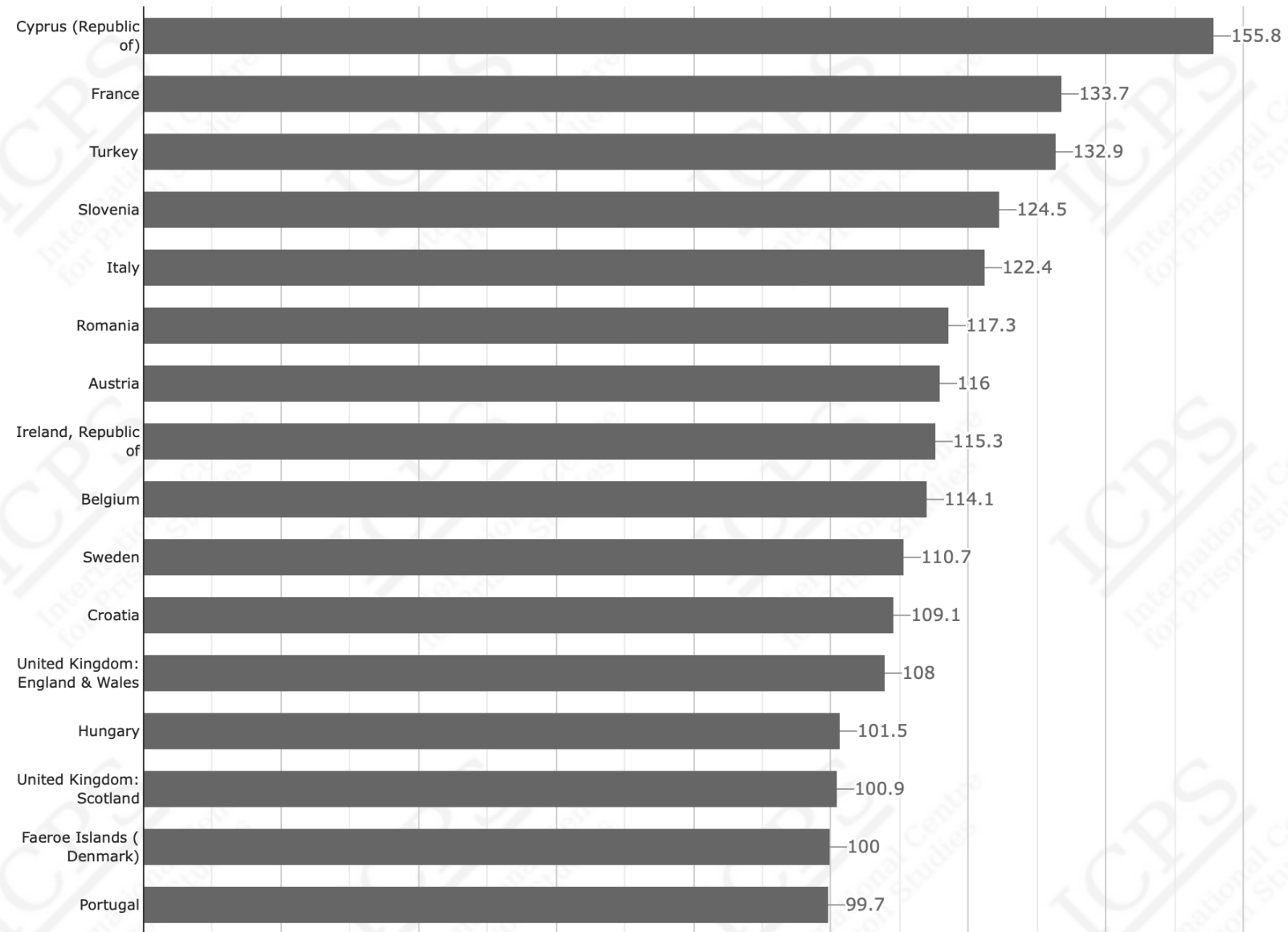
This exposed him to a risk to his health and feelings of distress, anguish and fear

- Violation of Article 3

Also violated Article 5: the environment in the prison was not suitable for treatment and broke the link with the basis for detention

A small, vibrant green plant with four leaves is growing out of the center of a dark, heavily cracked wooden stump. The wood grain is clearly visible, showing concentric rings and deep fissures. The plant's shadow is cast onto the wood to the right.

