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the Rights of Persons with Disabilities

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**Matters related to the implementation of the**

**Convention: round table 2**

Promoting the rights of persons with mental and intellectual disabilities

Note by the Secretariat

 The present document was prepared by the Secretariat on the basis of available information to facilitate the round-table discussion on the theme “Promoting the rights of persons with mental and intellectual disabilities”, to be held at the ninth session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities.[[1]](#footnote-1)

 Introduction

1. Persons with mental and intellectual disabilities are among the most marginalized, vulnerable, and excluded groups in society. They often face various forms of social and cultural stigma and discrimination, as well as barriers to exercising their civil, political, economic, social and cultural rights. The use of coercive, degrading and inhumane treatment and practices on the basis of mental and intellectual disability is particularly concerning
2. Discrimination against persons with mental and intellectual disabilities persists through institutional structures and practices, resulting in systematic violations of human rights and exclusion.
3. The right to the enjoyment of the highest attainable standard of health is indivisibly linked to all other human rights and the exercise of full and effective participation in development and society.

4. According to the World Health Organisation, only 36 per cent of people living in low-income countries are covered by mental health legislation, and 80 per cent of persons with serious mental conditions in developing countries do not receive adequate and quality services supporting their living-independently in community. This is partly due to stigma and discrimination as well as the insufficient level of implementation of policies, often with inadequate financial and human resources.[[2]](#footnote-2) Consequently, it is important that efforts are made to raise awareness, respond to needs and to address negative and discriminatory stereotypes of persons with mental and intellectual disabilities.

5. The economy of institutionalization and de-institutionalization require further research, as described in the *World Disability Report,*[[3]](#footnote-3)Health care budgets need to be assessed against the outcomes of inclusion of persons with mental and intellectual disabilities, their general quality of life, standard of living, and wellbeing. Greater resource allocation does not necessarily translate to better services or outcomes. Various approaches and mechanisms for support are necessary including community based services, which may be cost effective and inclusive.

6. The Convention provides guidance on the applicable standards to protect and promote the rights of persons with mental and intellectual disabilities. While persons with mental and intellectual disabilities face similar barriers to the realization of their rights, it is also important to recognise the differences between those with mental and intellectual disabilities.

International normative framework

7. The Convention on the Rights of Persons with Disabilities includes those with mental and intellectual impairments and addresses the barriers that may hinder their full and effective participation in society on an equal basis with others.[[4]](#footnote-4) The Convention guarantees equal rights, treatment and opportunities for persons with mental and intellectual disabilities in all its provisions. Other relevant international norms and standards relating to disability also apply to persons with mental and intellectual disabilities.

8. Historically, mental health and disability, as well as mental, psychosocial and emotional well-being, have been explicit priorities in key tools of the United Nations system. For example, in the preamble to the WHO Constitution (1946), health is defined as “a state of complete physical, mental and social well-being”. The right to health is referred to in the International Covenant on Economic, Social and Cultural Rights (1966) as “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”.

9. Recent development frameworks, including the Sendai Framework for Disaster Risk Reduction 2015-2030 incorporate among its priority actions, the enhancement of recovery schemes to provide psychosocial support and mental health services for all, including in disaster preparedness and recovery, rehabilitation and reconstruction.

10. The 2030 Agenda for Sustainable Development further includes in its vision “a world with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured”. Needless to say, all paragraphs related to disability apply to all persons with disabilities, including mental and intellectual disabilities. Increasing international attention to disability is also reflected in the resolutions adopted by the General Assembly, the Security Council and the Economic and Social Council that mention disability.[[5]](#footnote-5)

11. The General Assembly also declared March 21 as World Down Syndrome Day,[[6]](#footnote-6) April 2 as World Autism Awareness Day,[[7]](#footnote-7)and December 3 as the International Day of Persons with Disabilities.[[8]](#footnote-8)

Lessons learned and persistent challenges in the inclusion of persons with mental and intellectual disabilities in society and development

12. Inclusion demands the fulfilment of all human rights on equal basis, and the participation of persons with mental and intellectual disabilities in efforts and processes that impact them. However a gap between commitments articulated in the Convention and practices remains. The focus of support for inclusion should not be a medical approach.

