World Psychiatry Association Keynote Address by Sir Anand Satyanand entitled "Human Rights for Those with Mental Illness" on 11 October 2017 in Berlin Germany

WPA President, Professor Dinesh Bhugra, Distinguished Delegates Ladies and Gentlemen. I offer you the greeting from New Zealand which is *Kia Ora* which also means good health.

It is a distinct privilege for a person, who does not hold any medical qualification, to be asked to address an audience drawn of practising medical specialists from all over the world. I have been pleased to accept the invitation to do so, on the strength of a professional and personal life that has had many intersections with members of your profession, and with the treatment of mental health needs. I was raised in a medical family. I was a lawyer in the criminal courts of my country for more than a dozen years and conducted many cases with a backdrop of people with mental health issues. I served as a Judge for a similar time in the criminal trial jurisdiction and was seconded to prison board and parole board for parts of that time. People with mental health issues came to attention frequently, not least to do with hearings resulting in people being compulsorily detained for treatment. I then spent a decade as one of New Zealand's Ombudsmen which in New Zealand functions for both cases involving complaints of government maladministration and to do with freedom of information. It will not be a matter of surprise that mental health issues, both institutional and personal, came forward on a recurring basis. Following completion of that office, New Zealand experimented with a truth and reconciliation approach for people who had been in-patients of one or other psychiatric hospitals in our country and who wished to raise issues about what may have happened to them at that time. I led (with four appointed colleagues) a Confidential Forum for such people, recording what had occurred and seeking out ways in which redress might be accorded. During the time of all these pursuits I held membership of Medico-Legal Societies, which from time to time, discussed issues of mental health.

A little of the foregoing became known to the Society's President, Professor Dinesh Bhugra, in the course of a friendship he and I have pursued for a number of years. His persuasive capacity will be known to a number and I felt obliged to accept his view that alongside the learned papers and addresses delivered by colleagues and peers at this Conference, that a contribution from

a person from a different profession might have merit. I hope that that anticipation is justified.

I have accepted a brief to argue that the human rights of those with mental health issues urgently call for more focused attention than has been attended in the decades since the Universal Declaration of Human Rights was concluded nearly 70 years ago. I propose to conclude that now is a hugely suitable time for that to occur and my address will suggest a methodology for your consideration.

We live in a world with more than 7 billion people who, by 2025 it is said, will become 8 billion. Globally, the World Health Organisation estimates that 450 million people suffer from mental disorders. Dementia, schizophrenia, depression and addiction make up the bulk of this. A headline item is that no fewer than 800, 000 people yearly end their lives by suicide.

A report published by the WHO in 2008 noted that "mental neurological and substance use disorders are prevalent and cause a substantial public health burden. They are associated with poverty, marginalisation and social disadvantage".

I start with a statement that will be acceptable to all: that human rights preservation for everyone is a goal worth persevering with. I will outline the international instruments that make that an obligation on states.

I will then present some observations to illustrate how the lofty language of those instruments is merely aspirational in the world of those with mental health difficulties. This leads to the challenge which is central to my address: that there should be concerted action to redress that, perhaps beginning at this important convention.

We have agreed with the general statement that every person deserves the protection of their human rights. However the person who is mentally ill is seen differently in a great many quarters. Aside from the patient themselves and their individual perceptions of their illness, and that of their family members, there is the medical profession and its members who see a patient needing treatment, the nursing profession which assists in that endeavour, the pharmaceutical industry which devises treatments, then governments which fund and provide the policy framework for treatment and, lastly international organisations, which monitor and advise on population health.

All these groups have a separate perspective on patients with mental health issues. There is a parable going back to Vedic times which told of a group of blind people learning that a strange animal called an elephant had been brought into the town in which they lived. Out of curiosity they decided to inspect it and acquaint themselves with its shape and form. So, they sought it out, and when it was found, they groped about it. The first person, whose hand landed on the trunk, said "This being is like a thick snake". For another one whose hand reached its ear, it seemed like a kind of fan. As for another person, whose hand was upon its leg, said, “the elephant is a pillar like a tree-trunk”. The blind man who placed his hand upon its side said, "the elephant is a wall". Another who felt its tail, described it as a rope. The last felt its tusk, stating the elephant is that which is hard, smooth and like a spear.

There seems to be a similarity with mental health, mental illness and discussions about delivery of treatment. Perhaps none of the separate understandings about people with mental health disorders are sufficient to represent their true lived experience.

The landscape of international instruments encompassing human rights begins with the United Nations 1948 Universal Declaration of Human Rights (the UNDHR).

Article 25(1) of that Declaration states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

There is a global reference to the right of people to receive medical care, but there is no specific mention of mental health care.

