From Aspiration to Accountability: Shaping the UN Convention on the Rights of Older Persons through Clinical Leadership, Human Rights, and Evidence-Based Care

Advancing dignity, agency, health, brain health, mental health, care and support across the continuum of care.

Purpose and Objectives

- Inform the emerging UN Convention on the Rights of Older Persons through a rights-based, clinically grounded, and implementation-focused framework.
- Build multidisciplinary collaboration across human rights, lived experience, caregiving, clinical practice, research, education, and policy.
- Support practical action through engagement with OHCHR, the Independent Expert, and international partners.
- Advance rights-based health, brain health, mental health, care, and support systems across the full continuum of care.

WHY THIS MATTERS

Population ageing is one of humanity's greatest achievements. Yet millions of older persons around the world continue to experience ageism, exclusion, discrimination, threats to dignity, autonomy, and agency, inadequate access to health, brain health, and mental health services, and violations of their fundamental human rights.

The emerging United Nations Convention on the Rights of Older Persons represents a historic opportunity to change this reality. It offers the possibility of moving beyond aspiration toward accountability—transforming dignity, agency, health, brain health, mental health, care, and support from worthy ideals into meaningful, enforceable rights.

Rights, however, must be more than words on paper. They must be translated into everyday practice across the full continuum of care and support, including home and community care, primary care, acute care, rehabilitation services, long-term care, palliative care, and end-of-life care. This is where older persons, and their families experience either the benefits of rights-based systems or the consequences of ageism, mentalism, ableism, and other intersecting forms of discrimination.

The question before us is no longer whether older persons have rights. The question is whether societies are prepared to uphold, protect, implement, and realize those rights in practice.

Executive Position Statement

The development of a United Nations Convention on the Rights of Older Persons represents a historic and time-sensitive opportunity to translate longstanding human rights commitments into meaningful protections across health, mental health, and care systems. This is not simply a legal exercise. It is a practical, ethical, and clinical opportunity to shape the conditions under which older persons live, receive care, exercise agency, and claim their rights.

To ensure that the Convention becomes a transformative instrument rather than a symbolic declaration, it must be grounded in five foundational pillars: human rights-based systems; person-centered care; agency and supported decision-making; freedom from intersecting discrimination; and accountability-based systems.

These pillars align with the WHO Healthy Ageing framework and must be operationalized across the full continuum of health, mental health, brain health, care and support systems, including home and community care, primary care, acute care, rehabilitation services, long-term care, palliative care, and end-of-life care. Rights only become meaningful when they are experienced consistently across these settings.

Older persons, caregivers, and care and support workers must be recognized as essential partners and co-producers in shaping policy, implementation, monitoring, and accountability mechanisms from the earliest stages of the Convention process.

The World Psychiatric Association (WPA), working through its Section on Old Age Psychiatry and in collaboration with the WPA Executive, is well positioned to support coordinated global engagement. This includes facilitating alignment across disciplines, sectors, and regions in a manner that is collaborative and complementary—not competitive—with existing efforts.

Without coordinated leadership grounded in science, clinical practice, and lived experience, the Convention risks remaining aspirational. With such leadership, it can become a practical and transformative instrument capable of shaping care, rights, dignity, and accountability across the life course.

Health, brain health, and mental health are fundamental human rights issues for older persons. These rights cannot remain aspirational. They must be recognized, protected, implemented, monitored, and enforceable across the full continuum of care and support, including home and community care, primary care, acute care, rehabilitation, long-term care, palliative care, and end-of-life care. The Convention provides a unique opportunity to ensure that these rights are embedded not only in law and policy, but also in the everyday realities of health and care systems.

1. A Historic Opportunity for Ageing and Human Rights

The United Nations has now moved from many years of dialogue into the active elaboration of a legally binding instrument on the human rights of older persons. The current call for inputs seeks guidance on the general framework, architecture, and guiding principles of that instrument, and is intended to inform the second session of the intergovernmental working group in July 2026.

