**Dr Tedros Adhanom Ghebreyesus**

**Director-General**

**Consultation on Human Rights and Mental Health**

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

**Palais des Nations, Geneva**

**14 May 2018**

Mr Zeid Ra’as Al Hussein, Mr Guy Ryder, Ambassador Azevêdo and Ambassador Nuno Bártolo, and Ms. Yeni Rosa Damayanti

Your Excellency Mr Vojislav Suc,

Distinguished guests, ladies and gentlemen,

Thank you for the invitation to speak here today. Dr Tedros conveys his apologies that he cannot be here in person. He travelled to the Democratic Republic of the Congo over the weekend to assess the Ebola outbreak.

I would like to thank Ms. Yeni Rosa Damayanti, for her words. It is vital that we hear the voice of people with lived experience if we are to provide appropriate care for people with mental health conditions.

I would also like to acknowledge the close cooperation between WHO, the Office of the High Commissioner for Human Rights and the governments of Brazil and Portugal over the last few years, which is having a transformative effect in the area of mental health in countries around the world. This shows us what can be achieved if we collaborate closely together.

Just a few weeks ago, we celebrated WHO’s 70th birthday. We were founded in 1948 on the conviction that health is a human right to be enjoyed by all people, not a luxury for the few.

Indeed, both mental health and human rights are mentioned in the first two paragraphs of our constitution.

First, it says that, “Health is a state of complete physical, mental and social well-being”, and second, that, “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human.”

This shows that even 70 years ago, our founders saw that mental health and human rights were closely linked.

But unfortunately, we must admit that since then, we have made little progress to advance mental health as a human right.

Around the world, people with mental health conditions and psychosocial disabilities lack access to quality mental health services that respond to their needs and respect their dignity and rights.

Instead, people are frequently locked up in institutions where they are isolated from society and marginalized from their communities.

Many are subjected to physical, sexual, and emotional abuse and neglect in hospitals and prisons, but also in the community.

People are also deprived of the right to make decisions for themselves about their mental health care and treatment, where they want to live, and their personal and financial affairs.

They are often denied access to education and employment opportunities and are prevented from full inclusion and participation in community life.

And they are denied access to general and mental health care. As a result, they are more likely to die prematurely, compared with the general population.

Unfortunately, these violations of human rights are all too common. They do not occur only in low-income countries with few resources, they occur everywhere around the world.

Rich countries can have mental health services which are inhuman, deliver poor quality care and which violate human rights.

What is particularly shocking is that these violations occur in the very places where people should be receiving care and support. In this respect, some mental health services themselves have become agents for human rights violations.

Our top priority at WHO is universal health coverage: ensuring that all people can access the health services they need – including for mental health disorders – without facing financial hardship.

The foundation for achieving this vision is strong health systems, based on primary care that delivers the services that people say they need, rather than those other people decide they should have.

But unfortunately, we are a long way from realising this vision. WHO’s latest data shows that at least half the world’s population lacks access to essential health services, and almost 100 million people are pushed into extreme poverty every year because out-of-pocket health spending.

In 2013 the World Health Assembly adopted the Comprehensive Mental Health Action Plan to protect, promote and respect the rights of people with mental health conditions.

A key guiding principle of the plan is that all mental health strategies, actions and interventions should be compliant with international and regional human rights instruments, particularly the UN Convention on the Rights of Persons with Disabilities (CRPD).

WHO’s QualityRights initiative takes the commitments of the Action Plan and puts them into practice.

It advocates for political and social inclusion;

It supports human rights capacity building through training programmes for people with mental health conditions and psychosocial disabilities, their families, carers and practitioners.

It encourages the creation and strengthening of peer support and civil society organisations to create mutually supportive relationships and empowers people to advocate for the rights of people with mental health conditions and psychosocial disabilities.

And it promotes a recovery approach to mental health care by going beyond the management of illness to empower people to take control their own lives.

QualityRights is being rolled out in countries in different regions around the world.

From 2014 to 2016 for example, the QualityRights initiative was comprehensively scaled up throughout the State of Gujarat in India as part of a large-scale research project.

Analyses of the impact of these interventions have shown significant shifts in attitudes among health workers, decreased violence, coercion and abuse, and increased empowerment of people with mental health conditions and psychosocial disabilities.

The momentum for QualityRights is growing, with action being undertaken by countries in all regions of the world, including 15 countries in the European region.

Later my colleague Dr Michelle Funk, who leads WHO’s work in this area, will discuss the different WHO QualityRights tools and resources that are available to make human rights in mental health a reality on the ground.

Thank you for your commitment and support. By working together, we can ensure real change for people with mental health conditions.

I wish you all a very successful meeting.

Thank you.

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