13. For many persons with mental and intellectual disabilities, especially in developing countries, access to care and support remains largely inadequate and under resourced. In many countries, some medical practices do not necessarily reflect the principles of the Convention and can result in the deprivation of liberty and segregation. Community-based services to promote psychosocial well-being and various holistic alternatives to medical interventions[[9]](#footnote-9) have been cost efficient, and effective in reducing the socially disabling features of disability and promoting social inclusion.

14. Human resources for community based services to support persons with mental and intellectual disabilities are severely lacking in all countries. In many countries, providing medical and institutionalized care over the past decades has been overemphasised. In societies where social capital is high and caregiving is readily available, traditional systems of social exchange and community life can be resourced to support independent living and inclusion in communities. The family also continues to play a significant, and sometimes the only role, in support of persons with mental and intellectual disabilities in many cultures.

15. A wide range of options for support within communities should be made available for those with mental and intellectual disabilities. In this regard, greater awareness of inclusion and disability rights needs to be pursued.

16. Persons with mental and intellectual disabilities disproportionately face barriers to accessing and maintaining lifelong education. This is due in large part to a lack of understanding of the disability among families of children with mental and intellectual disabilities, teachers and the local communities at large.

17. In many countries, children and adolescents with mental and intellectual disabilities are often institutionalized in facilities that do not offer education or they face other barriers to accessing education. Children with mental and intellectual disabilities who do attend school often face stigma and discrimination by their peers and, sometimes, by their teachers, which can lead to school dropouts, or poor quality of life and wellbeing.

18. People with mental and intellectual disabilities experience high rates of unemployment. The vast majority of persons with mental disabilities experience high rates of unemployment. Persons with mental and intellectual disabilities can work if support systems and reasonable accommodations are available, yet a lack of understanding of the situation of persons with mental and intellectual disabilities and stereotyping and discrimination often result in exclusion from workplaces.

19. Implementation of the Convention relating to equal recognition before the law has been particularly challenging owing to the general perception that persons with mental and intellectual disabilities have difficulties in decision-making on their own. Further efforts are needed to develop supported decision-making mechanisms for persons with mental and intellectual disabilities in full alignment with the Convention in this regard.

20. In situations of disasters or humanitarian crises, persons with mental and intellectual disabilities often face inaccessible emergency services, are excluded from emergency plans and management, and are left behind. In addition to the barriers they face in terms of accessing their usual support providers and meeting their basic needs, persons with mental and intellectual disabilities frequently experience compounding levels of stress in times of emergency. Emergency services tend to lack health and social support services related to psychosocial well-being. In such situations, persons with mental and intellectual disabilities, particularly women and girls, are more susceptible to physical and sexual violence.

21. Over the last several decades the world has witnessed the emergence of a vibrant self-advocacy among persons with mental and intellectual disabilities. Yet, this progress has been uneven. In many countries, persons with mental and intellectual disabilities are organising themselves and engaging in dialogue with policy makers to represent their perspectives in decision-making processes. However, these processes are not systematically established in most countries. The success of policies to promote the inclusion and wellbeing of those with mental and intellectual disabilities relies on their active participation.

The way forward

22. Urgent efforts should be made to advance the rights and inclusion of persons with mental and intellectual disabilities in the implementation of the Convention.

23. Services to meet the support needs of persons with mental and intellectual disabilities can be improved through:

(a) Enacting and harmonizing legislation and policies in all relevant sectors in line with the Convention and strengthening coordination among key stakeholders at international, national and local levels;

(b) Comprehensive community-based services and by strengthening the knowledge and skills of service providers, including community health workers and specialized professionals, as well as social workers and human rights advocates, to ensure respect for the integrity, and dignity of persons with mental and intellectual disabilities;

(c) Promoting deinstitutionalization and multi-sectoral coordination for holistic care and services which shall give more attention to efforts to maximize the options for those with mental and intellectual disabilities and for their families with respect to such services.