This marks a historic shift. Population ageing is transforming every region of the world, yet older persons remain the only major population group without a dedicated, legally binding international human rights convention. Existing human rights instruments provide important protections, but they do not sufficiently address the distinctive and cumulative forms of discrimination, exclusion, dependency, and structural invisibility that many older persons face in health care, mental health care, social care, long-term care, humanitarian crises, and end-of-life contexts.

The Open-Ended Working Group on Ageing documented these protection gaps over more than a decade, including discrimination in health services, inadequate recognition of autonomy and legal capacity, weak safeguards against abuse and neglect, and insufficient attention to long-term care and support systems. This moment represents a narrow and time-sensitive policy window—not only to affirm rights in principle, but to shape how those rights will be interpreted, implemented, and enforced in practice.

2. A Foundational Legacy: Dr. Carlos Augusto de Mendonça Lima

This paper is deeply informed by the intellectual and moral legacy of Dr. Carlos Augusto de Mendonça Lima. His work helped bring together psychiatry, gerontology, primary care, and human rights in a way that refused to separate clinical realities from ethical and legal obligations. He understood clearly that dignity and human rights must be operationalized within care systems, not merely celebrated in abstract language.

Dr. Mendonça Lima's contributions were especially important in bringing visibility to older persons with mental health conditions and psychosocial disabilities, many of whom remain excluded from policy discourse, subject to layered forms of discrimination, and denied meaningful participation in decisions that affect their lives. His leadership helped build an international scholarly and professional network that continues to influence work on dignity, agency, supported decision-making, and rights-based care for older persons.

That legacy now provides both a foundation and an obligation: to ensure that the Convention reflects clinical reality, addresses the lived consequences of structural discrimination, and protects older persons not only as recipients of services but as rights-holders, citizens, and persons with enduring voice, identity, and agency.

3. Ageism as a Structural Determinant of Health and Rights

Ageism is one of the most pervasive and socially accepted forms of discrimination globally. It shapes public attitudes, institutional norms, policy design, clinical decision-making, and access to services. In health and care settings, ageism may present as therapeutic nihilism, exclusion from treatment, diminished expectations for recovery, paternalistic decision-making, or the routine devaluation of a person's preferences because of age alone.

Ageism rarely acts in isolation. Older persons living with mental health conditions, dementia, disability, poverty, social exclusion, racism, sexism, or displacement may face overlapping forms of discrimination that multiply disadvantage. The combined effects of ageism, mentalism, ableism, and other forms of structural inequity are often embedded within systems rather than openly

declared. As a result, discrimination may appear normal, efficient, or even protective while quietly eroding autonomy, dignity, and equal recognition before the law.

This is why ageism should be understood not merely as prejudice, but as a structural determinant of health and rights. Unless the Convention addresses these intersecting and systemic forms of exclusion directly, it will fail to respond to one of the central mechanisms through which older persons are denied equal status, participation, and protection.

4. Translating Human Rights into Care Systems

Human rights only become meaningful when they can be translated into the settings where people live and receive care and support. For older persons, that means the full continuum of care and support: home and community care, primary care, acute care, rehabilitation services, long-term care, palliative care, and end-of-life care. Rights may be protected—or violated—in any of these settings. It also means recognizing that violations of rights often occur not through dramatic events alone, but through everyday routines, policies, omissions, and institutional cultures.

Dignity in later life includes respect for identity, relational personhood, meaningful activity, privacy, intimacy, spiritual life, family and social ties, and the right to be heard. Agency is equally fundamental. Even when intrinsic capacity changes, agency can remain meaningful if the environment enables the person to express preferences, participate in decisions, and exercise choice with appropriate support.

This requires a decisive shift from substitute decision-making cultures toward supported decision-making approaches. The issue is not whether support is needed, but how support is provided, by whom, and under what safeguards. Supported decision-making better reflects contemporary human rights principles by focusing on will and preferences rather than replacing them. The Convention should therefore make clear that health and care systems must be organized not simply to manage risk, but to preserve dignity, maximize participation, and protect agency.

5. A Framework for Rights-Based Health, Mental Health, Brain Health, Care and Support Systems

A clinically meaningful Convention must be anchored in a framework that bridges human rights, evidence, and operational practice. We propose five foundational pillars for dignity-centred care and support systems for older persons.

