

SA FEDERATION FOR MENTAL HEALTH; Biennial Conference 11 to 13 September 2006: Photographs and article by Mr. Jarret Clark.

It was a successful conference with many demanding issues. The most important was to ensure development in mental health service users as to their related human rights, services, facilities and reintegration into the community.

The South African Government, related parties and individuals such as Professor Melvyn Freeman have done much for our human rights but in the end it is up to us to ensure these rights on a national and international basis.

The SA Federation for Mental health awarded me with a Special Achievement Service Users Award for my work at our national Amnesty International SA's AGM by raising matters on the human rights of mental health service user's world wide.

Amnesty International revealed that they are willing to work incorporation with other NGO's on human rights issues. I am member of Amnesty International SA since 1999 and feel all human rights are actually mental health related and therefore do my neighbors and world have no borders.

I am now serving a second two year term as the Guateng provincial psychiatric service user representative and aim to develop more service user representivity and self help groups regionally, nationally and internationally for mental health service user's development.



The award received by Mr. Jarret Clark from SAFMH for human rights work with Amnesty International SA.



Ms Shona Sturgeon, World Federation for Mental Health (WFMH) Past President and Out going President of the South African Federation for Mental Health (SAFMH) who just received a honorary pin from the SAFMH National Executive Director Mr. Solly Mokgata.

SPEECH 12 SEPTEMBER 2006 FOR SAFMH CONFERENCE  
By Jarret Henry Clark

## **REPORT OF MENTAL HEALTH SERVICE USERS ISSUES**

### **1. WE CAN NOT RESOLVE OUR NEEDS AND ISSUES, IT DOES NOT ASSIST US TO LIST THEM AGAIN**

I do not think from the previous lists of needs and issues which we had from last year that any was completely resolved, we could rather add to that list this year. I am not going to list achievements and our concerns this year but how to position us to be more effective, therefore do I present another approach.

### **2. OUR NUMBERS ARE NOT REALISED WHICH INCLUDE THE MANY PROFESSIONALS AMONGST US**

The reason is because we as extraordinary people just want to be ordinary in our needs that we also use an ordinary communications approach in our community. I feel that my achievements are past tense and I must value my fellow service user's inputs at the workshop follow this briefing.

As a former photo-journalist at SANDF Headquarters, communications is my expertise and background all these years. I served through some difficult times in South Africa, through propaganda, psychological warfare, and brainwashing, as well as in the modern over communicated world.

This kind of mass marketing positioning dates already from the 1981's, a good example is "***Positioning: The Battle for you Mind, (How to be seen and heard in the overcrowded marketplace, by Al Ries and Jack Trout.)***" This last work was published the same year I left school twenty five years ago and its topic is even more relevant today.

The same account to our work for better, facilities and services for mental health service users by creating and enforcing our human rights accordingly. Our efforts and needs for these services, facilities and human rights are much older than the oldest amongst us, it is in fact more than centuries old if not as old as mankind itself.

Yet today we still communicate and deal with the same unresolved problems and conditions and the reason for it is our inability to get our message effectively across. The greatest feats and changes in the world were always extraordinary in their time and not ordinary. It is on this matter that I share with you rather than another list of problems and needs, should we as extraordinary people also share in our ability to solve our own problems from without our large numbers.

### **3. WE CAN OUTNUMBER HIV AND AIDS AT ANY GIVEN TIME YET WE ARE GROSLY UN PROVIDED FOR.**

Many do not really know the expertise hidden in our large numbers, there are doctors, professors and many other professionals, this include people suffering from mental illnesses such as schizophrenia and bipolar disorder. Yet where I stand today very few represents us and much less can stand up in the community for ourselves.

But in the average world we number one person out of four will during their lifetime suffer from some diagnosable mental illness or condition. Add just one supporter each and we will be a majority in the world, with this fact there should not even be anyone left that dare to discriminate, stigmatize or abuse our human rights. Yet why does it still happen?

### **4. WE CAN LEARN FROM THE SUCCESSES OF THE HIV AND AIDS CASE STUDY**

It relates to the perception of our communities, the world does not see us as such a majority or strategic force, they see us as a very small majority of bizarre people they want to avoid, if not always to protected on an individual basis. In mass communications

this is the perfect way to be unheard or to become lost with all our recognized needs and related human rights. Nobody in the world will dare to treat those with HIV and Aids that way today.

We need to use the similar situation of HIV and Aids as our case study. They at best only number one person out of six people who is currently referred to as the South African HIV and Aids pandemic. They at conception had the same problems as we did and today in just a few years very few can claim to stigmatization, discrimination and abuse of their human rights. The question is why?

The first rule is that these HIV and Aids sufferers strategically unified themselves internationally. They are self determined and represented and not overly protected and individualized. With their united and visual representation on all levels they command vast resources to deal with their situation. Yet we with centuries of mental illness and presenting even larger numbers could only dream of such an advanced situation.