24. Education is important to raise awareness about the human rights of persons with mental and intellectual disabilities as full and equal members of society and of every community. It should be noted that efforts are under way in many countries to develop inclusive education systems that are designed to meet the needs of all, including children with mental and intellectual disabilities, on an equal basis with others. In addition, effective measures for individualized support need to be provided in environments that maximize lifelong learning.

25. Particular emphasis should be accorded to strengthening the education and training of employers, school teachers, healthcare professionals, human resource specialists with regard to the rights of persons with mental and intellectual disabilities. Such education and training should also address non-discrimination as well as accessibility, including reasonable accommodation, for accessible and inclusive services and facilities.

26. In the area of promoting preparedness, resilience and effective response for disasters and humanitarian crises, it is critical to include the needs, wellbeing and perspectives of persons with mental and intellectual disabilities in all stages of planning and response.

27. Awareness-raising and public education is needed to counter the stereotypes and discrimination faced by persons with mental and intellectual disabilities. Among other mediums, cultural and artistic expressions may deepen understanding of the value of human diversity and individual contributions to communities.

28. In all of these steps, it is essential to actively involve persons with mental and intellectual disabilities both as beneficiaries and agents of change in decision-making, implementation and monitoring and evaluation. In particular, there is a need to include the involvement of representative organizations of persons with mental and intellectual disabilities, and to support development of such organizations.

29. In order to achieve inclusion at all levels, the principles of the CRPD should be applied and integrated across all the work of the United Nations including those areas related to peace and security, human rights, socio-economic development, disaster risk reduction and humanitarian action.

30. Guidance and technical tools would be useful to develop inclusive policies and programmes concerning the human rights of persons with mental and intellectual disabilities. In this regard, the implementation of the 2030 Agenda should take into consideration the needs and perspectives of those with mental and intellectual disabilities

 Questions for consideration

1. What are the main challenges and gaps in the inclusion of persons with mental and intellectual disabilities as part of efforts to achieve sustainable development?

2. What are good practices and lessons learned at the local, national, regional and international levels in integrating the human rights, needs, and perspectives of persons with mental and intellectual disabilities as a development issue?

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3. What concrete measures and actions should be taken by Member States, the United Nations system, civil society and academic institutions to implement the relevant Sustainable Development Goals for the full realization of all civil, political, economic, social, and cultural rights by all persons with mental and intellectual disabilities?

4. What indicators should be considered to ensure that the human rights and well-being of persons with mental and intellectual disabilities are given due consideration in the follow-up and review of the implementation of the 2030 Agenda?

1. This note was revised with contributions from civil society organizations. [↑](#footnote-ref-1)
2. See the comprehensive mental health action plan 2013-2020, adopted by the World Health Assembly in

its resolution 66.8. [↑](#footnote-ref-2)
3. World Disability Report (WHO and World Bank, 2011). [↑](#footnote-ref-3)
4. Article 1 of the Convention. [↑](#footnote-ref-4)
5. Numerous references were made to disability and mental well-being in resolutions adopted by the General Assembly, the Security Council and the Economic and Social council during the period 2000-2014. See Atsuro Tsutsumi and Takashi Izutsu, *Mental Health, Well-Being and Disability: A New Global Priority — Key United Nations Resolutions and Documents* (University of Tokyo, 2015). [↑](#footnote-ref-5)
6. See General Assembly resolution 66/149. [↑](#footnote-ref-6)
7. See General Assembly resolution 62/139. [↑](#footnote-ref-7)
8. See General Assembly resolution 47/3. [↑](#footnote-ref-8)
9. See Guidelines on Article 14, paragraph 24. [↑](#footnote-ref-9)