**Human rights Council Intersessional consultation on Mental Health and Human Rights**

**Statement by Peggy Hicks, Director of the Thematic Engagement, Special Procedures and Right to Development Division, Office of the UN High Commissioner for Human Rights**

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**Closing segment 7’ (16:40 - 17:00 CET)**

Excellencies, Distinguished colleagues, friends,

I am really pleased to be with you for the closing segment of today’s consultation. I am here on behalf of the High Commissioner, who joined you this morning and asked me to extend to you her highest appreciation once again for the dialogue held today.

I would like to express my sincere thanks to the Permanent Missions of Brazil and Portugal whose stewardship and leadership have been crucial in advancing discussions on mental health and human rights at the Human Rights Council.

The Covid-19 pandemic has inevitably brought the focus of the global community on the devastating impacts on the physical and mental health and lives of millions of people. While everyone has been affected by the stress and fear caused by the pandemic, those with pre-existing mental health conditions and psychosocial disabilities have been particularly affected, both in terms of increased inequalities in mental health and of the long term implications of the pandemic.

The UN Secretary-General in his report “Our Common Agenda” launched two months ago, highlights that now is the time to rebuild a new social contract, mend trust and embrace a comprehensive vision of human rights. This vision is also of relevance in the area of mental health.

Health systems and the laws and policies that guide our response to mental health do not sufficiently take human rights into account and, in certain instances, are even responsible for human rights violations.

Today we have heard about promising practical experiences and key aspects of legal reform based on human rights, particularly the Convention on the Rights of Persons with Disabilities to make rights a reality for persons with psychosocial disabilities and persons with mental health conditions.

Allow me to focus my remarks on a few key building blocks for strengthening mental health systems that are anchored in human rights, highlighted in the discussion today:

**Ending violence within the mental health system**

There is no place for violence, coercion, deprivation of liberty, forced treatment, or guardianship based on disability status, actual or perceived.

States should acknowledge the obligation to repeal legislation that authorizes forced psychiatric treatment and detention.

They should develop laws and policies that replace coercive regimes with services that fully respect the autonomy, will and equal rights of persons with psychosocial disabilities and mental health conditions.

Council of Europe States are on the brink of adopting a draft additional protocol to the so-called Oviedo Convention. We are deeply concerned that the additional protocol allows forced treatment, and may be seen as condoning coercion and human rights violations, which would breach the guarantees under the Convention on the Rights of Persons with Disabilities that Council of Europe States have already ratified.

I therefore would like to stress that States parties to the Convention on the Rights of Persons with Disabilities should uphold their obligations under international law. I encourage States to remain ambitious in their mental health agendas, particularly as evidence continues to show the absolute need to move away from coercive measures and seek rights-respecting alternatives to involuntary placement and treatment based on informed consent.

**Recognizing every person’s inherent dignity and worth and equal and inalienable rights, without exceptions**.

Denial of the right to equal recognition before the law based on disability status, in particular under guardianship, conservatorship, and framed in currently existing mental health-related laws, is discriminatory and thus prohibited;

Persons with psychosocial disabilities or with mental health conditions and their organizations have to be an integral part of designing effective alternatives to the current mental health system. Their participation in decision-making related to their mental health, including in public policy and law reform should be guaranteed. They should be recognized and included as agents in their own recovery.

**Mental health support services have to promote autonomy, independent living and inclusion in the community of persons with psychosocial disabilities or with mental health conditions**.

If we are serious about Leaving No One Behind, then mental health cannot remain one of the most neglected areas of health. Both strong commitment and decisive action is needed to support the mental health of the general population as well as for persons with psychosocial disabilities or with mental health conditions. This includes making support services available in the community and ensuring they are accessible, acceptable and of good quality.

**To restore trust, mental health systems must be rooted in human rights and promote wellbeing and dignity.**

Countries have to change laws and practices that discriminate against persons with psychosocial disabilities or with mental health conditions such as forced admission or treatment, and that criminalize those with mental health conditions.

 The pandemic provides an occasion for governments to start recognizing and ensuring effective remedies and reparation for victims and survivors of certain forms of abuse in health-care settings, particularly those that may cross a threshold of mistreatment that is tantamount to torture or cruel, inhuman or degrading treatment or punishment.

As we continue to navigate the Covid-19 pandemic and build back forward, we must not only put our health services on a more sustainable footing, we must also address the root causes of poor health, particularly among persons with psychosocial disabilities and those with mental health conditions. This will require approaching human rights in an integrated manner, with a whole-of-government, whole-of-society approach.

In closing, I would like to once again, thank our panellists and participants for so generously sharing their experiences: they are positive, innovative, concrete and an inspiration for action for all of us.

The messages shared by the diverse groups represented today show that change is possible and I hope that States and all stakeholders will leave this conference motivated to take similar measures and scale-up existing initiatives in a collective effort to counter the unnecessary practices that violate rights.

Our Office stands ready to support our collaborative efforts as we continue to advance human rights and mental health so that laws, policies, and practices in mental health care promote dignity and respect for all.

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