

Human rights Council Intersessional Consultation on Mental Health and Human Rights

Statement by Lene Søvold, Clinical Psychologist, Mental Health Advisor, Norway

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Since the adoption of the Universal Declaration of Human Rights in 1948, mental health and psychosocial well-being have increasingly been recognized as basic human rights.

Yet, standing on the doorsteps of 2022, this is far from the reality for millions of people struggling with mental health challenges around the globe. Moreover, human rights violations still happen within psychiatric and mental health care up to this day.

Before the pandemic, it was estimated that around 1 billion people lived with a mental health or substance use disorder globally. And, mental health challenges have been further exacerbated by the pandemic and its related lockdowns and regulations, especially in vulnerable populations. The mental health challenges and psychosocial stressors associated with the COVID-19 pandemic add significantly to the global health burden with both short-term and long-term consequences that require immediate actions and interventions on global, national and local level.

The COVID-19 pandemic has highlighted and increased inequalities in our society, due to race and ethnicity, gender identity and sexual orientation, as well as lack of respect for human rights in many countries. As a result, our world is becoming increasingly polarized between those with access to health care and support, and those who are marginalized and oppressed. People living with disabilities, pre-existing physical or mental health conditions and non-communicable diseases (NCDs), people living under threats of violence, people struggling with substance abuse, and various racial/ethnic groups have been among the most vulnerable groups when it comes to the negative mental health impacts of the pandemic.

Despite the rising prevalence of mental health challenges worldwide, less than 2% of governmental health budgets are spent on mental health globally. Access to mental health services remains unequal. In low- and middle- income countries, more than 75% of people with mental disorders receive no treatment at all for their disorder. Worldwide, over two-thirds of those who meet criteria for a mental health disorder do not receive the treatment or help that they need and deserve. The gap between those who get their mental health needs met and those with unmet care needs is widest in countries where there is conflict, and in countries with higher rates of unemployment, unequal wealth distribution and budget cuts. Across low-, middle- and high-income countries there are significant treatment gaps between the most privileged people and those who are most marginalized, such as indigenous populations around the globe.

Furhtermore, those who live with mental health challenges—as well as their families and carers—are still faced with stigma, discrimination and human rights violations in many countries across the globe. This not only affects their physical and mental health, it also affects their sense of dignity, their social life, educational opportunities, current and future income and job opportunities, as well as their families and loved ones. This needs to change.

The importance of mental health and psychosocial well-being has been highlighted by the pandemic. However, increased awareness and advocacy is not enough, if not followed by investment in and implementation of evidence-based and scalable mental health interventions promoting a rights-based approach.

We need to increase our efforts towards protecting and promoting human rights and minimize coercion in mental health care, and address the needs of neglected or stigmatized populations. We must, without delays or excuses, recognize every person’s inherent dignity, worth and equal and non-negotiable human rights and strive towards meeting the mental health needs of people living with disabilities and other vulnerable populations. Such efforts need to include lived experience expertise, as well as ongoing mental health support for overburdened health workers—to ensure high quality services which cultivates the human aspects of care.

Focus areas and recommendations

Focus areas to prevent human rights violations in the context of mental health and promote, respect, equitable rights, opportunities, support and well-being for people living with mental health conditions:

- Develop and regularly evaluate laws and policies at the national and local levels for the promotion, protection and assessment of mental health and psychosocial well-being, especially for vulnerable sectors of the population, including women and girls, marginalized racial and ethnic groups, people who identify as sexual and gender minorities, children and youth, older persons, and people with disabilities.
- Use a life-span, rights-based approach to providing social protection to address basic needs of all vulnerable groups and to mitigate multigenerational and intergenerational social and economic inequalities.
- Invest in and deliver quality evidence-based and equitable services that are accessible, scalable and sustainable, to address mental health and psychosocial needs through in-person, multidisciplinary psychosocial services, community centers and digital solutions.
- Promote integrative and person-centered approaches which place the service user at the center.

- Encourage help-seeking and openness around mental health and increase efforts to de-stigmatize mental health conditions across societal contexts. Normalize the act of taking care of one's own mental health and of using mental health services.
- Protect and promote human rights and reduce the use of coercion in mental health care. Educate about and promote health literacy on the interconnection between mental health and human rights for all members of society and regularly monitor and penalize all institutions of society, including social media, for violations of human rights abuses.
- Promote autonomy and freedom of choice among service users receiving mental health care.
- Integrate lived experience expertise and peer-to-peer support in policy and intervention development and implementation.
- Increase efforts to systematically understand, evaluate and promote the patient or service user experience on an ongoing basis across health interventions. This will help document less than positive healthcare experiences, not only retrospectively, but on an ongoing basis—which will allow us to intervene more swiftly with any potential or ongoing harms or violations.

To conclude, each country, organization, institution, and individual has a role to play in addressing the many inequalities and disparities the world is currently facing and in reducing stigma and human rights violations—both in general and around mental health. But no entity, country or individual can act successfully alone. We need to unite and collaborate effectively at all levels towards these goals and commitments. Only then can we achieve a more equitable, just, mentally sound and sustainable world for all.

Thank you!