Dignity in Context



Prisoner Population on Monday 23rd June 2025								
INSTITUTION	Number in Custody	Mattresses on floor	Date to Date TR	No. On Temp Release*	No. On Trial/ Remand	Total Prisoners in System**	Bed Capacity	% of Bed Capacity
Mountjoy (m)	983	70		169	24	1,216	814	121%
Mountjoy (f)	183	11		96	48	289	146	125%
Training Unit	97	0		1	0	102	96	101%
Cloverhill	528	77		8	417	544	433	122%
Wheatfield	680	38		44	144	730	622	109%
Midlands	1,048	80		41	93	1,101	891	118%
Portlaoise	276	4		0	34	277	225	123%
A Block	40			0	4	40	40	
C Block	232			0	30	233	181	
E Block	4			0	0	4	4	
Cork	363	59		55	108	430	296	123%
Limerick (m)	389	42		44	77	440	311	125%
Limerick (f)	90	0		36	18	127	56	161%
Castlerea	436	40		39	101	484	371	118%
Arbour Hill	136	0		0	0	151	137	99%
Loughan House	124	0	15	12	0	162	153	91%
Shelton Abbey	109	0	11	13	0	143	121	99%
Totals	5,442	421	26	558	1,064	6,196	4,672	117%

Mattresses on floor figures are included in the number in custody column



Article 8 and consent

Right to respect for private life

Compulsory medical treatment, regardless of its gravity, is an interference with the right to physical integrity and respect for private life

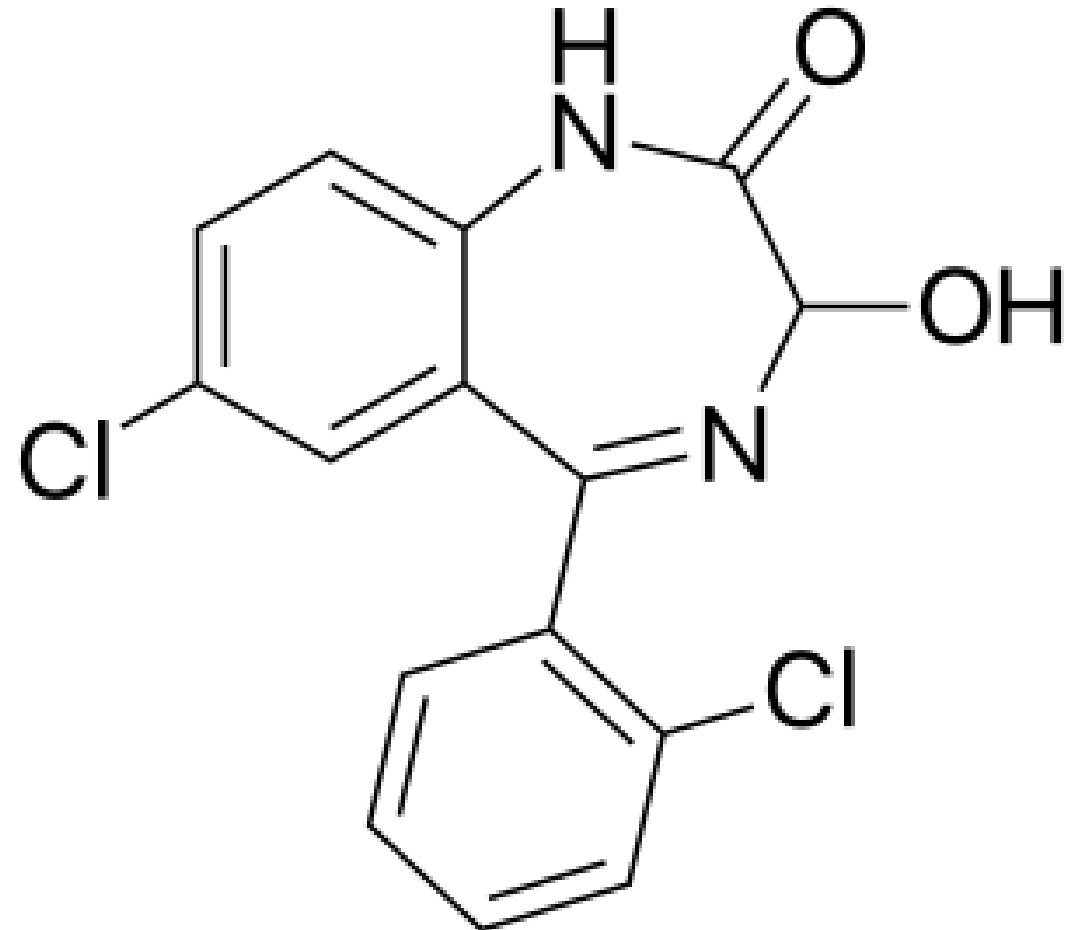
There will be a breach of Article 8 unless it is:

