The Carter Center Dr. Kashef Ijaz on UN HR and Mental Health for Nov. 15, 2021

Good morning and good afternoon. And thank you for inviting me to this important meeting. I'm grateful to the Office of the High Commissioner on Human Rights for their leadership and work to create a paradigm shift to rights- based mental health care. This session is timely for our organizations in many ways.

First with a global mental health crisis, unfolding a focus on rights-based care is more important than ever. Second, The Carter Center has an opportunity to adopt and further strengthen these frameworks in practice. This approach aligns with the missions of our founders, Jimmy and Rosalynn Carter, who in 1982, started the Center to advance human rights, democracy, and health for the world's most vulnerable population.

These are interconnected goals and by leveraging our country resources and government partnerships, we have a more powerful impact on our work. Having leadership of Rosalynn Carter, who became a mental health champion 50 years ago, when she campaigned with her husband when he ran for governor of Georgia.

Mrs. Carter was also the first sitting U.S. First Lady to address the World Health Assembly, where she shared report findings from the president's Mental Health Commission. She was a pioneer who envisioned a world with less mental health, stigma, and better mental health care half a century ago. She emphasized that access to mental health care is part of overall health as well as a basic human right.

The new WHO Mental Health Atlas points out an alarming disconnect between available mental health services and the demand for mental health care around the world. And COVID- 19 has made the need for adequate access to mental health care, even more urgent. Progress in strengthening mental health is encouraging,

and the Atlas shows improvements in mental health laws. And we are motivated by the new mental health targets set for 2030. The WHO guidance and recommendations for ending human rights violations in mental healthcare is a blueprint that also emphasizes the role of communities and recovery in country and global planning.

Specifically speaking about our experiences in reforming mental health systems guided by human-rights based approach and how to embed practice in policy. I'll share some examples from Liberia. This is a country where we have worked since 1992, when we were invited by the government to help mediate conflicts, promote access to justice and help strengthen democratic processes.

In 2010, we began assisting Liberia in building their mental health workforce by providing training to clinicians. We also are honored to have helped draft their Mental Health Systems Act, which is Liberia's first law to improve health care for people with mental illnesses and to prevent discrimination against them.

When the Ebola virus epidemic struck Liberia in 2014, we broadened our focus to address the psychosocial impact of the crisis and provided long-term aftercare for those who experienced trauma. True to Mrs. Carter's vision, we are also focusing on reducing stigma around mental illnesses and now have trained more than 360 nurses and midwives in mental health for services for both children and adults.

It's vital that people with lived experience participate in solutions and rights-based approach to mental health care in this photo, Reverend Bill Jallah, who leads Cultivation for Users' Hope, shares his lived experience to advocate for better mental health policies and implementation. Organizations like this one are instrumental to advocate for quality rights, government accountability, and better budgets and resources for mental health. Less than 2% of national health budgets go to mental health.

And the majority of these small mental health budgets tend to go to psychiatric hospitals and to institutions. A focus on human rights means increasing the mental health allocation in national budgets and fostering more resources towards community-based services. Treating mental health illness as less important than physical health, with fewer resources is simply a discriminatory practice. To better understand the mental health financing climate in Liberia,

The Center recently joined the Liberian government and United for Global Mental Health to conduct a study using input from key stakeholders. The report identifies the country's mental health financial landscape - including gaps, challenges, and funding models - and offers recommendations to make a compelling case for mental health investment.

Optimal health outcomes won't be achieved if we don't align mental health with human rights. And we also urgently need to educate the public and the media. To that end, The Carter Center provides support for journalists in Liberia to receive training in better practices for mental health reporting. To achieve a sustainable and rights-based approach, we must all commit to making mental health a *health and development priority.*

This means not just dedicated resources in national health budgets, but also in global and multilateral organizations and bilateral donors.

Together, we can create a brighter future.