

**SHIFTING THE MENTAL HEALTH PARADIGM OF HUMAN RIGHTS PROTECTION  
FOR AUSTRALIANS WITH PSYCHOTIC ILLNESS – BY BRINGING TOGETHER  
KNOWLEDGE AVAILABLE FROM RESEARCH, PRACTICE AND LIVED EXPERIENCE**

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## **INTRODUCTION**

**Mr Chairman, thank you for that generous introduction.**

**The theme of this conference is bridging research, practice and lived experience. I'm neither a psychiatrist, nor a psychologist – nor someone who has lived with a psychotic illness. But I do have “lived experience” relevant to improving our system – and I believe the lessons I've learned are still relevant.**

**When I had the privilege of being appointed as Australia's first Federal Human Rights Commissioner over 3 decades ago, it was clear that one of our greatest challenges was to urgently change the paradigm within which our nation dealt with mental illness.**

**At the outset, I want to sincerely thank those of you who helped me more than 30 years ago to bring to the attention of our governments – state and federal – the human rights violations and appalling suffering of our fellow Australians affected by mental illness.**

**I don't want to embarrass anybody – but among those of you I recognise I see Professor Vaughan Carr, one of the first psychiatrists who gave sworn evidence early in the Inquiry that helped guide my research – and sitting next to me here I see Rob Ramjan, one of the first NGO leaders to provide us with detailed evidence.**

## **THE NATIONAL INQUIRY ON HUMAN RIGHTS AND MENTAL ILLNESS (1990-93)**

**From 1990-93, I examined and cross examined 1,372 witnesses in every state and territory of our very fortunate country. Some were individual witnesses but many had cleared their submissions with their national federations, professional associations, unions and NGOs. Those carefully prepared submissions represented hundreds of thousands of people.**

**We conducted both public and private hearings in all our major cities and regional towns and visited dozens of psychiatric institutions, hospitals and clinics in every state and territory across Australia.**

**The Inquiry demonstrated the momentum which can be generated when those with lived experience are given the opportunity to inform the public of the discrimination they suffer – in a National Inquiry which also includes the best evidence available from psychiatrists, psychologists and academic researchers**

**We also listened to a great deal of evidence from "carers" – usually the women in the family, but sometimes also others who attempted to care for individuals affected by mental illness – to give their lives dignity and protect their rights.**

**When my Report was tabled in Federal Parliament in 1993, it revealed one of the most disgraceful and systemic violations of human rights in this nation's history.**

The evidence, given under oath – and always corroborated – clearly established that:

- Notwithstanding the existence of anti-discrimination legislation, people with a psychiatric disability were routinely discriminated against – and denied their rights – in both the public and the private sector.
- Most savings from deinstitutionalisation had not been directed to community based mental health services.
- Legislation relating to Australians affected by a psychiatric disability was outdated, and law reform in this area received a very low priority.
- Our court system was generally inaccessible to individuals affected by psychiatric disabilities – and while our legal system protected their human rights in theory – it was an abysmal failure in reality.
- This fundamental failure of law and policy was largely being ignored by our parliaments, policy makers and the legal profession.
- This situation was only possible because of widespread public ignorance concerning the nature and prevalence of mental illness or psychiatric disability.
- This public ignorance generated irrational fear – which was a fundamental cause of discrimination, marginalization and even victimization of those with a psychiatric disability.

- The discrimination was so entrenched in public and official attitudes that it was 'systemic' and 'systematic' – and therefore required sweeping reforms – and a major injection of resources.
- It was precisely those who were most vulnerable and disadvantaged -- individuals with dual or multiple disabilities --for whom there were no programmes – or for whom the existing programmes were grossly inadequate.
- The allocation of such limited resources as were available clearly discriminated against those living in rural and regional areas – and that in these areas our youth suicide rate was 200% higher than in our major cities – and elderly people frequently received no appropriate care at all.
- Our GPs were generally very poorly trained in the field of mental illness and often failed to recognise mental health disorders.
- Our health system routinely discriminated against people with a psychiatric disability.
- There was an extremely serious shortage of child and adolescent psychiatrists and other health professionals.
- **Certain private health funds discriminated against the mentally ill.**
- Patients were often shuffled from agency to agency without finding anyone that would take responsibility.