First, evidence-based systems: services and supports should be scientifically grounded, responsive to complexity, and open to continuous learning and evaluation. Second, person-centred care: systems must recognize the person within their relationships, communities, histories, and cultures, rather than treating them as a collection of deficits or diagnoses. Third, human rights-based systems: care must be organized around dignity, autonomy, participation, equality, and protection from abuse, neglect, and coercion. Fourth, freedom from intersecting discrimination: systems

must actively address ageism, mentalism, ableism, sexism, racism, and other forms of exclusion that undermine rights. Fifth, accountability-based systems: rights must be accompanied by monitoring, implementation duties, remedies, oversight, and transparent mechanisms for redress.

Together, these pillars align with the broader PRISM orientation: protection of rights, recognition of intersectionality, implementation of evidence-based approaches, strengthening of multisectoral collaboration, and meaningful monitoring and accountability. This is not an abstract model. It is intended as a practical bridge between international law and the day-to-day operation of care systems.

These pillars should be applied consistently across the full continuum of care and support. Whether an older person is living independently at home, receiving primary care, recovering in hospital, residing in long-term care, accessing rehabilitation services, or receiving palliative or end-of-life care, the same principles of dignity, agency, participation, equity, and accountability must apply.

6. Proposed Framework, Principles, and Architecture for the Convention

The OHCHR process has specifically invited stakeholders to address the overarching framework, core principles, and architecture of the legally binding instrument. In response, we propose that the Convention be organized around a clear rights-based and implementation-oriented structure.

The overarching framework should recognize older persons as full rights-holders entitled to the equal enjoyment of all human rights and fundamental freedoms. It should explicitly integrate health, mental health, long-term care, and support systems, while reinforcing dignity, agency, participation, legal capacity, equality, and access to remedies. It should also acknowledge that existing human rights protections, while important, have not adequately prevented age-based and intersecting forms of exclusion in practice.

Its core principles should include dignity; autonomy and legal capacity; supported decision-making; participation and inclusion; equity and non-discrimination; accountability; and protection against abuse, neglect, violence, and undue influence. These principles should apply across all settings and should be interpreted through the lens of real-world implementation.

Its architecture should include at minimum: a preamble; definitions; general principles; general obligations of States; substantive rights articles; implementation and monitoring provisions; and explicit provisions to support participation of older persons and engagement with civil society, professional bodies, and relevant experts. Substantive rights articles should include health, brain health, and mental health; long-term care and support; independent living and community inclusion; decision-making and legal capacity; freedom from violence and abuse; palliative and end-of-life care; social protection; housing; participation; and access to justice. These rights should apply across home and community care, primary care, acute care, rehabilitation services, long-term care, palliative care, and end-of-life care settings.

7. The Missing Perspective: Clinical, Caregiving and Implementation Expertise

The development of the Convention cannot rely solely on diplomatic negotiation and legal drafting. Clinicians, researchers, educators, and care providers working directly with older persons encounter daily the practical consequences of ageism, neglect, poor system design, and fragmented implementation. They understand both the barriers and the enablers of dignity-based, rights-based care.

Yet this clinical and service-system perspective is too often underrepresented in global human rights processes. Without it, the Convention may become conceptually strong but operationally weak. The same is true if the voices of older persons themselves are marginalized or tokenized rather than treated as central to co-production, evaluation, and accountability.

A stronger and more organized contribution from global clinical leadership is therefore essential. This includes psychiatry, psychogeriatrics, geriatric medicine, family medicine, nursing, psychology, social work, rehabilitation, allied health, public health, long-term care leadership, palliative care, and community-based support systems. The Convention will be stronger if these communities help shape it now, rather than being asked to implement it later without having influenced its design.

8. The Role of the World Psychiatric Association (WPA)

The World Psychiatric Association, especially through its Section on Old Age Psychiatry, is uniquely positioned not only to contribute expertise but to convene and align global clinical leadership in support of the Convention. It already has a credible record of engagement on ageism, dignity, rights-based care, and the human rights of older persons with mental health conditions. It also has the institutional reach, legitimacy, and multidisciplinary relationships needed to catalyze broader collaboration.