- In accordance with the law
- In pursuit of one of Article 8's legitimate aims
- Considered necessary in a democratic society in pursuit of that aim

Article 8 and consent

There must be protection for the individual against arbitrary interference with the right to private life in domestic law *RD and IMD v. Romania* (2021)

Forced administration of medication is a serious interference with Article 8 rights and must be based on a law with adequate safeguards against arbitrariness



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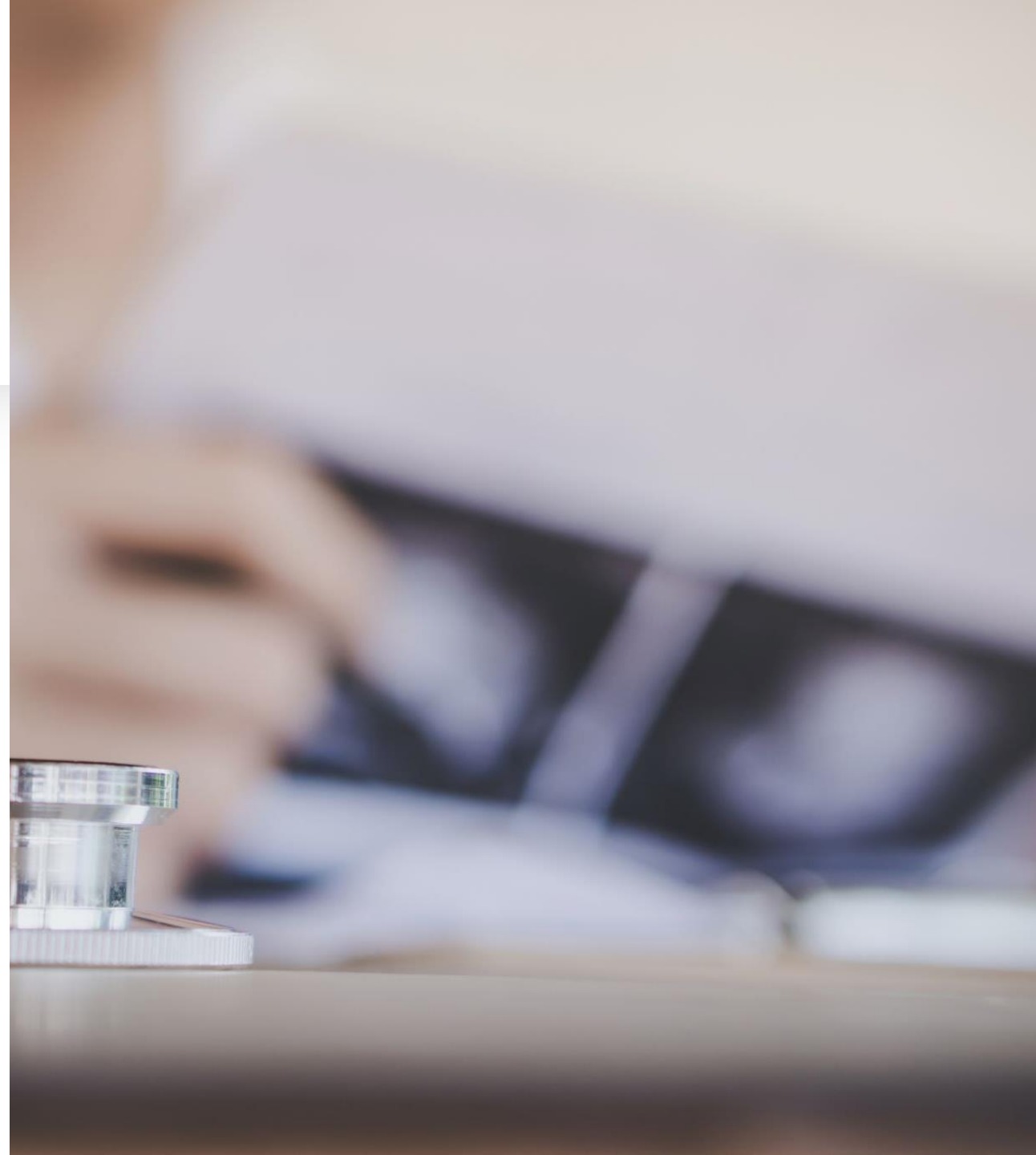
X v Finland (2012)

