**CHECK AGAINST DELIVERY**

**Panel on “Setting the Scene, Mental Health as a Human Rights issue”**

**Statement by Dr Nina Ferencic, UNICEF**

Distinguished panel, ladies and gentlemen,

When we think of mental health issues, we often do not associate these conditions with children.

Yet there are many age-related dimensions that we should consider when looking at mental health and human rights issues. Adopting a “**life-course thinking**” is important to be able to understand some of these key linkages and challenges.

Throughout the world, at the start of their lives, children who are **born with mental health conditions,** either as a result of epigenetics, problems during childbirth or any other reasons, are often left to the care of institutions, placed in hospitals or orphanages, usually in appalling conditions. Some don’t even get a chance to get a loving hug or any humane treatment, so they are not able to survive, let alone thrive. Parents and families often do not understand the situation they are facing with their newborn and are not provided with information or supported to be able to keep and care for the child.

For many children born with mental health issues, another key challenge is **late diagnosis**. When children are diagnosed late, this deprives them of the early interventions that they would require in order to maximize their chances to grow, develop and realize their full potential. In many countries, the health and social systems are not ready to provide adequate care and support services for these children.

**Childhood is also the time of the onset** of many mental health disorders affecting adolescents and adults. We know today that half of all lifetime mental health disorders have their onset during childhood and adolescence, mostly before the age of 15. Working together with parents, adolescents, schools and communities provides a key opportunity for increasing awareness of mental health, facilitating early identification and support for children affected by mental health conditions.

For many children, mental ill health, is **a direct consequence of violence**, including physical, sexual, psychological and emotional neglect and maltreatment experienced during childhood. A number of studies have confirmed the direct link that exists between adverse childhood experiences and negative health outcomes in later life. A high “ACE score” means a much higher chance of poor health and other negative outcomes. Anxiety, depression, addictions, self-harm, suicide attempt and suicide can be a direct consequence of maltreatment. But also vice-versa, sometimes children with mental health conditions are subjected to tremendous abuse, violence and maltreatment as a result of their condition.

So, addressing the **right to health**, including to mental health, requires realizing a child’s **right to be protected** from violence, abuse and neglect. We know that violence clusters in communities facing **multiple deprivations**, including poverty, lack of social services, conflict and infirmity - so addressing these is also part of the solution.

There has probably never been any area in health that has been so **criminalized, controlled and policed** as mental health. The connection is particularly evident when it comes to juvenile justice (or injustice)

Every day thousands of young people under the age of 18 are arrested throughout the world for a variety of delinquency acts. The vast majority of them are not accused of violent crimes (like murder, rape or aggravated assault) yet hundreds of thousands end up incarcerated in the juvenile justice systems. It is known that a large majority of youth in the juvenile justice systems have one or more diagnosable mental health or substance use disorders. It is also known that the vast majority have experienced traumatic victimization such as physical abuse, domestic violence or neglect leaving them vulnerable to mental health disorders. (Many of them have also experienced other prevalent comorbidities such as poverty, victimization, post-traumatic stress disorders (PTSD) and poor education opportunities all of which contribute to untreated mental health issues.)

In most countries prison settings, **correctional facilities and similar juvenile facilities are ill prepared** **to help** young people in any way. Moreover, a stay in these facilities tends to aggravate the disorders making integration back into society even more difficult. It is essential to develop and implement approaches that would help those young people to address their mental health issues by reducing incarceration and providing them with access to appropriate treatment and care as well as a broader range of measures that would help them grow and develop.

Finally, let me turn to one important issue that we must not forget. There are important **gender dimensions** when it comes to mental health. For example data from the HBSC surveys conducted in 31 countries indicate that on average, GIRLS are **1.5 to 2 times** more likely to be diagnosed with symptoms of depression than BOYS. While at the age of 11 or 12 there tends to be no difference between them, as they reach the age of 14 and 15 the situation changes dramatically for girls. This really begs the question what are our societies doing that makes girls more vulnerable to such disorders? Are they facing social pressures or restrictions of their freedoms pushing them to adjust to expected gender roles or social expectations? Are we sufficiently addressing gender issues as we look into mental health and well being?

Finally, when we talk about mental health we should not be talking about mental disorders. We should actually be talking about psychological and psychosocial **wellbeing**, and this is derived from many different factors – from our attachment to a loving parent or caring adult, our ability to be in a safe and secure environment, to our capacity to learn feel appreciated and supported…. (Therefore interventions to support parents and communities to be the best that they can be are as important as focusing on the child or adolescent).

**Ultimately, mental health promotion and protection – is about protecting health itself, but it is also about social protection, financial protection, human rights protection….**  Protection of human rights and mental health are closely interlinked with ability to access care and support when in need through universal access to health, social and community protection.

For that – working together across health, education, social protection, legal systems, as well as directly with children, young people, parents, teachers, care providers and communities - is essential.

Thank you.