From Ticking Boxes to Transformation #WHMD 2024

New Script

FOR MENTAL HEALTH

Welcome

- Housekeeping
- Listeners
- Overview

New Script.
The Story
so far!

Give5

Steps to a Wellbeing Rights Framework

Connect the symptoms of mental ill-health to their roots – like poverty, discrimination, loneliness, and violence. Treating 'symptoms' without addressing causes of distress can lead to further blame and shame.

Be Active in challenging the over-prescription of drugs, respond to individual needs and provide different, community-based options for healing – like therapies, crisis houses, and creative, peer-led interventions.

Take Notice of people's positive healing experiences following a mental health crisis or trauma. Act on their knowledge and experience, and that of people supporting them, to transform harmful, outdated systems.

Keep Learning from the failures of previous policy and practice, challenging organisational cultures of secrecy, defensiveness, and blame. Support people's right to openness, honesty, and accountability.

Give People the dignity, compassion and hope to which they are entitled. Human rights are essential to healing and recovery and must be reflected in mental health, housing, and in all aspects of people's lives.

www.nlb.ie

https://www.nlb.ie/take-action/give-5

Why Give 5? Activist Voices
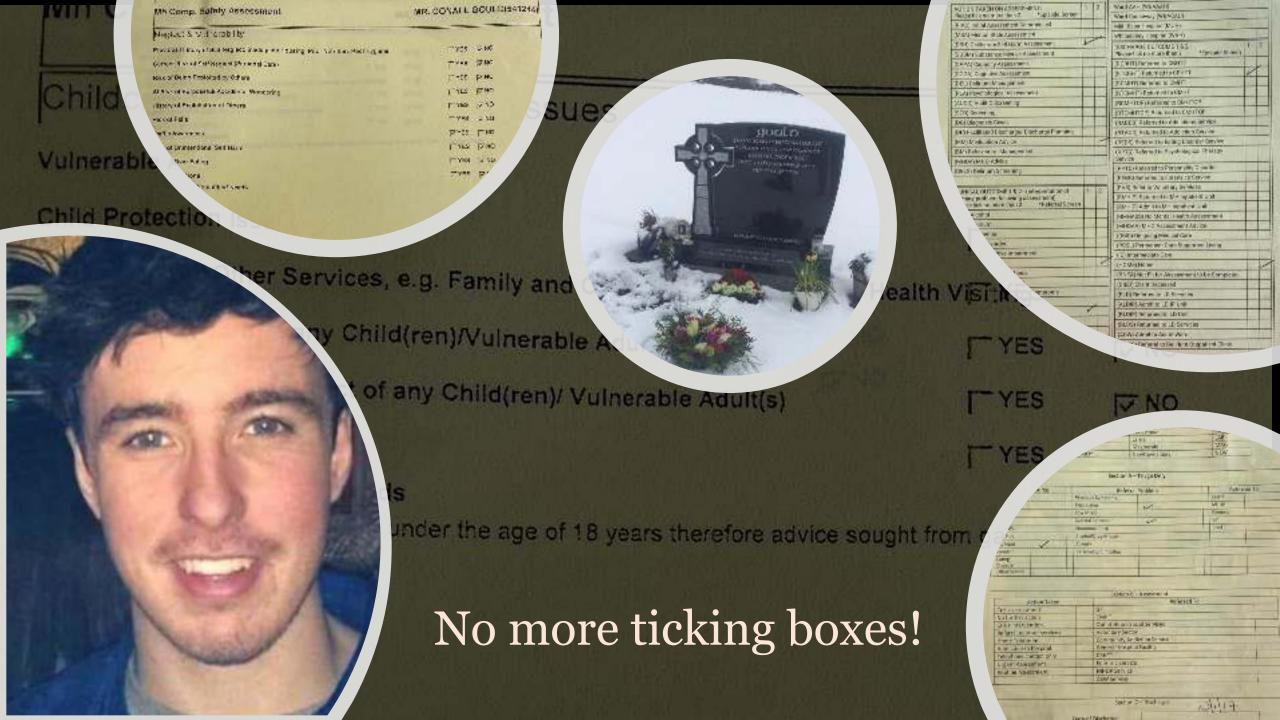
Connect

Be Active

Take Notice

Give

Keep Learning

No more ticking boxes!