- **Governments were deliberately relying on non-government agencies to help those discarded by the public system as ‘untreatable’.**
- **A lack of crisis teams was placing consumers and families at serious risk.**
- **The lack of community services meant many carers carried enormous physical and financial burdens.**
- **Patients were afraid of retribution if they complained.**
- **Public housing excluded many with mental illness.**
- **Living conditions in boarding houses were disgraceful – with completely untrained staff often dispensing medication.**
- **Governments and employers had neglected vocational rehabilitation.**
- **Little was known about what happens to the children of mentally ill parents.**
- **Law reform was urgently needed – but that many of the human rights violations were caused not by acts which were unlawful – but by omission and by official neglect – problems which in the longer term required fundamental changes in public attitudes and a major injection of resources.**

**We learned many important lessons from this Inquiry.**

- We learned that gross violations of human rights, affecting hundreds of thousands of individuals, can still occur in a modern democracy enjoying freely elected parliaments, an independent judiciary, free trade unions and the 'rule of law'.
- We learned this was possible because our legal system had never really taken seriously the basic right of individuals with a psychiatric disability to be treated with dignity and enjoy genuine equality. (Most of our judges and lawyers had not been trained in human rights at all).

**\*\*\* The law itself was not part of the solution – it was part of the problem!**

- We learned that most discrimination against those with a psychiatric disability was based on fear – and that fear was almost invariably based on ignorance. Clearly, changing public attitudes was essential if any law reforms were going to be successful.

• We learned that our traditional institutions of justice (the courts) were hopelessly inadequate in addressing and redressing human rights violations. Clearly, we needed an independent, accessible, national institution which could assist those with a psychiatric disability (and other forms of disability) to ensure their human rights were protected.

• Given that the inquiry was based on international human rights principles, we demonstrated that international standards are a valuable benchmark – against which the performance of governments can, and should, be measured.

- We learned that public policies supposedly developed to better protect the basic rights and freedoms of particularly vulnerable groups need to be carefully scrutinised and monitored. (many of the worst abuses in Australia had accompanied the introduction of policies of 'deinstitutionalization' - which the public had been told would be more 'humane' and consistent with individual rights and freedoms. The policy was fine in theory – but became a disaster in practice because governments failed to provide adequate resources for community-based services.

Many individuals with a major psychiatric disability were reduced to lives of squalor and homelessness – thus reinforcing existing community stereotypes rather than dispelling them).

- We demonstrated – in the legislation and reforms which were introduced both during and following our Inquiry – that it is possible to breathe real meaning into international human rights treaties and instruments by using them as the benchmark for evaluating national conditions and also using the principles they embody as the basis for preparing new legislation designed to prohibit discrimination and protect human rights.

- We learned that well publicised public inquiries to which the public and media were regularly invited, can be a powerful tool in generating pressure for political action – as well as informing the general public and educating public attitudes.



At the beginning of the process, media interest in the subject of mental illness was almost exclusively confined to 'bad news' stories of psychiatric patients causing damage in the community or injury to others.

By the end of the process, hundreds of news stories emanating from evidence presented to the inquiry (frequently informing the public of gross abuse of individuals with a psychiatric disability) had produced significant improvements in public attitudes generally – and a reduction in discriminatory practices. (one interesting indicator of the effectiveness of the process was the media coverage of the release of the inquiry's report. Not only was it responsible and detailed, it was approximately double in quantity to the coverage which occurred when Sydney won its bid to host the Olympics in the year 2000!)

- We learned that it is sometimes more effective to channel limited energy and resources into a general inquiry into systemic discrimination, than repeatedly attempt to investigate individual cases of abuse or discrimination – important as these may be. This is particularly the case where the discrimination or other human rights violations occurring relate to individuals whose disability may make it less likely, or even unlikely, that they will ever lodge an individual complaint.

Over the last 35 years I have had the opportunity to visit and assess the situation relating to human rights in nearly 100 countries. Unfortunately, discrimination against people with psychiatric disabilities is still a widespread phenomenon. Indeed, in many countries, it is still not recognised as a violation of human rights – or even regarded as a problem!

Clearly the international community still has a long way to go in effectively addressing the frequently degrading and sometimes humiliating circumstances in which hundreds of millions of our fellow human beings spend their lives.

But we live in one of the wealthiest countries in the world.

So, our failure to respond appropriately is basically inexcusable.

**\*\*\* HUMAN RIGHTS – A FUNDAMENTAL APPROACH TO ADVOCACY**

The Government of Australia, along with almost every other country in the World, agreed in 1993, at the World Conference on Human Rights, that economic, social and cultural rights – (including the right to health, the right to social security, and the right to housing) – were just as important as civil and political rights (the right to life, the right to a fair trial, and freedom of expression).