WPA's potential role is not limited to submitting a statement or endorsing a position. Rather, it can help organize the field. It can act as a respected convenor that brings together diverse disciplines, regions, organizations, and lived-experience voices to strengthen the quality, coherence, and practical relevance of input into the Convention process.

Such leadership would also be consistent with WPA's broader responsibilities in relation to mental health, ethics, education, and advocacy. As an international professional body, it can help ensure that mental health and psychosocial dimensions of ageing are not sidelined, and that the Convention is informed by the realities of prevention, treatment, recovery, care, support, and human rights implementation.

9. From Fragmentation to Coordination: A Global Convening Imperative

At present, efforts to advance human rights-based care and support for older persons remain dispersed across disciplines, organizations, and regions. Important work is taking place in many settings, but too often in parallel rather than in coordination. This fragmentation weakens

collective influence, complicates shared messaging, and risks producing siloed input into the Convention process.

The emerging Global Alliance for Human Rights-Based Care and Support for Older Persons (GARBCS-OP) reflects a growing recognition of this gap. However, that collaboration has not yet been formally constituted as an operational global alliance. It remains at an early and largely informal stage, developed through academic, professional, and policy-oriented networks. This is a strength in terms of openness and intellectual diversity, but it also means that a formal convening mechanism is still missing.

That gap matters. Without structured coordination, scientific and clinical expertise may remain diffuse; policy engagement may be inconsistent; and the translation of rights into practical guidance for health and care systems may be delayed or weakened. A Convention of this importance requires not only good ideas, but an organized way to mobilize expertise, support collaboration, and sustain implementation over time.

10. A Proposed Pathway: WPA as Facilitator and Catalyst for Collaboration

We therefore propose that the WPA help facilitate the continued development of the emerging Global Alliance for Human Rights-Based Care and Support for Older Persons (GARBCS-OP). This role would focus on catalyzing collaboration, fostering dialogue, and supporting coordination across interested partners while respecting their independence, expertise, and existing mandates. This would not mean ownership, control, or the creation of a new hierarchical institution. Rather, it would mean using WPA's legitimacy and global reach to initiate and support a structured collaborative process that can mature into a coordinated platform for shared action.

Under this model, WPA could help bring together interested organizations and stakeholders from medicine, mental health, gerontology, nursing, allied health, primary care, social care, long-term care, palliative care, civil society, human rights communities, older persons, families, and caregivers. The goal would be to help these groups speak with greater coherence while respecting their independence, mandates, and diversity of perspectives.

Functions that WPA could help support include developing shared strategic priorities, facilitating dialogue and coordination, synthesizing relevant evidence, supporting educational and implementation initiatives, promoting collaborative research, and ensuring meaningful involvement of older persons, caregivers, and other stakeholders. In practical terms, this could begin with a structured invitation process, the creation of a small coordinating group, and agreement on core principles, priorities, and ways of working.

Through its leadership and ongoing engagement with the UN Convention process, the WPA is helping create the conditions through which GARBCS-OP can evolve from an informal network into a recognized collaborative platform capable of contributing to both norm-setting and

implementation. This facilitative role can help bridge the gap between human rights principles and their practical application across the continuum of care and support for older persons.

11. Strategic Alignment with GARBCS-OP

The strategic value of GARBCS-OP lies precisely in its potential to bridge worlds that are too often kept separate: human rights and clinical practice; policy and implementation; science and lived experience; and mental health, brain health, and broader health and care systems. Rather than functioning as a traditional organization, GARBCS-OP could evolve as a flexible, modular collaborative platform that enables diverse partners to contribute according to their expertise while preserving their independence, mandates, and unique strengths.

Its purpose is not to duplicate existing advocacy, civil society, professional, or human rights efforts, but rather to complement and strengthen them by bringing together multidisciplinary expertise from older persons, caregivers, clinicians, researchers, educators, policymakers, administrators, and human rights leaders. In doing so, it can help ensure that health, brain health, mental health, dignity, agency, autonomy, participation, and accountability are meaningfully reflected in both the Convention process and its implementation.

