

Prioritizing inclusion and accessibility of persons with mental health conditions or psychosocial disabilities

Recommendations by students taking the seminar “United Nations and Inclusion” at The University of Tokyo

Background

More than one billion people, or approximately 15 per cent of the world's population, live with some form of disability. 2016 marked the 10th anniversary of the adoption of the Convention on the Rights of Persons with Disabilities (CRPD) (A/RES/61/106). Throughout the past ten years, remarkable progress has been made in advancing the rights of persons with disabilities. As of 5 January 2017, the total number of States Parties to the CRPD is 172, and signatories are 160. The 2030 Agenda for Sustainable Development and the Sustainable Development Goals (A/RES/70/1) integrated disability in five Goals under the key principle of “leaving no one behind.” The Sendai Framework for Disaster Risk Reduction (A/RES/69/283) also advanced a concept of disability-inclusive disaster risk reduction.

However, persons with disabilities still face marginalization and significant barriers to their inclusion and participation in society. In particular, persons with mental health conditions or psychosocial disabilities tend to be one of the most marginalized and excluded in various settings, globally. This is partly due to:

- lack of correct knowledge on mental health conditions or psychosocial disabilities among everyone;
- lack of opportunities and experience to communicate with persons with mental health conditions or psychosocial disabilities;
- lack of inclusion of persons with mental health conditions or psychosocial disabilities in decision-making;
- lack of policies to stop or existence of policies to allow segregation, exclusion or other human rights violations of persons with mental health conditions or psychosocial disabilities;
- possible “invisibility” of mental health conditions or psychosocial disabilities due to characteristics of mental impairments and social tendency to hide or segregate persons with mental health conditions or psychosocial disabilities; and
- wide-spread marginalization, misconceptions, stigma and discrimination as outcomes of above.

In addition, despite the CRPD employs social model of disability which conceptualizes disability as an outcome of various barriers which hinder full and effective participation in society on an equal basis with others, “over-medicalization” tend to be continued regarding the

rights of persons with mental health conditions or psychosocial disabilities. Though physical and mental health is one of the most fundamental rights of persons with mental health conditions or psychosocial disabilities, other aspects such as rights to justice, freedom from torture or cruel, inhuman or degrading treatment or punishment, freedom from exploitation, violence and abuse, protecting the integrity of the person, right to education, work and employment, and adequate standard of living and social protection, among others, tend not enjoy as much attention as they should. There exists a huge gap in the levels of participation of persons with mental health conditions or psychosocial disabilities comparing with others without such disabilities, in education, employment, voting procedures, and other decision-making.

Other critical factors which have influence include:

- limited financial and human resources for mental health conditions or psychosocial disabilities at global, national and community levels;
- limited experience and capacity on inclusion of persons with mental health conditions or psychosocial disabilities among various stakeholders at global,



- national and community levels;
- limited accessible information for persons with mental health conditions or psychosocial disabilities for self-determination; and
- limited attention to mental health conditions or psychosocial disabilities in humanitarian settings.

Further,

- overall fear for any differences while everyone is different;
- tendency to categorize people without celebrating individual diversity;
- economic, social and political decision-making relied upon needs of “majority” groups rather than reflecting diverse needs; and
- tendency to focus on productivity, financial results, academic achievements, or stereotypic communication skills as uniformed outcome measures to evaluate individuals or groups; are started to be deemed to be insufficient or unsuitable for sustainable human development.

There is no widely-accepted agreement on

terminologies, strategies and targets on mental health conditions or psychosocial disabilities, and accessibility guidelines for persons with mental health conditions or psychosocial disabilities at the United Nations.

Recommendations

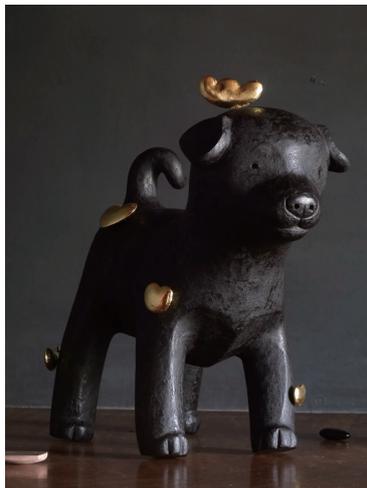
<United Nations and the global community>

The United Nations and the global community should further promote awareness on:

- mental health conditions or psychosocial disabilities so that understandings on equality of persons with mental health conditions or psychosocial disabilities will be ensured, and misunderstandings, such as false assumptions that persons with mental health conditions or psychosocial disabilities are more likely to commit crimes will be corrected, which will further make the global community a place where persons with mental health conditions or psychosocial disabilities will be equally respected, as others, in the context of human diversity;
- the concept of social model including needs to get rid of barriers related to mental health conditions or psychosocial disabilities in all aspects of society including psychological barriers of people;
- importance to communicate with persons with mental health conditions or psychosocial disabilities and promote understandings of various capabilities, preferences and needs;
- importance to respect inherent value and dignity, individual autonomy including the freedom to make one's own choices, and the right on independence of persons with mental health conditions or psychosocial disabilities;
- needs to increase options, extra space or additional time to respond to diverse preferences and needs, and respect to differences and diversity;

The United Nations and the global community should promote further inclusion of persons with mental health conditions or psychosocial disabilities in education through:

- increasing education on mental health conditions or psychosocial disabilities in primary, secondary and higher education;
- increasing opportunities to communicate with persons with mental health conditions or psychosocial disabilities in schools;
- advancing inclusive-education for children and adolescents with mental health conditions or psychosocial disabilities, taking into consideration the importance of nurturing understandings and minimizing misunderstandings on persons with mental health conditions or psychosocial disabilities at earlier stages of



education and recognizing the significant impact of education on lifelong development;

- increasing educational options to accommodate diverse needs of students including students with mental health conditions or psychosocial disabilities;
- developing support system for students with mental health conditions or psychosocial disabilities in schools;
- promoting students groups to support those who want to engage in protection and promotion of the rights of persons with mental health conditions or psychosocial disabilities in primary, secondary and higher education settings.

The United Nations and the global community should promote further inclusion of persons with mental health conditions or psychosocial disabilities in work and employment through:

- strengthening capacity building to all human resources stakeholders and supervisors on how to promote inclusion and to ensure reasonable accommodation for persons with mental health conditions or psychosocial disabilities at workplace;
- developing options and various opportunities so that persons with different abilities can utilize their individual capabilities; and
- introducing quota-system regarding hiring persons with mental health conditions or psychosocial disabilities with simultaneously developing systems to ensure those who are not hired are give respectful options and opportunities.

The United Nations and the global community should further promote accessibility in public transport, such as providing priority seats and extra-space, for persons with mental health conditions or psychosocial disabilities, promoting the development of support system for those who need it.

The United Nations and the global community should promote further open and active discussions on responsibility of persons with mental health conditions or psychosocial disabilities in civil and criminal justice procedures.

The United Nations and the global community should work closely with the health system of each country to make sure that persons with mental health conditions or psychosocial disabilities have equal rights and access to quality health services when they wish to use.

The United Nations and the global community should develop new indicators to measure well-being of all people based on human emotions, quality of life or well-being in addition to those indicators based on financial, academic or productive achievements.

The United Nations and the global community should develop common terminologies on mental health conditions or psychosocial disabilities as well as common

strategies that the United Nations system, Member States, and communities and individuals can implement and act upon for the advancement of rights of persons with mental health conditions or psychosocial disabilities.

The United Nations and the global community should provide appropriate support to developing countries in implementing policies and strategies to include persons with mental health conditions or psychosocial disabilities while learning from their good practices and lessons learned.

The United Nations should develop a dedicated post to work on above-mentioned activities and to address significant gaps related to mental health conditions or psychosocial disabilities in peace and security, development, human rights and humanitarian action.

The United Nations should continue promoting overall diversity and inclusion, and respect to differences, including race, ethnicity, age, gender, disability, among others.

The United Nations should include persons with mental health conditions or psychosocial disabilities and other relevant stakeholders in progressing above-mentioned recommendations.

<Country level>

Member States should ensure education system provides opportunities to learn and experience diversity including mental health conditions and psychosocial disabilities in primary, secondary and higher education. In particular, sufficient inputs into primary education needs to be ensured since primary education is the foundation for any later learning processes. In addition, education system must be re-organized to be truly inclusive and creative with various options that respect diverse needs and preferences of persons with mental health conditions or psychosocial disabilities.

Member States should develop systems in which persons with mental health conditions or psychosocial disabilities can fulfill their wish to work with various measures and options including employing a quota-system, education to human resources officers as well as supervisors, promoting accessibility and reasonable accommodation in workplace.

Member States must ensure health system is human rights-based and fully compliant with the CRPD. Legislations and policies that are not consistent with the CRPD must be revised, and quality, human rights-based and community-based health system must be developed.

In addition, taking into special account the unique and diverse needs of persons with mental health conditions or psychosocial disabilities, Member States should ensure the enactment of laws to protect and promote the

fundamental rights of persons with mental health conditions or psychosocial disabilities.

Member States must ensure social services and accessibility-related measures in all the other sectors integrate perspectives of mental and psychosocial disabilities.

Member States should promote local municipalities and communities develop opportunities and places where persons with mental health conditions or psychosocial disabilities can get together and build up mutually empowering networks among those who wish to do so. Awareness on the rights of persons with mental health conditions or psychosocial disabilities among community members should be accompanied.