Applicant was involuntarily admitted

Forcible administration of medication

Held this was done without proper legal safeguards

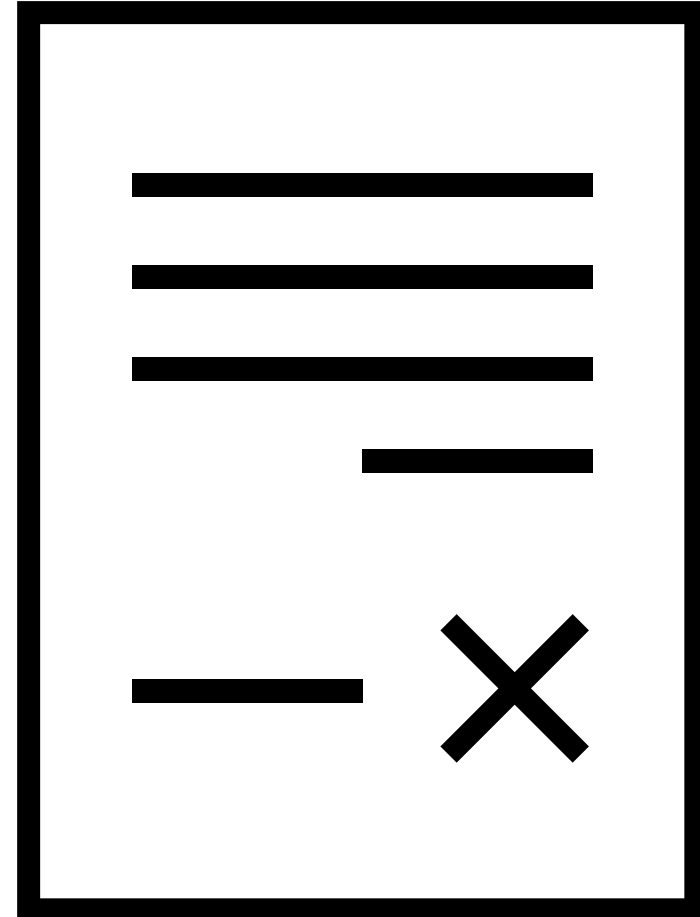
- Decision to detain included automatic authorisation to proceed to forcible administration of medication if the applicant refused treatment
- Decision-making rested exclusively with doctors and regardless of applicant's wishes
- Decision-making of doctors was free from any kind of immediate judicial scrutiny
- No remedy available to seek court's ruling on lawfulness including proportionality of the forcible administration of medication