For Conall Gould
and William Scott
and all whose
precious lives have
been lost ...

No more ticking
boxes!

Break

An invitation to join:

- Magz and Caroline for a short grounding and relaxation session
- Maura at the travelling apothecary if you would like to choose a poem

Where: The exhibition room.

Stars will Shine

Keynote Address: Professor Dainius Pūras

'The crisis in mental health should be managed not as a crisis of individual conditions, but as a crisis of social obstacles which hinders individual rights. Mental health policies should address the "power imbalance" rather than "chemical imbalance'.

Professor Dainius Pūras, UN Special Rapporteur on the Right to Health (2019)

Global Mental Health and Human Rights – Status quo and the Way Ahead

Dainius Pūras

Clinic of Psychiatry, Faculty of Medicine, Vilnius university

Former UN Special rapporteur on the right to health (2014-2020)

Conference, From Ticking Boxes to Transformation – New Script for Mental Health"

Belfast, Northern Ireland, UK, October 2024

Right to mental health – a view from the UN

- **UN Human Rights Council: resolutions on mental health and human rights (2016, 2017, 2020, 2023)**

- UN CRPD committee: recommendations to Member states, general comments

- UN High Commissioner for Human Rights : report on mental health and human rights (2017)

- UN Special rapporteur on the right of persons with disabilities: thematic and country mission reports

- UN Special rapporteur on the right to health: reports on mental health (2017, 2019, 2020); reports on other health related issues; country mission reports (2014-2020)

  More info: https://www.handover-dialogues.org/

  https://www.ohchr.org/en/special-procedures/sr-health/right-mental-health

  Progressive evolution of the WHO position

- WHO World health report (2001)

- WHO Mental health action plan (2013-2020-2030)

- **WHO Quality Rights initiative**

- **WHO Guidance on community mental health services (2021)**

- **WHO and OHCHR guidance "Mental health, human rights and legislation" (2023)**

These documents urge UN Member States to move away from legacy of discrimination, social exclusion, stigmatization, institutionalization, coercion, overmedicalization.

Paradigm shifts and lessons from dramatic history of mental healthcare

- Unchaining of "madmen" in France, 1800s

- Rise of scientific psychiatry and psychology, end of 19th century: „mental diseases are brain diseases"

- Era of psychoanalysis and psychodynamic thinking

- Aktion T4 in Nazi Germany.

- Lobotomy. Shock terapies.

- Effects of the Cold war. Mental healthcare in the "west" and in the "east". Heavy price paid for the selective approaches to human rights

- Rise of biological psychiatry and biomedical interventions – 1950s-1980s and especially - from 1980s until recently

- De-institutionalization and development of community based services. Basaglia law N.180 (1978) and its impact

- Mental health and human rights. Role of the CRPD

- Attempts to reach consensus on the role of the bio-, psycho- and social. Strengths and weaknesses of the bio-psycho-social model

- Attempts to reach consensus on human rights standards in mental healthcare. Are coercive (non-consensual) measures justified? Impasse

- After 40 years of dominance of biomedical paradigm – signs of systemic failure within status quo and the need for change

Challenges related to status quo in global mental health

- No substantial progress since World health report (2001)

- No progress in search of biomarkers. Crisis of biological psychiatry. Promising future for social psychiatry?

- Pathologization of diversity. Medicalization of feelings

- Dramatic increase of prescribing psychotropic medications

- Coercion is on the rise within mental health services globally. Examples from different regions

- Mental health systems and channels of funding are based on "conventional wisdoms" that lack scientific evidence: concepts of "dangerousness" and "medical necessity"

- What are the messages from developed countries and how they are used by policy makers and professionals in other countries? Scenarios for global South and global North.

Reports of the Special rapporteur to the UN Human Rights Council (2017, 2019, 2020)

- **Global burden of obstacles** view highlighted – as a view that questions and opposes the medicalized concept of "global burden of diseases" and the main message of the Movement for global mental health to address and close treatment gap

- **Three main groups of obstacles identified**. They need to be seriously addressed:

  - **Dominance of biomedical model and overuse of biomedical interventions**

  - **Power asymmetries**

  - **Biased use of knowledge and evidence (amounts to corruption of knowledge)**

Other reports and statements by the UN SR– on corruption, on depression and suicide, on COVID-19 and mental health, etc.