Member States should acknowledge that well-being of people does not originate only from financial, academic or productive achievements and that human emotions, quality of life or well-being are critical factors in determining well-being and sustainability.

<Personal and Community level>

All individuals should practice respect to differences and diversity since it contributes to peace and well-being of societies and individuals while exclusion and stigmatization lead to social destabilization, conflict as well as personal and social agony. All individuals should respect various values, acknowledging that factors contributing to happiness and well-being are highly diverse beyond productivity, financial results, or academic achievements.

All community members and individuals should learn about mental and psychosocial disabilities. TV or radio programmes, address by leaders or teachers, newsletters

or circulars, songs, social media, and other artistic, cultural or entertainment initiatives can be useful. Respectful, flexible, and creative communication skills which respect diverse preferences and needs should be learned and promoted by all community members.

All community members should learn how to respond to needs of persons facing barriers including not forcing support or doing harm, and respecting personal preferences.

Private sector should consider investing in development of goods and services that respond to needs of persons with mental health conditions or psychosocial disabilities for sustainable and inclusive development. For example, investment in ICT to provide accessible customer support remotely should be considered in order to respond to the needs of persons with mental health conditions or psychosocial disabilities in rural areas. Local municipalities, private sectors and communities should promote development of newspapers or other modalities of information provision which is accessible for persons

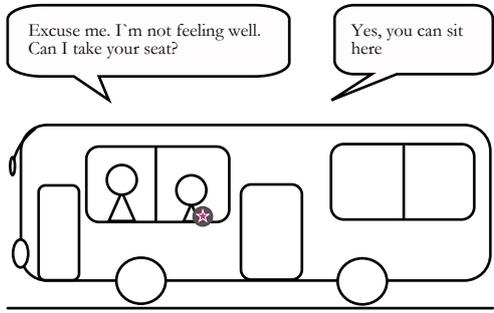


with mental health conditions or psychosocial disabilities to ensure access to information including those useful for voting and other decision-making. Communities should mobilize personal and collective actions to prioritize realization of accessibility for persons with mental health conditions or psychosocial disabilities.

Action Points on Inclusion and Accessibility for Persons with Mental Health Conditions or Psychosocial Disabilities

1. Increase opportunities to communicate with diverse people including persons with mental health conditions or psychosocial disabilities and learn diverse individual capabilities, preferences and needs.
2. Ask people who seem to benefit from support whether support is useful (Do not force support when not needed).
3. Create support systems in each community, school, workplace, travel destination, etc. so that various people including persons with mental health conditions or psychosocial disabilities can use when needed.
4. Respect personal preferences and abilities so that each person can fulfill their own capabilities with addressing social barriers.
5. Bear in mind indicators which focus on fulfillment of self-determination, well-being and wishes of diverse people including persons with mental health conditions or psychosocial disabilities rather than solely employing measures related to productivity, and financial or academic achievements.
6. Recognize that proactive participation of persons with mental health conditions or psychosocial disabilities as leaders and decision-makers in all the settings, inter alia, civil, political, economic, social, and cultural fora, is indispensable in realizing truly inclusive society.
7. Promote effective and appropriate capacity-building of all stakeholders to create environments where barriers do not exist for persons with mental health conditions or psychosocial disabilities to voice their opinions.

Magenta Star is an easy-to-find symbol of willingness to support. Since everyone is different, mutual support might fill individual gaps. Small support can be big enough to realize inclusion and empowerment. Put on a Magenta Star when you feel you can support others.



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<p>I'm anxious</p>  <p>Is there anything I can do for you?</p>	<p>Type what is said, please</p>  <p>Sure</p>

These recommendations are drafted by Minori Abe, Yuka Ando, Shotaro Endo, Hiroki Hasegawa, Hayato Imaizumi, Manato Kasaba, Rena Koseki, Kota Machida, Naoki Nishiyama, Kosuke Ono, Takuma Okamoto, Ayaka Suda, Masaya Suzuki, Naoyuki Sugimoto, Ryo Sakuma, Yuria Saito, Masato Terao, Mikito Takemura, Atsuki Yamada, Shumpei Yamada, and Satoshi Iiyama, in collaboration with Jin Hashimoto, Yuki Miyamoto and Takashi Izutsu at The University of Tokyo. Since there is discussion regarding terminologies, the term “mental health conditions or psychosocial disabilities” is employed in this document following A/HRC/RES/32/18. Photos: Ichizo Ino Design/Layout: Kota Machida, Satoshi Iiyama, Takashi Izutsu © Komaba Organization for Educational Excellence, Graduate School of Arts and Sciences, The University of Tokyo, 2017