Storck v. Germany (2005)

Private psychiatric hospitals

- State did not have effective control over private institutions and failed in its positive obligations under Article 8 regarding provision of consent
- Highly critical of failure to explore wishes of the person involved





RD and IMD v. Romania (2017)

Lack of domestic law to provide a framework on how to obtain informed consent from people with serious mental illness, who were under guardianship

- No domestic law on how to proceed when they refused medical treatment
- Must have a domestic law setting out clearly when non-voluntary treatment can occur and the safeguards applicable

For people aged 16 years and older

One of these options 1-3 is appropriate when establishing consent (please tick as appropriate)

1. The individual has consented to vaccination with COVID-19 vaccine and has been provided with written information **OR**
2. The individual does not agree with COVID-19 vaccination and should not be vaccinated, **OR**
3. The individual cannot consent and they are being vaccinated with COVID-19 vaccine according to their benefit will and preference, **AND**

The above is recorded in their healthcare record and includes information about any consultation that has taken place to help determine their will and preference.

Supported decision-making

UNCPRD

Assisted Decision-Making (Capacity) Act 2015

Update to the Guide to Professional Conduct & Ethics for Registered Medical Practitioners (2024) and Code of Professional Conduct & Ethics for Registered Nurses and Registered Midwives (2025)

Mental Health Bill (2024)

- 14.5** An assessment that a patient lacks capacity to make a particular decision does not imply that they are unable to make other decisions or that they will be unable to make this or other decisions in the future.
- 14.6** Adults who are considered not to have decision-making capacity are entitled to the same respect for their dignity and personal integrity as any other person. You must seek and listen to their views and involve them in decisions about their healthcare to the extent that they are willing and able to be involved.
- 14.7** Where a person lacks capacity to make their own decision, you:
- Must give effect, as far as is practicable, to the patient's past and present will and preferences.²⁷
 - Must consider the patient's beliefs and values and any other factors the patient would be likely to consider if they were able to do so.
 - Must consider the views of any person named by the patient as a person to be consulted, and any decision-making supporter or person with legal authority to act on behalf of the patient.
 - May also consider the views of any carer of the relevant person, anyone who has a bona fide interest in the welfare of the relevant person, or healthcare professionals.
 - Must act in good faith and for the benefit of the person.
 - Must act in a manner that minimises the restriction of the person's rights and freedom of action.
 - Must have due regard to the rights of the person to dignity, bodily integrity, privacy, autonomy, and control over his or her financial affairs and property.
 - Must consider the likelihood of the patient recovering capacity and the urgency of making the intervention prior to, or to promote, such a recovery.
 - Must ensure that decisions you make are proportionate to the significance and urgency of the situation and are as limited in duration as is possible in the circumstances.