This approach aligns well with emerging opportunities for collaboration with international human rights partners, including the co-development of practical implementation tools, policy guidance, educational resources, webinars, training initiatives, and capacity-building activities designed to translate human rights principles into everyday practice. It also aligns with the work of the newly appointed United Nations Independent Expert on the Human Rights of Older Persons, whose clinical and academic expertise reflects an appreciation of the complex relationships among aging, health, brain health, mental health, disability, autonomy, dignity, agency, and human rights.

A particular contribution of GARBCS-OP is its focus on implementation across the full continuum of care and support. International human rights standards must ultimately be translated into real-world practice within home and community care, primary care, acute care, rehabilitation services, long-term care, palliative care, and end-of-life care. Bridging this implementation gap is one of the Alliance's distinctive goals and one of the areas where multidisciplinary clinical, caregiving, and systems expertise can make a meaningful contribution.

Properly supported, GARBCS-OP could serve as a practical bridge between international human rights standards and their implementation across the full continuum of care and support. By fostering collaboration, shared learning, and practical action, it has the potential to help transform dignity, agency, health, brain health, mental health, care, and support from aspirational principles into lived realities for older persons around the world.

12. From Legal Text to Lived Protection

International conventions do not transform systems on their own. Their power lies in establishing shared standards, defining obligations, creating accountability, and providing a foundation for advocacy, policy reform, education, and jurisprudence. A Convention without implementation

remains symbolic. A Convention grounded in accountability, science, clinical insight, and lived experience becomes transformative.

For older persons, the stakes are especially high. Rights may be denied quietly through institutional routine, under-resourced systems, weak safeguards, or the normalization of dependency and invisibility. This is why implementation provisions matter as much as declarations of principle. States should be expected not only to affirm rights, but to organize services, training, oversight, data systems, safeguards, and remedies in ways that make those rights real. Implementation must be measurable, monitored, and enforceable. The Convention should establish clear accountability mechanisms and pathways for redress. The Convention should therefore be understood not as an endpoint, but as an enabling instrument: one that can help shift cultures of care, strengthen public accountability, guide system reform, support education, and empower older persons and their allies to claim what should never have been denied.

13. Building Momentum Through Global Engagement

Properly supported, GARBCS-OP could serve as a practical bridge between international human rights standards and their implementation across the full continuum of care and support. With growing engagement from WPA leadership and increasing interest from international partners, the next phase should focus on broad dialogue, knowledge exchange, coalition-building, and collaborative action across professional, academic, policy, human rights, caregiving, and lived-experience communities.

Key opportunities include the IPA Pre-Congress Workshop in Leiden (June 2026), the WPA World Congress of Psychiatry in Stockholm (September 2026), ongoing engagement with OHCHR and the UN Convention process, and dissemination through partner organizations, professional societies, academic networks, and civil society stakeholders worldwide. These activities can help socialize and refine emerging ideas, expand participation, identify areas of consensus and priority, and build a growing international community committed to advancing dignity, agency, health, brain health, mental health, care, and support as fundamental human rights for older persons.

By fostering collaboration across sectors, disciplines, regions, and cultures, GARBCS-OP can evolve as a flexible, modular platform for learning, innovation, implementation, and collective action. In doing so, it can help strengthen the translation of international human rights principles into practical improvements across home and community care, primary care, acute care, rehabilitation services, long-term care, palliative care, and end-of-life care.

Ultimately, the success of this effort will be measured not by the creation of another organization, but by its ability to help transform dignity, agency, health, brain health, mental health, care, and support from aspirational principles into lived realities for older persons around the world.

14. Conclusion

The development of a United Nations Convention on the Rights of Older Persons represents one of the most important human rights opportunities of our time. For the first time, the international

community has the opportunity to establish a comprehensive framework that explicitly recognizes and protects the rights, dignity, agency, autonomy, health, brain health, mental health, care, and support needs of older persons.

Yet the true measure of success will not be the adoption of a Convention alone. Success will depend on whether its principles are translated into meaningful action and lived realities for older persons, families, caregivers, and communities across the world. Human rights must be reflected not only in international agreements and national policies, but also in everyday experiences across home and community care, primary care, acute care, rehabilitation services, long-term care, palliative care, and end-of-life care.