With all these written, communicated and projected human rights for mental health service users must I then ask why can we not at this very moment enjoy the same benefits and situation? What is concerning is the fact that we do not even directly represent our numbers on any of our own review boards.

If my information is correct from SABDA and SADAG, SASOP are listening to an imported speaker from Vermont in the USA at their conference in Swazi Land. He is addressing them how they got parity for their mental health service users and we in South Africa can not sponsor one service user to attend this conference in aid of our needs. If this is the true case we are only subjected to kind words and do not have any real hope of change.

The answers are, firstly we are not strategically in the world identified by our large numbers, secondly we are not self determined and represented as a group, and thirdly we communicate to be average people in an average way which defeats the very basis of our needs, conditions and message.

## **5. THE CONDITIONING OF OUR FORGOTTEN BLESSING OVER OUR OVER CONSIDERED CURSES**

For we are not average, every person in the world is not perfect and has his or hers disabilities or limits. We as mental health service users must accept our extraordinary position accordingly not only for its much communicated curses but its benefits to. Yes, very few have ever communicated or concentrated on our benefits in society related to our condition, because the mindset was on illness and diagnosis which equals to treatment to an only healing norm.

Yet very few professionals realize that these so-called illnesses and conditions reflect humanities evolution from a lesser intelligent life form to the advance one we have today.

And without our biological ability to do so we will only maintain an ever reducing life form if we do not allow for our human evolution according to the rest of nature.

We want to rectify mental illness or related conditions with biological programs such as genes but the even smaller and different element that must interpreted or read those genes **“life”** itself we can not command or control. For life is not an illness or a mental health condition we can control or create we are subjected to it and it is not subjected to us.

And it is from this aspect I want to depart on the basis of our human rights as mental health service users to be recognized both for our disabilities and for our extraordinary abilities in this world. It should be considered and prized for more than just an illness or treatable medical condition as it is also the evolution of mankind in process of nature and a natural process.

It is a well know fact that most people with serious mental illnesses such as schizophrenia and bipolar disorder have connotations with the savant syndrome, many come out of intelligent families and many intellectuals and creative people share a large portion of our genes. Therefore must we be careful to treat our conditions only as an illness alone for we may harm mankind more by it than healing it.

For in the same context of the wider mental health of the community which I am sure some speakers have raised before me, we with psychiatric problems and conditions are still as much part of it as everybody else. We must remember one such societal illness not to distant away, as we marched with the Jews and Gypsies to the gas-chambers during the Nazi era.

## **6. WE HAVE ALSO SHARED THE NAZI GAS CHAMBERS AND NOBODY EVEN NOTICED**

The well-known **Dr. Viktor E. Frankl M.D., Ph.D. (Professor of Neurology and Psychiatry)**, who witnessed the holocaust as an inmate of Nazi death camps, were also the mental health service users or just considered mentally ill join the Jews and gypsies in their extermination. There must be ample evidence but I provide you with this brief glimpse.

As reference I quote him in his book **“MAN’S SEARCH FOR MEANING” on page 176, “along the lines of Hitler’s program, that is to say, “mercy” killing of all those who have lost their social usefulness, because of old age, incurable illness, mental deterioration, or whatever handicap they may suffer.”**

Our current way of mercy **“killing”** those considered mentally ill is to resort to killing them by mind and character as from where the association of stigma and discrimination? For there are still those who think that in our millions mental health service users that we

all are all so incapable that they kindly resort by themselves to protect our human rights on our own behalf.

## **7. HUMAN RIGHTS AND ITS UN CHARTER IS AN OLD STORY AND WE ARE STIL NOT HEARD**

I also refer to **Dr. Viktor E. Frankl** in the same book in German dated 1946 the same year the UN and the human rights charter was establish. I quote his "*The Psychiatric Credo*" on page 176, "*There is nothing conceivable which would so condition a man as to leave him without the slightest freedom. Therefore, a residue of freedom, however limited it may be, it left to man in neurotic and even psychotic cases.*

*Indeed, the innermost core of the patient's personality is not even touched by a psychosis. An incurably psychotic individual may lose his usefulness but yet retain the dignity of a human being. This is my psychiatric credo. Without it I should not think it worthwhile to be a psychiatrist. For whose sake? Just for the sake of a damaged brain machine which cannot be repaired? If the patient were not definitely more, euthanasia would be justified."*

## **8. OUR ACT AND NATIONAL ASSURANCES IS NOT ENOUGH GUARANTEES WE NEED INTERNATIONAL ONES TOO**

We as mental health service users needs more than just the assurances of our mental health care providers and the government because of this not to distant proven history. We need all the representivity and support we could raise nationally as well as international as a joint group of mental health service users, carers and supporting organisations.