Most important is to address determinants of mental health – inequalities, discrimination, violence. Relationships should be targeted rather than brains. Depression could be more about power imbalances, rather than chemical imbalances.

https://www.ohchr.org/en/statements/2017/04/special-rapporteur-right-everyone-enjoyment-highest-attainable-standard-0?LangID=E&NewsID=21480

Statement of the UN SR on the occasion of the The World Health Day - 7 April 2017

"...Regrettably, recent decades have been marked with excessive medicalization of mental health and the overuse of biomedical interventions, including in the treatment of depression and suicide prevention. The biased and selective use of research outcomes has negatively influenced mental health policies and services. Important stakeholders, including the general public, rights holders using mental health services, policymakers, medical students, and medical doctors have been misinformed. The use of psychotropic medications as the first line treatment for depression and other conditions is, quite simply, unsupported by the evidence. The excessive use of medications and other biomedical interventions, based on a reductive neurobiological paradigm causes more harm than good, undermines the right to health, and must be abandoned...".

Recovery-based human rights compliant services

- Peer support
- Open Dialogue
- Soteria House
- Mental health crisis units
- Empowerment psychiatry
- Medication-free psychiatric units
- BET (basal exposure therapy)
- Personal ombudsman
- Family support conferencing, **and many other innovative good practices**

Lived experiences of users of services. Alternatives to coercion and excessive medicalization, hospitalization and institutionalization. All stakeholders including leadership of psychiatry should support these promising innovations

Good practice services that promote rights and recovery (WHO Guidance, 2021)

2.1. Mental health crisis services: Alya House, USA; Link House, UK; Open Dialogue Crisis Service; Tupu Ake, New Zealand

2.2. Hospital Based Mental Health Services: BET unit, Blackstad Hospital, Norway; Kliniken Landkreis Heidenheim, Germany; Soteria, Switzerland

2.3. Community mental health centres: Aung Clinic, Myanmar; Centros de Atencao Psichossocial (CAPS) III – Brasilandia, San Paulo, Brazil; Phoenix Clubhouse, Hong Kong SAR, China

2.4. Peer support mental health services: Hearing Voices support groups; Nairobi Mind Empowerment Peer support group, Kenya; Peer support South East Ontario, Canada

2.5. Community outreach mental health services: Atmiyata – Gujarat, India; Friendship Bench, Zimbabwe; Home Focus, West Cork, Ireland; Naya Daur, West Bengal, India; Personal Ombudsman, Sweden

2.6. Supported living services for mental health: Hand in hand support living, Georgia; Home again – Chennay, India; KeyRing Living Support Networks, Shared Lives, South East Wales, UK

Examples of developments in different countries

- Japan – efforts by Japanese Federation of Bar associations to address high prevalence of coercion in the national mental healthcare system

- Australia – attempts by joint forces of experts (those by lived experience and professionals) to move ahead with rights based services

- Norway - attempts to keep sustainability of innovative non-coercive services (Basal exposure therapy, medication-free units)

- Chile – working on the level of government on national mental health reform

- UK

    1. Beyond Pills All-Party Parliamentary Group. Report: Shifting the Balance Towards Social Interventions: A Call for an Overhaul of the Mental health System.

    2. Northern Ireland: New Script for Mental health: Give 5 initative.

- Brazil – movement to revitalize human right approach in mental health care and complement mental health component to „Housing first" initiative

BEYOND PILLS

SHIFTING THE BALANCE TOWARDS SOCIAL INTERVENTIONS: WHY THE UN AND WHO ARE CALLING FOR MENTAL HEALTH REFORM

Time	
11.00 AM	Welcome from Danny Kruger MP and Lord Nigel Crisp, Chair and Co-Chair of the Beyond Pills APPG
11.05 AM	Dainius Pūras, former UN Human Rights Council Special Rapporteur
11.19 AM	Michelle Funk, Unit Head of the WHO Policy, Law & Human Rights Team
11.32 AM	Sir Norman Lamb, Chair of South London & Maudsley NHS Foundation Trust
11.45 AM	Introduction of the APPG report
12.00 PM	Panel discussion chaired by Nigel Crisp. Panellists Dainius Pūras, James Davies, Rachel Kelly & William Bird
12.25 PM	Closing remarks by Nigel Crisp

ALL TIMES IN BST (UK TIME)

