

found that being in a school that is involved in SEP promoted more positive outgroup orientations by increasing outgroup friendships and reducing inter-group anxiety. These results remained significant even after controlling for respondents' religious community, age, gender and whether or not they were involved in other collaborative activities.

Conclusion

Inter-group contact has a key role to play in promoting reconciliation in Northern Ireland. This contact will be most effective in the form of close friendships with members of the other community, but indirect forms of contact are also effective. Segregation in education will sustain division in society unless interventions such as SEP become widespread, providing each child with the opportunity to meet pupils from the other community. The Northern Ireland Assembly has now passed a motion in support of prioritising shared education (Northern Ireland Executive, 2011). This policy is based on sound psychological principles and robust research evidence.

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Mental health law profiles

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The states of Iran and the United Arab Emirates (UAE), both rich in natural resources, face each other across the Persian Gulf and come closest geographically at the highly strategic straits of Hormuz. Iran enjoys an exceptionally rich historical heritage, as one of the earliest centres of civilisation and political authority in the world and including having been the seat of power of two empires that were the largest in their times. The Abbasid Caliphate in particular reigned strong at the centre during the golden age of Arab science (Al-Khalili, 2012). Today, Iran is an Islamic Republic. UAE is a young federation of seven absolute hereditary monarchies.

As the authors of the two mental health law profiles in this issue report, in both Iran and the UAE recognition of the human rights of people with mental illness remain inadequately defined and protected in law. Gender differences

in mental health in the Middle East (Ghuloum, 2013) highlight the need for the law to protect women with suspected or confirmed mental health problems from unfair and harmful approaches to evaluation and management due to patriarchal prejudices. This is something that the dependence on families for decision-making and care may make difficult at times. In Iran, where in addition to civil and criminal courts there are revolutionary and special clerical courts, it must be ensured that patients' rights are protected across the whole range of courts. The fact that the vast majority of the resident population in the UAE are immigrant workers (Zahid, 2014) underscores the need for specific attention to be paid to their needs in mental health legislation as well as service provision. International anxiety is particularly high at present about the health of immigrants in the member states of the Gulf Cooperation Council.

It is encouraging that in both Iran and the UAE efforts are being made to create mental health law in the light of international norms. Such laws, however, need to safeguard patients' access to a range of legitimate professional perspectives on mental illness, not limited to that of doctors. The family and police are no substitute for social work, psychology, occupational therapy and nursing inputs during the application of the law. This is particularly the case when considering or reviewing compulsory detention and the application of intrusive treatments such as electroconvulsive therapy. To create adequate safeguards, the voices of mental health services users themselves must be heard as well. The two papers published here

do not provide full assurance in relation to such requirements, although the ongoing process of drafting and enacting legislation should provide opportunities to ensure that legitimate expectations are met. Any deficit in meeting such legitimate expectations would be a cause of concern to the international psychiatric community.

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Development of mental health law in Iran: work in progress

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A brief account of the three stages of development of a new mental health law in Iran is given. At each stage, the expert opinions of mental health professionals and lawyers interested in the rights of psychiatric patients were obtained. The final draft of the law consists of six sections and 50 articles. It has been submitted for ratification by Parliament.

At present, Iran has no laws that specifically address mental health. However, the civil law, the Islamic penal code, a jurisdiction act, a set of safeguarding measures from 1960, family protection law and a law permitting payment of wages to psychiatric patients do help to protect different aspects of the rights of psychiatric patients (Hojjati-Ashrafi, 1990; Jafarzadeh, 1996; Asgharzadeh-Amin & Shahmohammadi, 2004). Also, under the existing laws, the care of patients who are considered to have a mental health disability, as with people who have a physical disability, is the responsibility of the state's Welfare Organisation. In these laws, terms such as 'insanity', 'idiot', 'insane' and 'senile' are used. These terms do not have clear scientific definitions and there is no agreement among authorities in the field regarding their precise use (Tofghi, 1996).

Currently, there are some 7500 psychiatric beds scattered throughout the country. There are about

1300 psychiatrists and 5000 psychologists in Iran. There are in addition social workers, psychiatric nurses and related specialists. Due to the absence of a mental health law, the rights of psychiatric patients have been disregarded. Violation of their rights becomes more evident at the time of involuntary hospitalisation. Fortunately, the expansion of mental health services has raised public and official awareness of patients' rights and the need to develop mental health law.

Drafting the mental health law

In 2003, based on a suggestion from the Ministry of Health, a special committee of university professors was formed to draft the mental health law at Tehran Psychiatric Institute (the authors prefer 'Tehran, Institute of Psychiatry', but this has been much less used internationally).

The committee first reviewed the literature regarding mental health laws in both Western and Islamic countries (Segal, 1989; Mane & Gandevia, 1993; Wall *et al*, 1999; World Health Organization, 2006a,b, 2008). Then, based on the cultural considerations and existing legislation, and taking into account the recommendations of the World Health Organization (2003a,b) regarding the development of mental health legislation, a draft law was prepared. In order to obtain expert and stakeholder opinion, the draft was sent to 35 organisations, research centres, scientific associations, psychiatric