In 1966 there were two instruments introduced to achieve the Universal Declaration. These were the International Covenant on Civil and Political Rights and the International Covenant on Economic Social and Cultural Rights (the ICCPR and the ICESCR respectively). The second of these, in Article 12 (1), recognised the right of everyone to the enjoyment of the highest attainable

standard of physical and mental health, in other words providing central international protection. The two covenants called for ratification of the provisions by member states.

Then at the millennium in 2000, much attention was focused on setting goals to alleviate disparity and inequality. The Millennium Development Goals (the MDGs) decided upon by United Nations resolution in 2000 focused international attention on primary needs at that time. These were expressed in eight chapters as follows. 1. Eradicate poverty and hunger, 2, Achieve universal primary education, 3. Promote gender equality and empower women, 4. Reduce child mortality rate, 5. Improve maternal health, 6. Combat HIV/AIDS and other diseases, 7 Ensure environmental sustainability and 8. Develop a global partnership for development.

Mental health needs were not recognised with their own specific Millennium Development Goal.

Unfortunately, the extent to which individual countries have ratified the International Covenant on Economic, Social and Cultural Rights is disappointing with regard to "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." The WHO's 2001 Report noted that 40% of countries have no mental health policy; more than 30% of countries have no mental health programme; and more than 90% of countries do not include children and adolescents in any mental health policy. Mental health legislation in some countries is outdated and facilitates rather than protects against human rights violations. In short it can be said that mental health has been neglected as a part of the right to health.

In 2006, another United Nations milestone was achieved with The Convention on the Rights of Persons with Disabilities and its Optional Protocol. It (the CPRD) can be described as the first comprehensive human rights treaty of the 21st century and the first human rights convention to be open for signature by regional integration organisations. The Convention came into force on 3 May 2008.

The Convention came subsequent to many years of work by the United Nations to change attitudes and approaches to people with disabilities. It made a huge change in that rather than persons with disabilities being viewed as "objects" of charity, medical treatment and social protection, towards viewing people

with disabilities as "subjects" with rights, who can claim those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorisation of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.

Then the United Nations, in 2016 after considerable effort, recalibrated the earlier goals with new goals called the Sustainable Development Goals (SDGs) being put in place for achievement by 2030 and with delivery of Mental Health services being part of this. In fact, Target 3.4 reads: "…..by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being". Measurement of the rate of suicide has been set as an indicator for measuring the achievement of this goal

Just four months ago in June 2017, by the Special Rapporteur on the Right to Health delivered a Report to the Human Rights Council of the United Nations which emphasised the right of enjoyment of every one of the highest attainable standard of physical and mental health. In a strongly worded document the Report says that "mental health has often been neglected and when it does receive resources it becomes dominated by ineffective and harmful models and imbalances". It says that that has led to the current situation of the grossly unmet need for rights based mental health promotion and care. "Too often", it says "people of all ages when they have mental health needs, suffer from either an absence of care and support or from services that are ineffective and harmful".

Alongside the criticism, the Report says that it is crucial to assess the failure and to chart a better way forward, using a rights based approach. It goes on to say that "today there are unique opportunities for mental health". It refers to the 2030 Sustainable Development Agenda and argues that rights based policies and investments should be directed to to secure dignity and wellbeing for all. It seeks the participation of a broader range of stakeholders in the development of public policies including the voices of those most affected. It argues that innovative policies on mental health should target social determinants and abandon the predominant medical model that seeks to cure individuals by targeting 'disorders'. Lastly the Special Rapporteur seeks to

develop through an inclusive and participatory process and open dialogue, guidelines on human rights and mental health to support all stakeholders in the implementation of policies designed to respect, protect and fulfil the right to mental health.

The publication of this Report in this year, 2017 lays down an urgent challenge and a road map. I want to suggest that now is the time for concerted action.

I would like to speak now from my background of association with the Commonwealth - which is a grouping of 52 countries bound by common ties of language and a commitment to the rule of law and democracy. In 2013 a new Commonwealth Charter was drawn up and promulgated which gave new direction and purpose to the 52-member State Commonwealth but it did not explicitly refer to mental health as a distinct focus. Nevertheless, the Commonwealth is an organisation which might champion the approach I am going to advocate. How might this important Conference become the moment when we all begin the task of refocusing and repositioning our efforts to champion the rights of all to mental health?

I have devoted attention to this challenging problem because it would seem that despite the importance of the cause and urgency of the call, there is a real risk of opposition from key stakeholders and therefore change must be achieved with determination and diplomacy..