**\*\*\* In terms of an effective strategy to improve the current situation I believe it's essential to have a strategy unapologetically based on human rights.**

My National Inquiry on Human Rights and Mental Illness and preceding that my National Inquiry on Homeless Young People were the first National Inquiries in Australia ever based on Human Rights – not on the law; not on economic policies and programs, but on the rights set out in international treaties which are still, today, binding on us as a matter of international law.

**In NSW alone – after the first recorded case of mental illness in 1801, there had been 40 inquiries into psychiatric facilities and services – and they completely ignored the issue of the rights of those affected.**

**\*\*\* It is also important in this context to understand that Australia is the only country in the common-law world – the only country out of 65 former British Colonies – that does not have a Bill of Rights – either in our Constitution or in Federal Legislation.**

Most of the serious violations of human rights that my 1993 Report documented were not the result of any illegal act. They were the result of

**'omissions' or 'neglect' by the State — and while the terrible costs for hundreds of thousands of our fellow citizens were the result of that neglect, there was absolutely nothing our courts could, or would, do about it.**

## **HUMAN RIGHTS AND INTERNATIONAL TREATIES**

**For about 20 years—first as a diplomat, then as chief of staff to our former Prime Minister and Deputy Prime Minister, and finally as Federal Human Rights Commissioner, I was involved in drafting international treaties – including those to protect people with mental illness.**

**The most important of those treaties is the "Convention on the Rights of Persons with Disabilities". But there was a great deal of resistance from many countries to creating that Convention, and we didn't finish negotiating it until 2006 – and Australia did not ratify it until 2008.**

**So, my 1993 Report was based on an earlier instrument we had negotiated in the 1980s – the "Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care". I worked on negotiating those Principles while conducting the Mental Illness Inquiry and it was adopted by the UN in 1991.**

**Those negotiations were funded by just two countries – Australia and Sweden. So as Australians we have a proud history in fighting for these important international instruments – which have been extremely important in protecting human rights.**

**My objective was to ensure that those with disabilities – including psychiatric disabilities – were removed from a paradigm characterized by discrimination, marginalisation, fear, abuse and neglect, to one in which they were regarded as having equal rights with all other members of society and, in certain circumstances, rights to special protection because of their vulnerability.**

**\*\*\* Australia has now ratified the relevant treaties – and those international standards still represent an important benchmark for national legislation – THE ALLOCATION OF ADEQUATE RESOURCES – and policies, programs and regulations designed to promote and protect human rights.**

**\*\*\* But while legislation prohibiting discrimination and protecting rights is essential, based on my own experience it is only 10% of the basic human rights equation; the other 90% includes, most importantly, adequate resources to implement the standards which are (or should be) embodied in the legislation and a proactive programme of community education.**

**\*\*\* In my experience securing adequate resources and educating community attitudes requires continuous, and on occasion, aggressive advocacy.**

**The Convention on the Rights of Persons with Disabilities stipulates that people with disabilities (including psychiatric disabilities) must receive special assistance because of their vulnerabilities.**

**It took some of us several years in difficult negotiations to ensure that psychiatric disabilities were included in that treaty.**

- ❖ **When we ratify an international trade agreement – we stick to it**
- ❖ **When we conclude an international defence treaty – we honour it**
- ❖ **When we negotiate an international air transport treaty – we abide by it**

**But when we ratify international human rights treaties – which are also binding on us as a matter of international law – (as we solemnly have) Our governments have frequently treated them as “optional extras”.**

**They are not!**

**We still have a long way to go in Australia in according equal priority to economic, social and cultural rights, for the homeless and other vulnerable groups.**

**\*\*\* Dealing with mental illness needs to be addressed in that paradigm and analysed in that context – that is that ADEQUATE AND NON-DISCRIMINATORY HEALTH CARE IS A FUNDAMENTALLY IMPORTANT HUMAN RIGHT – not just a welfare issue, not just an economic issue – and not just an “optional extra”.**

**In my experience all the aspects of that are inter-related – and flow very much from that fundamental premise. Unless we keep that fundamental premise in view, I believe we will lose sight of the most effective way – and the parameters in which – this issue must be responded to.**

## **THE GOVERNMENT RESPONSE – WHAT AND WHY**

**As a result of our findings, federal and state governments introduced many reforms. They allocated over \$600 million in additional funds for programs and services for those affected by a psychiatric disability. (And of course, several billions of dollars have since been allocated by both the federal and state governments.)**

