**Consultation on Human Rights and Mental Health**

***“Identifying strategies to promote human rights in mental health”***

**14 – 15 May 2018, Room XVI, *Palais des Nations*, Geneva, Switzerland**

**Panel 2 – Improving human rights in mental health through system-wide strategies**

*(How can structural reforms contribute to promote human rights in the context of mental health, including deinstitutionalization, community-based support and respect for the autonomy, will and preferences?)*

Chair, Excellencies, Distinguished panelists, colleagues,

I am very grateful for the opportunity to be able to share with you the work being done at World Health Organization to promote human rights in the context of mental health through its QualityRights initiative.

As we have clearly heard today, the response to people with mental health conditions and psychosocial disabilities in many cases is inadequate and unacceptable.

We see violence, abuse, coercion, neglect and discrimination in communities and in many of the services in countries - and this must be addressed.

**So it is in this context that the World Health Organization’s QualityRights initiative** has been created in order to push forward a human rights based approach in mental health.

In order to achieve this QualityRights is working with countries in several critical areas including:

* Building capacity on human rights and mental health
* Transforming mental health systems and services to promote quality and rights
* Supporting civil society in countries to advocate for a human rights based approach in mental health
* And finally supporting policy and law reform in countries in line with the CRPD and other international human rights standards.

**As part of these efforts we have already developed a number of tools which are being implemented in all regions and which are already showing significant impact.**

We have developed a set of 12 face-to-face training modules that build people’s knowledge and skills on mental health and human rights, including on the right to legal capacity, to liberty, to freedom from violence, exploitation and abuse, and the right to community inclusion.

We have created an e-training platform on these same issues, enabling us to reach and train *thousands* of people within and across countries.

We have also developed tools to assess and improve quality and rights in mental health services.

This is the first time that we have a set of tools that show how the CRPD and other human rights standards can be practically implemented on the ground in mental health.

The materials recognize that **real** change requires more than an incremental increase in knowledge – it requires a fundamental shift in mentality.

**But we need to go further still to actively transform mental health systems**. In this respect we are now in the process of developing a **best practice guide**. This guide will provide information and evidence for community services that operate without coercion, that respond to people’s needs, support recovery and promote autonomy and inclusion.

Showing that these types of services exist and are effective is going to be key to inspiring policy makers and other key actors to take action and to spread new and innovative approaches to mental health system reform across the world.

All these different tools have at their core the fundamental aim to bridge the huge **GAP** between quality and rights in theory, **and** quality and rights in practice.

But also what is particularly noteworthy is that these tools are showing highly significant impact in changing attitudes and practices and the way that services are delivered.

For example, evaluations **of the e-training and face-to-face capacity building have shown highly significant positive shifts in people’s attitudes** around:

* + Ending forced treatment
  + The right of people to make decisions for themselves, including treatment decisions
  + Providing people with information and choice about treatment options (not just proposing medication as a solution to everything)
  + And also around the urgency to end seclusion and restraint

In addition, (As we heard from Dr Tedros this morning) a large scale evaluation of QualityRights in Gujarat, India demonstrated not only attitude changes similar to what I just described, but also significant changes to people’s practices– notably dramatic reductions in violence, the increased use of support instead of force and the reorientation of the services towards a recovery approach.

The research also found increased empowerment of people using the services and significant reductions in stigma.

I’d like to end by saying that our hope is that you will take these messages and tools which we have developed back to your own countries and fully implement them in practice.

Our experience to date with QualityRights is **that:**

* **Change is possible --- Change can be embraced--- People are ready for and want change in mental health**