



Joint Statement:

Mental Health of Persons with Disabilities during the COVID-19 pandemic

1.- COVID-19 pandemic confronts humanity with essential dilemmas about the right to life, access to health and exceptional restrictions on the freedom of persons' movement.

2.- Not knowing for sure if we will have basic supplies such as water or food; not being able to carry out daily activities such as studying or working; not being able to visit our sick relatives and thinking that if we get sick we won't be able to be with our loved ones; not having the options of meeting family and friends, and not being sure about income during the emergency, are all concerns that generate uncertainty, anxiety, anguish and stress.

3.- For those in countries where warm weather is coming, it can be difficult to sustain isolation. For those in countries entering cold weather season, the feeling of confinement interacts with the need to shelter due to climate reasons.

4.- Persons with various disabilities¹ who experience the same feelings as the rest of the population, have additional uncertainties, especially confronted with what is called the "last bed dilemma" or "the last mechanical respirator dilemma," where persons with disabilities could be left behind, due to prejudice, stereotypes and even discrimination based on disability. No domestic norm or regulation can protect discriminatory decisions in this regard.

¹ United Nations Convention on the Rights of Persons with Disabilities, article 1, paragraph 2: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

5.- There is also uncertainty about what will happen to personal care services when required , what will happen with rehabilitation, how support services will be provided on an equal basis with all others and according to the will and preferences of persons with disability. This uncertainty is exacerbated for those who live in poverty, homeless or facing conditions of involuntary institutionalization.

6.- At the same time, quarantines have an impact on their daily lives due to confinement and its related consequences, therefore, States shall design specific strategies to take care of the mental health of the population. No quarantine could mean abandoning persons with disabilities, but prioritizing them to ensure meeting their needs.

7.- In order to protect the mental health of persons with disabilities, we call on States, in compliance with the United Nations Convention on the Rights of Persons with Disabilities, to express their commitment clearly and firmly and implement urgent measures so that persons with disabilities receive medical care, including life support, on equal conditions with others, without any kind of discrimination, since the life of all persons is of equal value. It is the obligation of the States , even under supposed “criteria of rationalization of resources”, to deny persons with disabilities of medical care, liquids and food, technologies or services that save lives, in emergency medical units and intensive care, hospitals and health centers.

8.- Health personnel must be trained to serve the needs of persons with disabilities infected with COVID-19, providing information in accessible formats, developing fluid communication with those affected, providing reasonable accommodations and always respecting their dignity, autonomy and the privacy of their personal data.

9.- Full accessibility will be key in hospitals and other health care centers.

10.- Public information and communications during the pandemic should be accessible through sign language, Braille, augmentative and alternative modes, means, and formats of communication and with technologies appropriate to different types of disabilities, in their own languages, including the Internet and other digital formats that must be accessible. States should

promote that persons with disabilities have access to the necessary technological equipment for their information and communication, as well as for the exercise of other rights such as education and work, including teleworking.

11.- In order to meet the needs of the population, we urge mental health strategies to be produced in an accessible way for persons with disabilities, including remote care, if necessary, via telephone or digital. In cases where this is not possible, mental health professionals should, with the mandatory precautions for this pandemic, provide care to persons with disabilities in need of attention, wherever this person is, always respecting their legal capacity to make their own decisions with the necessary support when requested by the person. The existence of rapid response teams specialized in mental health that can attend eventual emergency situations and crises is also urgent.

12. States shall promote and facilitate distant interaction between peers to dialogue, exchange experiences and carry out the activities they agree upon, by telephone or virtually. Peers will be persons with and without disabilities who share common activities, for example, education and teleworking.

13.- States shall uphold the right to recreation, very important at this moment, promoting and facilitating access to virtual public activities for persons with disabilities, including concerts, comedy routines, etc., always being sure that the format is accessible.

14.- States shall grant flexibility, especially for persons with intellectual disabilities and psychosocial disabilities, so that they have a reasonable period of time to go outside of the place where they live, within their neighborhood, in order to alleviate states of anxiety, anguish, and stress respecting the sanitary safeguards to avoid contagion.

15.- States shall promote public information broadly, including accessible formats, to raise awareness about persons with disabilities as part of human diversity, urgently contributing to the elimination of prejudices, stereotypes and harmful practices during the humanitarian emergency.

16.- The emergency shall be addressed "with the necessary income protection measures for the most vulnerable groups ..."².

17.- "As people's lives are disrupted, isolated and upturned, we must prevent this pandemic from turning into a crisis of mental health."³

18.- Institutions (psychiatric hospitals) shall protect the mental health of interns , implementing all sorts of sanitary and preventive measures related to COVID-19, prohibit the use of isolation, restraint, non-consensual medications or other treatments that inflict suffering and / or that compromise the person's immune system, prevent any restriction on the use of toilets, provide timely and accessible information about COVID-19, facilitate telephone or virtual contact with family members and friends and carry out regular supervision of these institutions to comply with the aforementioned measures and avoid all kinds of neglect, abuse or abandonment. A review of involuntary hospitalizations is appropriate to facilitate the discharge and release, and apply the recommended social distance in the pandemic. Persons who are in these institutions shall have access to the COVID-19 tests and the subsequent treatment if they are infected, on equal terms with others and without any type of discrimination, always respecting their dignity, autonomy, preferences and privacy of their personal data. The same should be done in the case of persons with disabilities in prisons.

19.- We must remember that the 2030 Agenda sets the goal of well-being for all, which is linked to the goal of promoting mental health and well-being, understood as essential components of the right to health, which can be affected by a wide range of exacerbated socioeconomic factors during the pandemic.

20.- States shall ensure that the response to the COVID-19 pandemic is fully inclusive and participatory of persons with disabilities through their representative organizations and they are contributing to the formulation and implementation of the recommendations.

² The United Nations Economic Commission for Latin America and the Caribbean (ECLAC) Report, 2020: Latin America and the Caribbean and the COVID-19 pandemic: Economic and social effects. Link: <https://www.cepal.org/es/comunicados/la-unica-opcion-estrategica-mediano-plazo-mitigar-efectos-covid-19-la-region-es-avanzar>

³ United Nations Secretary-General, Antonio Guterres, 2020. Link: <https://unu.edu/news/news/un-secretary-general-covid-19-pandemic-calls-for-coordinated-action-solidarity-and-hope.html>

21.- The States should allocate sufficient budget and also allocate part of the international cooperation for the mental health care of the population, always considering person with disabilities, from a human rights approach, with a gender, childhood, adolescent and ageing perspective.

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