I have had occasion to observe, when in my role as Chairman of the Commonwealth Foundation, in late 2015, a very successful approach to similar challenges. A group of African civil society organisations were wishing to make submissions to the United Nations about content of the proposed Sustainable Development Goals. They faced opposition from governments as well as from other rival groups. What happened was that they decided they had to sit down and work out a strategy to make a case for change.

The strategy they devised, combined use of four words – four verbs. Split! Speak! Stay! and Negotiate!

To Split! is to seek alternatives to the practice of simply making submissions to one group, say at a forthcoming annual meeting. It involves analysing where changes need to be made and to make those submissions simultaneously in all those places. If this is accepted, mental health advocates among you would make representations to four different places, first with the United Nations and World Health Organisation, secondly, with individual governments; thirdly

with mental health communities such as pharmaceutical companies and fourthly with professional bodies of medical practitioners in mental health. Information would be shared as a result of these meetings, as part of the ongoing engagement and ideas modified as needed.

To Speak! is something that medical professionals do well in their meetings and general work in the community. In order to achieve change, it will be necessary to transform the minds of people to whom medical professionals speak. There needs to be more discussion between professional organisations in different countries, between zones and with the upper levels of kindred organisations. There should be thought given to speaking with those people or organisations that will make decisions as a result, rather than having them simply file what may have been transacted. The speaking should be allied with a process for change and the speaking should be directed at those who can properly come to be described as change agents.

To Stay! is a word that signifies that change may well take time and that patience will be called for in progressing through many meetings, many sessions, many documents and many shifts in position. Staying power means a shift away from just being involved at events and becoming focused on development of an idea and achievement of a goal.

To Negotiate! also involves the acceptance of a different approach. In medical associations, like those centred on psychiatry, people know about finding kindred spirits and securing their cooperation. A shift of mind set is called for, to connect with those who might be opposed to change. It is those who oppose, and some may be medical professionals that hold the power to success. It is a case of reflecting on Sun Tzu's Art of War which declares "Keep your friends close, but keep your enemies closer". It is just as well that people engaged in practising psychiatry tend to be friends! The challenge is to express what change is being sought and to negotiate in favour of that and to keep negotiating.

I am pleased to report that my colleagues from Africa were able to successfully employ their strategies of Split! Speak! Stay! and Negotiate! to achieve what had seemed to be insurmountable obstacles and kickstart sustainable development in their countries. I would suggest that their approach is an instructive one. If you take up the challenge, it will be for advocating in favour of a rights based approach to mental health and for developing innovative

policies to ensure that everyone in our societies can enjoy the highest attainable standard of physical and mental health.

This then brings me to express the final aspect of my address. If you agree that the work of the Human Rights Council rapporteur in mid-year has clearly defined the problem and you endorse the goal, the methodology I have suggested, will involve gathering the concerted attention of many affected parties and individuals. I am reminded of a phrase which has currency in the disability sector that says “Nothing about us without us” which seems appropriate to ensure the buy-in of people who experience mental health challenges. This approach, with the help of the Rapporteur’s work will help enabling a connection with what can accurately be described as the "elephant in the room".

What then remains is a description of the arguments that will need to be mounted to achieve pick up by the various responsible bodies in individual countries and in forthcoming international gatherings.

I envision the building of a hypothetical structure which has, as its foundation, the international instruments regarding human rights protection, which laid end on end, call for the construction of a cohesive approach towards preservation of the human rights of those with mental illness.

The sides of the structure could then be the five constructive recommendations of the Human Rights Council rapporteur. These include suggestions for policy and legislative measures; provision of funding; involvement, of users as well as professionals; and the establishment of machinery for assessment and review. An important element of the sides will be perspective of those with mental health challenges.

The structure would finally have a roof of enhanced standards for treating those with mental illness, acknowledging the human rights of these people. The roof would also be a statement mirroring the United Nations Sustainable Development Goal 16, which is to promote peaceful and inclusive societies for sustainable development, providing justice to all and building effective, accountable and inclusive institutions at all levels. And within the structure, may I suggest that the “elephant in the room” would be housed adequately.

I began with a greeting in the New Zealand Maori language and I now end in it, referring to a model developed by the work of a notable New Zealand

psychiatrist, Sir Mason Durie. His *te whare tapa wha* model uses the symbol of a house in which four dimensions are represented – *taha wairua* (spiritual health), *taha hinengaro* (mental health), *taha tinana* (physical health), and *taha whanau* (family health). The development of a house structure where treating mental health has an appropriate place seems a proper point at which I can conclude my address.

I wish any of those involved in taking up this challenge all the best in their endeavours.

Thank you for your kind and courteous attention.