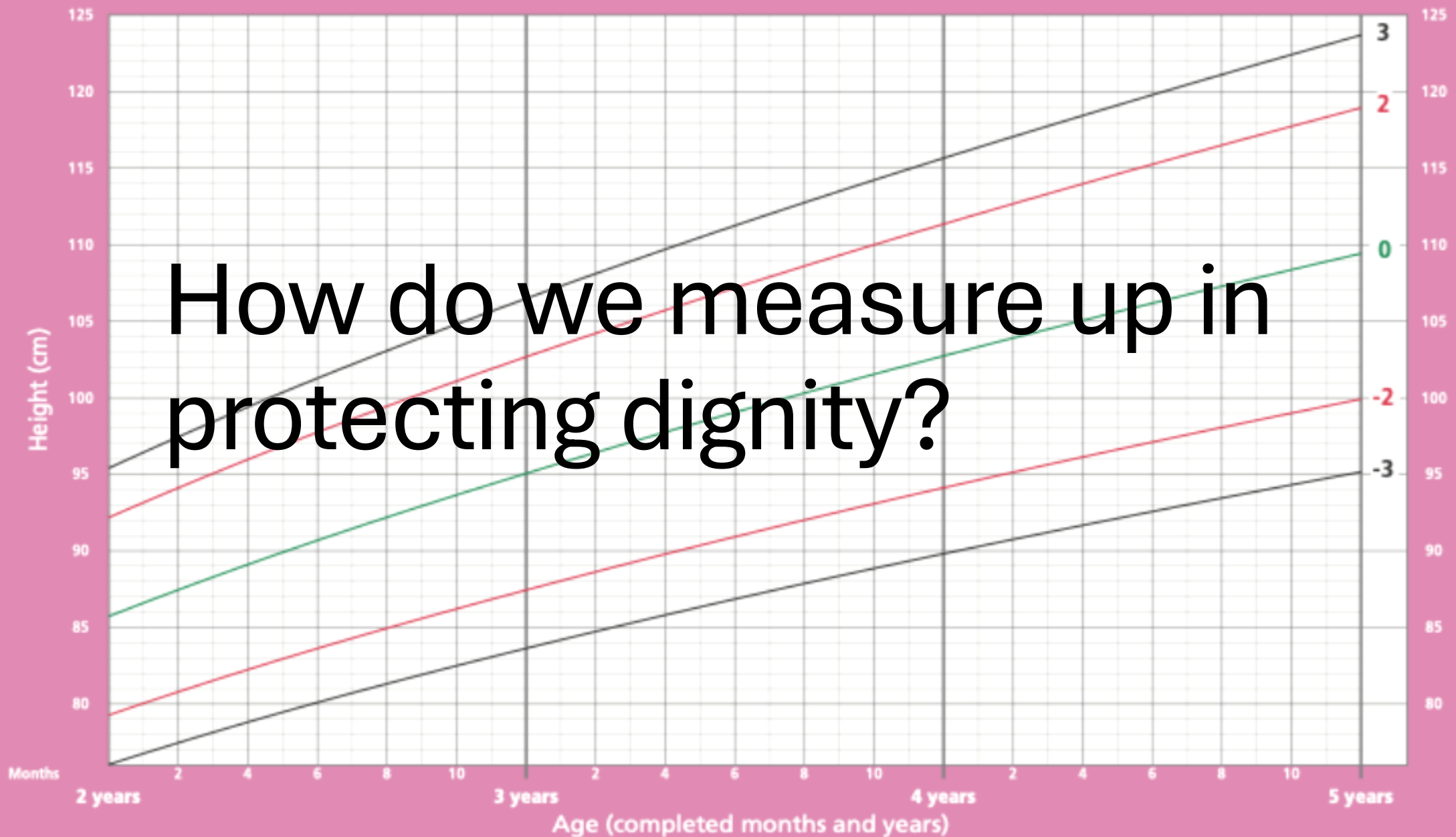
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How do we measure up in protecting dignity?



Assessment by the CPT in Europe

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

Visits places people are deprived of their liberty usually every 4 – 5 years to assess compliance with Article 3

Writes report to the authorities with recommendations, usually made public

Empirical research:

- Awareness of this body amongst people in prison is low (10-29%)

van der Valk, Aizpurua & Rogan, 2021; Aizpurua, E., Valk, S. V. D., Rogan, M., & Caravaca-Sánchez, F. (2025).