PROGRAMME

WHO and OHCHR Guidance (2023): Mental Health, Human Rights and Legislation

- Mental health policies and services need to abandon legacy of coercion and discrimination. This should be done by changes in law and practices

- Coercive practices violate human rights. They are harmful

- No evidence on effectiveness of non-consensual measures when addressing suicide and homicide

- CRPD: non-discrimination, legal capacity, right to live in community, personal integrity, freedom from torture and ill-treatment

- Mental health related legislation should be integrated in general laws, rather that have stand-alone Mental health laws

- The main goal is to develop non-coercive rights based mental health services. Legislation should support development and replication of such services

Urgent need for the shift of paradigm

- Human rights imperative (parallels with addressing HIV/AIDS epidemics)

- Address adversities in childhood and adolescence

- Protect universal human rights principles from attacks (populistic nationalism, "traditional family values", etc.); promote all human rights without creating hierarchies within rights

- Prevent excessive medicalization of mental distress

- Mainstream mental health and discontinue investments in segregated psychiatric institutions (also in international cooperation)

- Prioritize culturally appropriate community based psychosocial interventions

- Replicate good practices that provide non-coercive community based mental health services

- Address imbalances and biased knowledge in medical education and research

- New promising steps – WHO Guidance on community mental health services (2021) and WHO and OHCHR guidance "Mental health, Human rights and Legislation" should be implemented on national levels

These changes are needed to liberate the entire field of global mental health from outdated laws, attitudes and practices. These changes are needed to stop discrimination of persons with psyhosocial disabilities and to empower them. They are needed also for addressing image and reputation of psychiatry and mental healthcare which has been affected by crisis of values and evidence. These changes are not against psychiatry/psychiatrists and they are not „antipsychiatry"

Message from WHO Guidance on community mental health services (2021)

- „...In order to successfully integrate a person-centred, recovery-oriented and rights-based approach in mental health, countries must change and broaden mindsets, address stigmatizing attitudes and eliminate coercive practices. As such, **it is critical that mental health systems and services widen their focus beyond the biomedical model to also include a more holistic approach that considers all aspects of a person's life. Current practice in all parts of the world, however, places psychotropic drugs at the centre of treatment responses whereas psychosocial interventions, psychological interventions and peer support should also be explored and offered in the context of a person-centred, recovery and rights-based approach**. These changes will require significant shifts in the knowledge, competencies and skills of the health and social services workforce...“

Final observations

- Invest in enabling and supportive environments in all settings: family, school, workplace, healthcare facilities, community, society at large. Prevent inequalities, discrimination and violence – this is best "vaccine"! Protect and promote all human rights of each individual.

- Avoid overmedicalization, coercion and institutionalization. Too often people with mental health conditions suffer from outdated interventions and self-feeding systems more than from their mental health conditions. The change in laws and practices should end this legacy of discrimination and helplessness.

- Persons with mental health conditions, as well as entire field of mental health and psychiatry, need to be empowered and liberated from legacy of discriminatory laws, practices and attitudes. Importance of fully addressing the human rights based approach is crucial

- There are many different avenues to move away from "status quo" which is reliant on outdated "conventional wisdoms". Political will is needed to move ahead and to break vicious cycle of discrimination and disempowerment

- Coalitions of different stakeholders in each country should support and urge national authorities for the change towards dominance of rights based mental health services

Table Conversations

A few tables will share a couple of words to describe

their responses to Give 5

Prompts for discussion about Give 5

- What are your thoughts?
- Does it apply to your experience/context?
- Any questions?
- Choose 3 words to describe your response to Give 5

➢ Given the size of the groups and people not all knowing each-other, please be aware of what is shared and the potential impact on others.

➢ With time constraints, please allow everyone who wants to say something, space to speak.

Endorsement
and
call to action ...

Next steps, thanks and close!

#NewScript
#Community #Compassion
#Connection #Choice
#Give5

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."
- Margaret Mead

Thank you for joining us today!

Free Online Co-Produced Safety Planning site for anyone struggling or supporting someone who is suicidal

www.stayingsafe.net

#Give5 #WMHD24

Lifeline
0808 808 8000
(Textphone: 18001 0808 808 8000)

Give 5
New Script
for MENTAL HEALTH

NO ONE LEFT BEHIND
PPR

"It's alright to ask for help"
SAMARITANS
116 123