**Our Report also led to other important results – including:**

- **Many changes we had recommended to Federal and State laws;**
- **A number of important health initiatives; and**
- **A number of public education programs were also established.**

**Perhaps, most importantly, following our Inquiry, for the first time in our history, OUR NATIONAL GOVERNMENT RECOGNISED ITS RESPONSIBILITY (--it had previously left the care of those affected by mental illness to state governments--) AND ADOPTED A NATIONAL MENTAL HEALTH POLICY – to ensure that adequate programs would be developed – and resources allocated on a continuing basis.**

**All this happened because, by taking an inclusive approach and listening to those both directly and those more indirectly affected by mental illness, we managed to change entrenched public attitudes and thereby "shift the paradigm" from one characterised by discrimination and fear to one more oriented to respect for the rights of each individual.**



**But that was not, primarily, because, as Chair, I was the Federal Human Rights Commissioner.**

**It was because my Report was completely based on two things:**

**First, international human rights standards.**

**And second, listening carefully, in every State and Territory, to those directly affected, and those caring for them (people like yourselves) – and giving voice to a very vulnerable and previously powerless group – enabling them to be heard at the highest level of our Government and Parliament.**

## **PARTICULARLY VULNERABLE GROUPS**

In my Mental Illness Report, I made detailed recommendations about several particularly vulnerable groups:

- Elderly people;
- Homeless people;
- Women;
- Children and adolescents;
- People with dual and multiple disabilities;
- People in rural and isolated areas;
- Indigenous peoples;
- People from non-english speaking backgrounds; and
- Forensic patients and prisoners.

In the time I have available this morning, I particularly want to refer to one of these. (I am happy to answer questions on any of the others if we have time for that).

## **THERE IS A CRITICAL LINK BETWEEN HOMELESSNESS AND MENTAL HEALTH**

The latest “official” estimate from our 2021 Census was that over 122,000 Australians were homeless (and it’s a lot more now).

Of these, over 45,000 were homeless young people.

Nearly 28,000 were aged 12-24.

And even more disturbingly, 18,000 were aged under 12.

My Report on Human Rights and Mental Illness was a direct result of our National Inquiry on Homeless Children – in which we found that thousands of

**our homeless young people who were wandering the streets had a diagnosed mental illness – but in many cases, an undiagnosed mental illness.**

**In the Mental Illness Report we concluded there were very strong links between homelessness and its tendency to exacerbate difficulties suffered by mentally ill people – and between mental illness and its tendency to increase the risk of homelessness. Clearly there was an inter-relationship there which had to be addressed – and in many ways was not being addressed.**

**Addressing that challenge effectively must be central to any strategy now.**

**Following my Report, I was criticised by senior Ministers for exaggerating. The Deputy Prime Minister said I was “a bit too emotional”.**

**But very soon afterwards, our Report motivated the Federal Government to come out with its own report. This not only acknowledged the close links between homelessness and mental illness – it concluded that approximately 500,000 Australians were affected by serious mental illness – but only about half of those were receiving any care or treatment from either our public or private health systems.**

**That is, there were approximately 250,000 of our fellow Australians, on the Government's own figures, who were seriously mentally ill but were receiving no care and no attention at all. Many thousands of those were young people. In our 1993 report on the mentally ill we found, on the basis of evidence presented in every state and territory and confirmed by the President of the Royal Australian and New Zealand College of Psychiatrists, that approximately 75 per cent of people in shelters for the homeless had histories of major**

mental illness. In that Report, I warned that if you asked any of the services dealing with homeless people, they were seeing an increasing percentage of people affected by mental illness — and, disturbingly, an increasing number of those people were younger and younger.

The Report 'Down and Out' 5 years later, in 1988, again confirmed our findings.

- 75 per cent of homeless people visiting inner city refuges, hostels, places of care operated by St Vincent de Paul, the Sydney City Mission, the Salvation Army, the Wesley Mission, the Haymarket Foundation, were affected by serious mental illness or mental disorder.

All the evidence documented in our Report also indicated that, in many cases, those affected by mental illness abused substances as a way of coping with the pain of their illness – BECAUSE WE WERE NOT PROVIDING THE SORTS OF CARE THAT, AS ONE OF THE WEALTHIEST COUNTRIES IN THE WORLD, WE CAN AFFORD, WE SHOULD AFFORD, AND WE MUST AFFORD !

The breakdown of the figures in that 1998 Report was truly shocking.