PT 2020: Clinic viewed as “prison-like” and not therapeutic

MD 2020 AL (2023): Patients guarded by prison staff

xK (2020): Treatment limited to pharmacological therapy and occasional consultations with a psychiatrist

MK (2023): Mechanical restraint used in view of other patients and patients not under continuous direct supervision

AL (2023): Overcrowding

CPT concerns since 2020

What are the measures of dignity?

Dignity from the perspective of the person

What does dignity mean from the point of view of the detained person/patient?

Lower self-rated dignity is associated with higher perceived coercion on admission, better insight, and more negative symptoms (Plunkett, 2022)

Involuntary patients reported higher levels of dignity compared with voluntary patients -
?role of safeguards and involvement of the person



What is dignity to the person?

Research from PRILA and POIRE research projects (with people in prison, along with staff)

- Examining views of human rights monitoring bodies/NPMs, complaints procedures, and rights in general
- Rights are both highly abstract and highly concrete in the understanding of detained people
- Low expectations of how they should be treated
- Concerns about making complaints

“Now we have toilet, shower, like we are allowed X-boxes if you are on the enhanced wing. What more can you get like. I don’t think you can get any more; you know what I mean”.

(IE, P40)

“There are certain times you would say to yourself this is wrong or like you feel like (complaining), but I haven’t done it, you know. You could make trouble for yourself in here and to me the quietest way is the best normally”.

(IE, P29)

“No, I’d never really questioned anything, like I’d be afraid, do you know, if you question too far into something you might be known as a troublemaker and then things could get worse for you, do you know that sort of way”.

(IE, P19)

Experiences of complaining

Generally low trust in complaints mechanisms, but still used especially by those in segregation and serving long sentences

- Low sense that rights are protected is associated with usage of complaints procedure
- Greater confidence in staff is associated with greater satisfaction with complaints procedure

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ARTICLE



“[Y]ou are better off talking to a f***** wall”: The perceptions and experiences of grievance procedures among incarcerated people in Ireland

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Abstract

The ways in which grievance procedures are used and perceived by incarcerated people raise important questions about the operation of procedural justice and legal consciousness and mobilization scholarship in settings where rights are especially vulnerable. This paper analyzes perceptions and usage of the grievance procedure for incarcerated people using survey data from people ($N = 508$) in three prisons in Ireland. We find that incarcerated

