



**Submission to
the UN Office of the High Commissioner for Human Rights
on HRC resolution 52/12 on Mental Health
from
Participation and Practice of Rights (PPR)**

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We are pleased to have this opportunity to respond to the invitation by the Office of the High Commissioner for Human Rights for contributions to its preparation of a comprehensive report on mental health and human rights.

[Participation and Practice of Rights \(PPR\)](#) is a human rights organisation, based in Belfast and working across the island of Ireland. We work with local communities, using human rights tools to build effective campaigns for change on a range of social and economic issues, including mental health, housing, immigration and the right to an income.

[New Script for Mental Health](#) is a campaign supported by PPR. It is a growing movement of people with first hand experience of mental health services, along with people working in those services, who are campaigning for a human rights based, trauma informed approach to mental health in our society.

This submission will focus on two specific areas input has been requested on, as follows:

(d) Suggestions of other policy tools for the implementation of a human rights perspective to mental health mindful of the centrality of mental health for the full realization of the right to health;

(e) Disaggregated data on persons with psychosocial disabilities and current or potential users of mental health service, as well as mental health services, including community-based services.

(d) Other Policy Tools - Give 5: Steps to a Wellbeing Rights Framework

The dominant narrative which shapes current policy approaches to mental health at governmental level in Northern Ireland is an individualised, medicalised one. The Northern Ireland Executive's ten-year Mental Health Strategy 2021-2031, which should have been an opportunity to transform mental health services, perpetuates this narrative and is essentially a reconfiguration of existing services. It is not human rights compliant, trauma informed or transformative in its approach.

Public health messaging on mental health mirrors this individualised approach, encapsulated in the [Public Health Agency's Take 5 Steps to Emotional Wellbeing](#).

The 'solutions' to the deepening mental health crisis being experienced in this post-conflict society, are limited to the need for increased funding, staffing and reducing waiting lists. While all of these are without question barriers to the availability, accessibility, acceptability and quality of mental health care, there is a pressing need for a deeper, paradigm shift in relation to mental health. This is consistent with what is being experienced across the globe, where the 'frozen status quo' on mental health is no longer fit for purpose.

New Script's analysis and campaigning has been significantly influenced by developments at the UN and WHO levels. The series of position papers produced by the previous UN Special Rapporteur on the Right to Health, Professor Dainius Puras (2017, 2020 and 2021), as well as the OHCHR's Mental Health Guide (Mental health, human rights and legislation: guidance and practice), have all contributed to the development of Give 5: Steps to a Wellbeing Rights Framework.

Professor Puras was the keynote speaker at a New Script event for World Mental Health Day in 2019. His input was most valuable in advancing our collective understanding of the need for a paradigm shift and the steps to realising such a shift.

Give 5: Steps to a Wellbeing Rights Framework

New Script has developed a new campaign initiative called Give 5: Steps to a Wellbeing Rights Framework. This high-level framework is intended for duty bearers with responsibility to respect, protect and fulfil people's right to good mental health.

It mirrors the structure and format of the Public Health Agency's Take 5 (see above), with the intention of conveying the message that 'you can't have one without the other. Without the state taking the actions set out in Give 5, it is placing too heavy a burden on individuals to improve their own mental health.

The Give 5 framework can be summarised as follows:

1. **Connect symptoms to causes** – Address the root problems of emotional distress and trauma, like poverty and discrimination.
2. **Be active in offering more healing options** – Mental health treatment isn't one-size-fits-all. Reduce the unnecessary overprescribing of antidepressants.
3. **Take notice of people's positive healing experiences.** Listen to those who've lived it – Their experiences hold the key to better solutions.
4. **Keep Learning from past mistakes.** Challenge organisational cultures of secrecy, defensiveness and blame, to prevent further harm and deaths.
5. **Give people the dignity, compassion and hope** to which they are entitled. Human rights must be reflected in mental health, housing and in all aspects of people lives.

This framework will be launched on 10th October, World Mental Health Day in Belfast, Northern Ireland. The keynote speaker will be Professor Dainius Puras, former UN Special Rapporteur on the Right to Health.

Each of the 5 Steps is supported by a collated evidence base, which includes the work of the United Nations Office of the High Commissioner for Human Rights and the office of the UN Special Rapporteur on the Right to Health. These will be available online from 10th October.

New Script will be seeking endorsements of this framework. There will be an online Take Action platform, where organisations and individuals can email the Minister of Health, calling for the adoption of this framework by the Department of Health.

New Script would be very happy to provide more information or provide a presentation on Give 5 to the UNOHCHR, should that be helpful at any stage.

Please note the [online link to Give 5 will go live on 10th October](#).

(e) Disaggregated Data

[Lack of data on mental health services in Northern Ireland is a serious issue](#) , one that is significantly undermining rights based accountability.

It has been highlighted by a range of local and UK wide scrutiny bodies, including the [UK Office for Statistics Regulation](#), the [Northern Ireland Audit Office](#) and most recently, in June 2024, by the [NI Assembly's Public Accounts Committee](#).

In 2023, the Northern Ireland Audit Office was unable to assess whether mental health services represented value for money, due to the dire lack of data across all mental health services.

Some examples highlighted by New Script for Mental Health include the following:

- No data on number of people seen or outcomes from GP based counselling.
- No data on outcomes from statutory Health Trust Talking Therapies
- No data on number of GPs trained in suicide prevention.
- No data on readmissions rate to mental health in-patient units from some Trusts
- No data on numbers of people who receive multiple prescriptions for antidepressants within a year.
- No data on regulation of community mental health services.
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Without the availability of timely, accurate, reliable, coherent, and comparable data, it is impossible to plan services effectively. It is impossible to assess outcomes. It is impossible for parliamentarians, oversight bodies or the public to hold the Department of Health and the Health Trusts to account for how public money is being spent.

In the absence of publicly available data, New Script has developed and utilised a range of research and online tools to source, analyse and make public, relevant mental health data sets.

In 2021, New Script developed an [online mapping tool](#) in relation to the provision of counselling in GP practices, which operated as a post-code lottery that was significantly under resourced. This tool allowed users to find out if their own GP practice employed a counsellor (information that hadn't been made public). It also included a search facility by Health Trust and parliamentary constituency and a take

action facility whereby people could lobby their parliamentarians to take action on the inadequate provision of counselling. This tool generated huge public and political interest and led to greater public awareness, citizen empowerment, political scrutiny and accountability and increases in the provision of counselling in some Health Trusts.

Other tools have included use of Freedom of Information Act, to make public a [range of data sets on mental health](#), parliamentary questions and working with investigative journalists, for example, on [uncovering data on the use of ECT](#).