- 46% of the homeless women were affected by schizophrenia
- 38% of the women had major depression
- 93% had experienced at least one major trauma in the preceding 12 months
- 68 % of the women had been sexually molested or raped

**I still live on the edge of Kings Cross in Sydney.**

**I wish I could tell you that things have greatly improved. But they haven't.**

## Professor Pat McGorry

One of the 122 psychiatrists who testified in my National Inquiry on Human Rights and Mental Illness was Prof. Pat McGorry – subsequently named Australian of the year.

According to Professor McGorry:

- “At least one million young Australians a year are affected by serious mental illness”

And we know that many thousands of those have schizophrenia –

(approximately 10% of those young people will take their own lives if they don't get adequate care.)

The evidence is crystal clear. These young people are disproportionately represented in our homeless population.

- Professor McGorry believes – as I do – that:

“Early intervention is one key to better outcomes”

And his program “Headspace” is very successful. But many “Headspace” mental health centres now have waiting lists of 3 to 4 months\*.

- He believes that “a national approach is desperately needed”
- And that “politicians understand there are problems – but for them to respond – the community needs to rise up”

## Lifeline – suicide – human rights

Recently I had to address 100 lifeline counsellors in Sydney.

- They have had to introduce – in addition to phone and face-to-face counselling – a texting service – increasingly being used by young people in the 12 to 19 age group.
- In the first 8 months, there were over 45,000 texts seeking help – in an area with a population of less than one million people.

And in the past month there has been an 85% increase in the comparable numbers.

[I checked with Lifeline last Friday and there is enormous pressure on their services - including from young people who can't get into Professor McGorry's Headspace programs]

- The latest research I have access to, indicates that about half of all mental health conditions begin before age 14.

Our Association in Sydney (unfortunately named after me) now has 84% of young people in our youth homelessness program presenting with mental health issues – and we're constantly having to raise funds from the community to provide continuing mental health support for young people who are homeless or at risk of homelessness.

For our young people with mental health concerns, timely access to ongoing and affordable care is absolutely critical.

## **THE CURRENT SITUATION**

**Has the situation improved since my Report 3 decades ago? Yes it has.**

**I had found many (in sworn evidence) in many thousands of cases, Australia was in breach of the International Treaty Against Torture – which we had ratified – and which prohibits (in Article 15)**

**“Cruel, inhuman or degrading treatment”**

**The situation has certainly improved – but (police killings of mentally ill people is just one symptom of inadequate training in law enforcement and custodial facilities.)**

## **FUNDING**

**Funding for mental health services in Australia is completely inadequate.**

**WHO has measured the health cost of many illnesses and mental illness is rated as 14% of the health burden. The share of the health budget going to mental health should be approximately 14%. But it’s around 7% and dropping.**

## **EMPLOYMENT**

**Our government has acknowledged that Australia is one of the worst countries in the OECD in getting good employment outcomes for people with a psychiatric disability.**

## **RESEARCH**

**Although funding for research into mental illnesses has increased over the last 30 years, I believe there has been far too little funding or attention given to**

**the psychotic illnesses which can be extremely challenging for the individuals affected – and are ultimately the most costly for the government.**

## **PSYCHOTIC ILLNESSES**

**50% of people who develop a psychotic illness attempt suicide with 13% being "successful".**

**We know there are evidence-based treatments that would have an impact - but we are not investing in these.**

**People with schizophrenia now have a 23 year reduction in lifespan compared to the normal population – and these figures for life expectancy have been getting substantially worse in the last 15 years.**

## **EDUCATING THE COMMUNITY – TO COUNTER IGNORANCE AND DISCRIMINATION**

**Stigma, fear and misunderstanding associated with psychotic illnesses remain despite years of programs and campaigns to reduce this.**

**For 8 years when I was chairman of our National Foundation for Disadvantaged Young People, one of the first (and largest) grants we made was \$500,000 to ARAFMI – for a program of education in schools to address ignorance about mental illness.**

**But much more needs to be done.**

## **FAILURE TO ACT**

**In summary, we know a great deal from peer review research about what does work and what could lead to better outcomes - but we're not committing adequate resources to achieving these.**



**There is a failure to translate research into practice.**

## **WHO IS RESPONSIBLE? – GOVERNMENTS!**

Ultimately in a democracy, Government has a clear responsibility for the most vulnerable and disadvantaged.

That responsibility cannot be – and must not be – “outsourced” or “privatised”.

If Governments dishonour their responsibility, there is a clear and present danger, on all the evidence available, that many of our most vulnerable Australians will suffer serious consequences and, in some cases, pay with their lives.

That's not an exaggeration. Those are the facts!