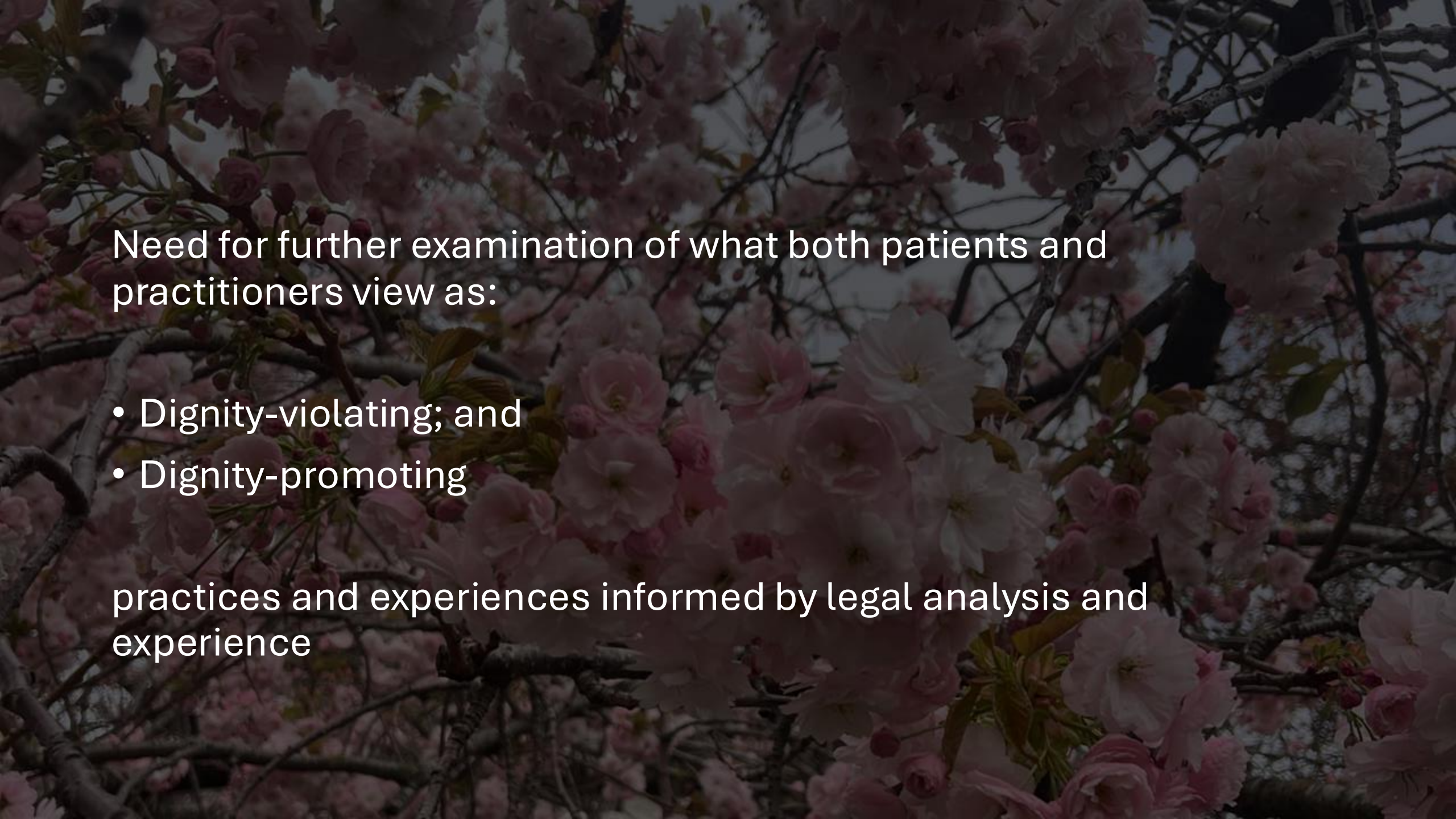
“We are human, we’re not dogs” (DE, P10).

Ways forward

Dignity is a concept shared by both the law/human rights and forensic mental health worlds

Need for inter-disciplinary dialogue on what we mean when we talk about dignity, and what the content of its protection should be



The background of the slide is a close-up photograph of pink cherry blossoms. The flowers are in various stages of bloom, with some showing full, delicate petals and others as buds. The branches are dark and intricate, creating a complex pattern against the lighter sky. The overall tone is soft and natural, with a slight darkening of the image to make the white text stand out.

Need for further examination of what both patients and practitioners view as:

- Dignity-violating; and
- Dignity-promoting

practices and experiences informed by legal analysis and experience

An aerial photograph of a coastal region, likely in Ireland, featuring numerous small, green islands scattered across a blue body of water. In the background, a large, rugged mountain range with snow-capped peaks is visible under a clear sky. The foreground shows a small settlement with white-walled houses and green fields, situated on a peninsula or island.

Dignity language is not just for lawyers

Nor is dignity's protection

Dignity practitioners

The women who were singers in the West
lived on an unforgiving coast.
I want to ask was there ever one
moment when all of it relented—
when rain and ocean and their own
sense of home were revealed to them
as one and the same?

After which
every day was still shaped by weather,
but every night their mouths filled with
Atlantic storms and clouded-over stars
and exhausted birds?

And only when the danger
was plain in the music could you know
the measure of their true rejoicing in
finding a voice where they found a vision.

Eavan Boland, *The Singers*





Thank you

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