The challenge before us is therefore not simply one of legal reform. It is one of implementation, accountability, culture change, education, leadership, and system transformation. It requires sustained collaboration among older persons, caregivers, clinicians, researchers, educators, policymakers, civil society organizations, professional associations, governments, and international institutions.

GARBCS-OP offers a unique opportunity to help bridge the longstanding gap between aspiration and implementation. As a flexible, modular, and collaborative platform, it can bring together human rights expertise, lived experience, caregiving perspectives, clinical knowledge, scientific evidence, education, policy, and implementation science to support real-world change. Its value lies not merely in fostering dialogue, but in helping improve the quality, effectiveness, efficiency, responsiveness, and accountability of health, mental health, brain health, care, and support systems across the full continuum of care.

By strengthening collaboration, developing practical tools and guidance, supporting education and capacity-building, and promoting implementation across diverse settings, GARBCS-OP can help ensure that dignity, agency, autonomy, participation, equity, and accountability are not abstract principles, but realities experienced by older persons and their families throughout the life course—from prevention and health promotion to treatment, rehabilitation, long-term care, palliative care, and end-of-life care.

Ultimately, this is not simply about creating a Convention, a framework, or a collaborative platform. It is about creating a world in which every older person is recognized as a rights-holder, valued as a full participant in society, and supported to live with dignity, purpose, agency, and the highest attainable standard of health and well-being.

The question before us is no longer whether older persons have rights. The question is whether we are prepared to uphold, protect, implement, and realize those rights in practice.

This moment will not return.

15. From Aspiration to Accountability: Building Momentum for Action

Suggested Immediate Leadership Actions for WPA and WPA-SOAP

The following actions are intended to build upon progress already made and support the next phase of engagement with the emerging United Nations Convention on the Rights of Older Persons.

1. Strengthen Engagement with the UN Convention Process

Continue active engagement with the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Intergovernmental Working Group (IGWG), the Independent Expert on the Human Rights of Older Persons, and other relevant stakeholders to help ensure that health, brain health, mental health, dignity, agency, autonomy, caregiving, and rights-based systems of care and support are meaningfully reflected in the Convention process.

2. Advance the Development of GARBCS-OP

Support the continued evolution of the Global Alliance for Rights-Based Care and Support for Older Persons (GARBCS-OP) as a flexible, modular, multidisciplinary collaborative platform that complements existing human rights, advocacy, professional, and civil society efforts.

3. Build a Global Coalition for Action

Engage older persons, caregivers, clinicians, researchers, educators, policymakers, human rights experts, professional societies, civil society organizations, and international partners in a coordinated effort to strengthen rights-based approaches to health, brain health, mental health, care, and support for older persons.

4. Develop Practical Implementation Tools

Collaborate with interested partners to develop practical resources that help translate human rights principles into real-world practice, including policy guidance, implementation frameworks, educational resources, webinars, training programs, toolkits, and capacity-building initiatives across the continuum of care.

5. Promote Education, Awareness, and Capacity Building

Support educational initiatives that address ageism, mentalism, ableism, and other intersecting forms of discrimination while promoting dignity, agency, participation, accountability, and human rights across health and social care systems.

6. Advance Research, Knowledge Exchange, and Evaluation

Promote collaborative research, knowledge exchange, implementation science, and evaluation efforts to strengthen the evidence base supporting rights-based health, brain health, mental health, care, and support systems for older persons.

7. Disseminate and Refine the Framework

Use opportunities such as the IPA Pre-Congress Workshop in Leiden, the WPA World Congress of Psychiatry in Stockholm, professional meetings, publications, webinars, and stakeholder consultations to further refine, socialize, and disseminate the framework and gather broad international feedback.

8. Support Publication and Ongoing Dialogue

Encourage publication, discussion, and ongoing refinement of this framework through WPA channels, peer-reviewed journals, partner organizations, and international networks to foster continued dialogue and collaboration around the implementation of the Convention and the promotion of rights-based care and support systems for older persons.

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