Our strategy needs to acknowledge that there's got to be a balance between Federal Government, State Government, Local Government, NGOs, the community, the private sector and the philanthropic sector.

Coordination of programs is essential – but you've got to have something to coordinate.

If resources from governments are inadequate – at the same time as governments expect the community and NGOs to do more – that equation simply will not work..

## **GOVERNMENT POLICIES AND PROGRAMS AND BUREAUCRATS**

**Having had the privilege before I became Human Rights Commissioner of advising our political leaders for 8 years, I knew that government policies and programs designed by bureaucrats in Canberra often ignored the insights of individuals in the community – particularly those working with the most vulnerable, powerless and often voiceless.**

**Notwithstanding the recent Robodebt scandal and appalling behavior by some of our politicians and senior bureaucrats, in my experience most federal and state public servants are honest, hard working, and do their very best to serve the public.**

**But, be they federal or state bureaucrats – they don't wake up each morning wondering how they can consult civil society and NGO representatives.**

**Any effective strategy has to effectively engage them.**

**That takes time and energy – as I am well aware. But we need to find ways in which the policies they recommend to governments are properly informed by consultation with people such as yourselves.**

**This conference is one opportunity – but we need to develop others.**

## **THE RESPONSIBILITY OF GOVERNMENT IN ONE OF THE WEALTHIEST COUNTRIES IN THE WORLD**

**\*\*\* I've been around our system in various capacities long enough to know that if Governments say they can't afford appropriate care for the most vulnerable people in our country – that's a lie!!!**

**\*\*\* We are one of the wealthiest countries in the World. We can afford what we choose to afford. The only question is – do we give it a priority?**

**There are 196 countries in the World. In the last 30 years I have been working in over 70 of them to establish independent Human Rights Commissions – in Africa, Asia, Latin America and central and Eastern Europe. There's not a country that comes within a bull's roar of being as fortunate as we are in this country.**

**Our national income is approximately 2.4 trillion Australian dollars.**

**That is more than the total of 110 of the world's poorest countries combined. Those countries have a total population of nearly a thousand million people – and all their national incomes combined total approximately 1.7 trillion Australian Dollars.**

**And in just 4 weeks, from May to June this year, our budget surplus increased from \$4 billion dollars to \$19 billion dollars.**

**Where ARE our priorities? Are they with:**

- **designing policies and programs and allocating sufficient resources to effectively assist hundreds of thousands of Australians (over 700,000 according to the latest research) suffering psychotic illnesses;**
- **with our homeless young people battling with mental illness – who often self-medicate with drugs and alcohol and sometimes an unholy combination of those in order to cope with the pain of what they are suffering;**
- **our homeless and mentally ill adults;**
- **people with dual and multiple disabilities;**
- **people in rural and isolated areas;**
- **forensic patients and prisoners suffering mental illness; and**
- **the other critical areas we identified 3 decades ago.**

## **IN CONCLUSION**

**I believe that we all share a collective responsibility for the most vulnerable and most marginalised members of our community.**

**My profession has a special responsibility – to ensure that the law protects them — and that federal and state laws are reformed wherever necessary**

**But law reform is only 10% of the equation**

**The other 90% is ensuring there are adequate resources for appropriate policies and programs and changing community attitudes.**

**We are, as I have indicated, living in one of the wealthiest and most fortunate countries on earth.**

**And we are one of the most privileged generations – possibly the most privileged generation of all time.**

**If our governments fail in their clear responsibility to use our national wealth in an appropriate way, I believe that means we all have responsibility for advocacy on behalf of those who are often voiceless and powerless.**

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**Thank you very much for your courtesy and attention.**

## **A VERY BRIEF HISTORY OF HUMAN RIGHTS AND DISABILITY REFORM IN AUSTRALIA**

- 1986** I was appointed as Federal Human Rights Commissioner – with responsibility for people with disabilities (but no Commissioner for that role).
- 1987-90** We worked on the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care. This working group was funded by Australia and Sweden
- 1991** We got these Principles adopted by the United Nations
- 1992** Australia adopted the Disability Discrimination Act
- 1993**
- My Report on Human Rights and Mental Illness was tabled in Federal Parliament.
  - The Government finally agreed to appoint Australia's first Disability Discrimination Commissioner
  - World Conference on Human Rights
- 2006** The Convention on the Rights of Persons with Disabilities was adopted by the United Nations
- 2008** This Convention was ratified by Australia
- 2013** The NDIS (The National Disability Insurance Scheme) began on 1<sup>st</sup> July 2013