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Old Age Psychiatry

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LEIDEN SUMMARY STATEMENT

Human Rights-Based Care and Support for Older Persons

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Co-Convenors, IPA Pre-Congress Workshop | Leiden, 30 June 2026

Purpose of this Statement

On June 30, 2026, an invited international group of clinicians, researchers, advocates, older persons' rights stakeholders, OHCHR expertise, WPA-SOAP colleagues, IPA partners, civil society representatives, and invited observers met in Leiden for an IPA Pre-Congress Workshop on Human Rights-Based Care and Support for Older Persons.

This summary reflects areas of broad consensus that emerged during the workshop and is intended to inform ongoing international discussions on the development of a legally binding instrument on the human rights of older persons. It is also intended to support practical collaboration among WPA, WPA-SOAP, IPA and interested partners as this work moves from principles to implementation.

The workshop took place at a pivotal moment, as the newly established Intergovernmental Working Group begins its work toward developing a legally binding international instrument on the rights of older persons, potentially a United Nations Convention on the Rights of Older Persons.

Central Message

> ***Human rights must be lived in care and support systems, not only written in legal texts.***

Rights are experienced in everyday interactions with families, communities, health professionals, social services, and care systems. Participants emphasized that a future international instrument should not only affirm the rights of older persons but also promote their practical implementation across home and community care, primary care, hospitals, mental health services, rehabilitation, long-term care, palliative care, and end-of-life care.

Participants emphasized that dignity, autonomy, agency, participation, interdependence, supported decision-making, protection from discrimination, and accountability must be translated into everyday practice across all settings.

Older Persons Most at Risk of Rights Violations

Older persons most at risk of rights violations include those living with cognitive impairment, dementia, mental health conditions, psychosocial disability, high care needs, social isolation, poverty, institutionalization, or dependency.

They are disproportionately at risk of exclusion from decision-making, loss of liberty, coercion, restraint, segregation, neglect, over-medication, and decisions made in the name of safety without adequate respect for dignity, autonomy, and agency.

The workshop therefore framed the challenge not as safety versus rights, but as ensuring that safety itself is rights-based, person-centred, relationship-centred, interdependent, and accountable.

Health, Brain Health, Mental Health, Care and Support

Participants strongly agreed that health, brain health, mental health, cognitive health, psychosocial disability, care, and support must be visible and actionable throughout the ongoing human rights process for older persons.

Realizing the human rights of older persons requires explicit recognition of physical, mental, brain, and cognitive health; psychosocial well-being; and access to care and support. Because cognitive impairment, dementia, mental illness, and psychosocial disabilities frequently result in discrimination, loss of autonomy, institutionalization, coercion, and exclusion from decision-making, these issues should be integrated throughout the relevant rights and implementation discussions, rather than confined to a single article or sector.

Participants also observed that many human rights violations arise not from the absence of legal standards alone, but from failures in implementation. The workshop therefore focused on translating international human rights principles into practical approaches to care, professional education, service delivery, quality improvement, and accountability.

Guiding Principles

- Recognition of older persons as rights-holders
- Human rights-based care and support
- Person-centred and relationship-centred care
- Respect for dignity, autonomy, agency, participation, and interdependence
- Supported decision-making and protection of legal capacity
- Evidence-informed practice and implementation learning
- Protection from intersecting discrimination, including ageism, mentalism, ableism, sexism, racism, stigma, poverty, and social exclusion
- Accountability, including standards, safeguards, monitoring, training, remedies, and measurable implementation

Priority Issues for Further Consideration

Participants identified the following issues as important for consideration across ongoing intergovernmental, professional, civil society, and partner processes:

- Recognition of the right of older persons to the highest attainable standard of physical, mental, brain, and cognitive health.
- Rights-based care and support across home care, community care, primary care, hospitals, rehabilitation, long-term care, mental health services, and palliative and end-of-life care.
- Recognition of brain health as a positive, inclusive, cross-generational concept linked to healthy ageing, prevention, age-friendly communities, and human rights.
- Legal capacity and supported decision-making, including the presumption of capacity and safeguards against diagnosis-based loss of rights.
- Protection from abuse, neglect, coercion, inappropriate restraint, unnecessary institutionalization, and over-medication.
- Recognition of caregivers and care partners as interdependent and essential partners in realizing the rights of older persons, while ensuring meaningful support for paid and unpaid care partners.
- Freedom from ageism and intersecting forms of discrimination, including mentalism, ableism, gender discrimination, poverty, racism, migration-related disadvantage, language barriers, homelessness, and Indigenous contexts.
- Education and accountability for health, social service, legal, judicial, regulatory, and policy sectors.
- Digital inclusion, ethical artificial intelligence, equitable access to assistive technologies, and policies that reduce loneliness and social isolation while supporting community participation and inclusion.
- Meaningful participation of older persons in decisions affecting their own lives and in public policy.

Member State Relevance and Implementation

Participants emphasized that any new international human rights standards should be useful to Member States in strengthening rights-based policy and practice. Rights-based approaches should be framed not only as ethical and legal obligations, but also as practical strategies to improve quality of care, public trust, workforce sustainability, healthy ageing, social participation, and the continuing ability of older persons to contribute to families, communities, and economies.

Participants also noted that implementation requires practical tools, education, service standards, safeguards, monitoring, disaggregated data, remedies, and accountability mechanisms that can be adapted across diverse regions and resource contexts.

Collaborative Orientation

Participants emphasized that the emerging initiative should remain open, voluntary, collaborative, globally inclusive, and complementary to existing UN, OHCHR, WHO, GAROP, IPA, WPA, civil society, older persons' organizations, and professional efforts.

The aim is to support and strengthen existing work, rather than duplicate or compete with it. The safest and most ethical path is to remain transparent, humble, complementary, and useful, while ensuring that older persons and lived-experience voices remain central.

Proposed Workstreams

- Evidence synthesis and input to relevant treaty and policy processes
- Education and training on rights-based care and support
- Lived experience and meaningful participation
- Communications and advocacy
- Partnerships and implementation support
- AI, brain health, legal capacity, and age-friendly / human rights-based communities

Immediate Next Steps

- Synthesize findings from the White Paper, international survey, Expression of Interest process, and Leiden workshop into a concise roadmap.
- Confirm interested contributors and provisional workstream leads.
- Prepare practical outputs for WPA, WPA-SOAP, OHCHR, IGWG, and partner engagement, as appropriate.
- Continue gathering input from older persons, caregivers, care partners, clinicians, researchers, legal experts, policymakers, civil society, and regional partners.
- Identify opportunities for future briefings, side events, policy guidance, educational materials, and partner dissemination.
- Once approved by WPA and WPA-SOAP leadership, circulate the summary statement broadly to support international discussion and coordinated next steps.

Closing Statement

The Leiden workshop affirmed a shared commitment to moving from aspiration to accountability. Participants identified issues that may be useful for consideration in ongoing international discussions, including the IGWG process, while also informing future work by WPA, WPA-SOAP, IPA, OHCHR partners, civil society, professional organizations, researchers, clinicians, older persons, caregivers, and other stakeholders.

The next phase should focus on translating human rights principles into practical tools, policy guidance, education, implementation support, and collaborative action so that dignity, autonomy, agency, participation, physical health, brain health, mental health, care, support, and freedom from discrimination become lived realities for older persons across all settings and regions.

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