For it is well-known that even a well meaning government and policy can fail as well as its intended cause, many leaders can't see that the worst can happen to us but we who are on the receiving end can not afford it to happen by no slightest chance it could be permanent again for us, and civilisation is by all means not so secure.

Psychiatrists and other mental health professionals are not lawyers, judges and jury, the same is lawyers are not psychiatrists. But behavioral therapy can therefore not ignore or replace the legal system and then expect to become part of the correctional services as a treatment plan nor should patients be mixed with convicted criminals of their number.

Therefore need we join forces with human rights dedicated and active organizations such as Amnesty International, to also protect and ensure our human rights as mental health service users is not only a national issue alone.

We like other human rights abused groups need international recognition and protection. We need protocol clarification by all states about our status, applications for entry in to

states, work permits and conditions, permanent residence, health care issues and even assistance with health care facilities, services and the monitoring of them on an independent international standard.

Many may by now wonder what all this has to do with our direct needs as mental health service users? I can only point out to you that all our needs and problems have their grounds on legal grounds as much as those of health care professionals. We are through our human rights internationally and locally are entitled to many things, these rights are legal issues and not therapies or medicine.

These legal issues can even when exercised provides us protection and better health care, facilities and services. We can then effectively implement our socio-economic reintegration into society as required. We can also secure a better mental health services, facilities and demand our portion in perspective of the related budgets, which include the health budget.

## **9. STOP APPEASING ABUSERS AND PROVIDE MISLEADING PROFESSIONAL FACTS**

There is one aspect of human rights, stigma and discrimination, our abusers are not nice people and can not be kindly appeased to stop their behavior, for appeasement is seen as a weakness and pudding to their arguments and cause. Mental illness and related bizarre behavior is as old as mankind itself and our related suspicion, stigma and discrimination dates back even from these times. We never were seen as one unified group but only as individuals, which gave the impression that our numbers are very little and unusual.

I can just mention one point as an example how some refer to some psychiatric services users as violent and how it justifies to restrain them, these professional people never complete the whole picture as to provide our actual numbers in the community and how many of us need really to be secure in this way.

Nor do they relate it to the rest of our able community who are by their numbers far more violent, abusive and criminal than we are. This single fact of perception when quoted by professionals alone to make their justification for their point is very unfair and only serves to feed stigma and discrimination because of our conditions.

## **10. EMPOWER OUR MASSES TO PROVIDE FOR OURSELVES. (YOU DO NOT HAVE THE NUMBERS AS YOU ARE OVERWORKED AND UNDERSTAFFED TO MAKE OUR HUMAN RIGHTS YOUR PRIMARY TASK.)**

I can only say that I know most of the mental health professionals have our human rights and personal issues in their hearts but I must caution you that I know your limited numbers and our vast numbers. You are overworked and understaffed and can barely cope with your primary task load.

I we can not expect them to effectively add our human rights to their primary portfolio because the primary portfolio of our human rights as mental health service users is our own with the assistance of legal aid, mental health care professional should only assist us.

We have many qualified people amongst our numbers and if we can be united and represented as our own group we can with our numbers serve much of our needs in cooperation with you on an equal basis.

That is why I call on you and my fellow mental health consumers including the intellectually disabled to finally establish the National Consumer Office (**NCO**) and work internationally by supporting the establishment of a International Consumer Office (**ICO**) so that we can look after ourselves. Only if we as mental health service users can demonstrate this ability unitary on all levels of community would we eventually eradicate most of the stigma and discrimination against us.

I do not subscribe the unitary structure of the National and International Consumer Offices or who really should assist and mentor their establishment. I chose to raise it with this body as I think it is the most suitable and I urge you with each delay we as mental health consumers must suffer our peril for the next period while those who represent us still enjoy their professional position to aid us in the same life.

## **11. CONCLUSION**

We need to represent ourselves as any other group do, locally nationally and internationally as it is our direct and personal concern. Those who always speak on our behalf must realize this fact, when you are in the line to the gas-chambers you will cherish even the worst plan, spelling and construction if it can save you and not that perfect plan and construction which could only promise to save you later.

We must start now, for we do not get paid salaries for our stigma and discrimination, we as mental health service users are paying with pain with every moment. Once we have something to work from, those perfectionists can then further spend their lifetime correcting the imperfect in an imperfect and evolving world, without their actions being to our detriment and personal cost.

One fact that is relevant with war is if you are in always research for that perfect weapon and your enemy only has to find one that works for that moment and then your enemy wins and you permanently lose. In this case our enemy is stigma, discrimination, abuse, lack of services and facilities and we are currently losing this battle.

We should consider these strategic facts before we add our list of issues this year to be addressed as I did not include this list for it is almost the same list every year and it should not be repeated in such away. May this address provide a solution and road to action than a reflection of these listed and reoccurring issues.

**END**