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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.

Introduction

1. Persons with mental and intellectual disabilities are among the most marginalized 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. Their rights to education, work and the achievement of the highest attainable standard of physical and mental health are often neglected. This further leads to numerous adversities, such as poverty, lack of participation and accessibility in society, poor health outcomes and premature death. An increasingly ageing society is likely to also see an increase in the number of people with dementia and other cognitive conditions. In this context, there is an urgent need to address the reality of how the rights of persons with mental and intellectual disabilities can be implemented in society and development.

2. The present paper addresses the rights of persons with mental and intellectual disabilities and the interconnections between disability and mental well-being, including mental health.

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3. According to the World Health Organization (WHO), nearly 1 in 10 people have a mental illness and an estimated 1 in 4 people experience a mental health condition in their lifetime worldwide. Depression is the leading cause of disability, and suicide is a leading cause of death among young persons, especially girls.[1] In addition, mental well-being and disability often affect, and are affected by, other diseases, such as cancer, cardiovascular disease and AIDS, and physical and sensory disabilities. The Organization for Economic Cooperation and Development (OECD) states that people with severe mental illness die up to 20 years earlier than those without such a condition, indicating that mental health and disabilities are associated with increased mortality.[2]

4. However, 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/ disorders in developing countries do not receive adequate treatment.[1] This is due partly to stigma and discrimination, as well as the lack of implementation of mental health and disability policies, often without the necessary financial and human resources.

5. Economic losses related to mental illness are significant, possibly exceeding 4 per cent of gross domestic product, according to OECD; conversely, the integration of mental health and disability into development efforts is a cost-effective pro-poor strategy.[2]

6. There is increasing recognition that mental well-being and disability must be prioritized by the international community. Mental well-being, including mental health, and disability are included as new priorities in the 2030 Agenda for Sustainable Development and the Sustainable Development Goals.

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.[3] Persons with mental and intellectual disabilities are guaranteed equal rights, treatment and opportunity by all provisions of the Convention and other relevant international norms and standards relating to disability.

8. Other key conventions on the rights of persons with mental and intellectual disabilities include the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984) and the Convention on the Rights of the Child (1989) and its Optional Protocols, covering the concepts related to mental disabilities, as well as psychological and mental well-being.

9. Historically, mental health and disability, as well as mental, psychosocial and emotional well-being, have been priorities in key tools of the United Nations system. 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

[1] See the comprehensive mental health action plan 2013-2020, adopted by the World Health Assembly in its resolution 66.8.

[2] Emily Hewlett and others, *Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care* (Paris, OECD, 2014).

[3] Article 1 of the Convention.

right of everyone to the enjoyment of the highest attainable standard of physical and mental health".

10. Recently, a number of measures have been taken by WHO to specifically address the rights of persons with mental and intellectual disabilities, including the publication of *World Health Report 2001: Mental Health — New Understanding, New Hope* and the development of evidence-based packages such as *mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings* (2010), the comprehensive sources of information on the global mental health situation entitled *Mental Health Atlas 2014* and *Atlas: Global Resources for Persons With Intellectual Disabilities 2007*, and a strategic road map, the comprehensive mental health action plan 2013-2020, adopted by the World Health Assembly at its sixty-sixth session, in 2013.

11. To build on the strong commitment to those with mental and intellectual disabilities in the Convention on the basis of the lessons learned from the efforts made prior to the adoption thereof,[4] the Department of Economic and Social Affairs of the Secretariat and WHO jointly issued a policy analysis paper on integrating mental health into all development efforts, including the Millennium Development Goals, to address the issue of mental well-being and disability from the human rights perspective in the global development framework.

12. Further actions have helped to inform Member State deliberations on the inclusion of mental health, well-being and disability in the Sustainable Development Goals and the Sendai Framework for Disaster Risk Reduction 2015-2030. Two expert group meetings on mental well-being, disability and development were organized in 2013 and 2014 to look at mental well-being and disability in the contexts of development and disaster risk reduction.[5] Furthermore, an expert group meeting on mental well-being, disability and humanitarian action was held recently at the World Health Organization Western Pacific Regional Office in Manila as part of preparations for the World Humanitarian Summit.

13. The Sendai Framework for Disaster Risk Reduction 2015-2030 includes among its priority actions the enhancement of recovery schemes to provide psychosocial support and mental health services for all people in need, such as in disaster preparedness and recovery, rehabilitation and reconstruction. The 2030 Agenda for Sustainable Development 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". In addition, under Goal 3, on health, Member States aim, by 2030, to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being (target 3.4) and to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (target 3.5). Needless to say, all the disability-related paragraphs apply to all persons with disabilities, including mental and intellectual disabilities.

[4] Declaration on the Rights of Mentally Retarded Persons (1971); Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991).

[5] The United Nations University and the Department of Economic and Social Affairs organized an expert group meeting on mental well-being, disability and development in Kuala Lumpur from 29 April to 1 May 2013; the Department of Economic and Social Affairs, in collaboration with WHO, the World Bank Group and other stakeholders, held an expert group meeting on mental well-being, disability and disaster risk reduction in Tokyo on 27 and 28 November 2014.

14. Increasing international attention to mental well-being and disability is also reflected in the resolutions adopted by the General Assembly, the Security Council and the Economic and Social Council that mention mental well-being and disability.[6]

15. The General Assembly also declared March 21 as World Down Syndrome Day,[7] April 2 as World Autism Awareness Day,[8] June 26 as the International Day against Drug Abuse and Illicit Trafficking[9] and December 3 as the International Day of Persons with Disabilities.[10]

16. In the area of humanitarian response, the United Nations system, together with non-governmental organizations, established a collaborative scheme through the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings.

17. The United Nations University, the Department of Economic and Social Affairs, the World Bank Group, and the University of Tokyo, in close collaboration with WHO, issued a technical resource entitled *Mental Health, Well-Being and Disabilities: A New Global Priority — Key United Nations Resolutions and Documents* as the foundation for the implementation of the 2030 Agenda and the Sustainable Development Goals and other internationally agreed goals.

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

18. Access to appropriate care and support is extremely limited for many persons with mental and intellectual disabilities. In most countries, support is still predominantly provided in institutions, despite the fact that community-based mental health services have been shown to be effective, less costly and better at lessening social exclusion.

19. Human resources for mental health and disability are severely lacking in particular in developing countries. The number of specialized mental health service providers and primary care staff, social workers and human rights advocates working for mental health and disability is insufficient to meet fully the needs of persons with disabilities. According to the WHO publication *Mental Health Atlas 2014*, the median number of mental health workers is 9 per 100,000 globally, and the number varies broadly from below 1 to 50.[11] Almost half of the world's population lives in countries where, on average, one psychiatrist serves 200,000 or more people with mental conditions.[12] In addition, health professionals with appropriate training to assist persons with mental and intellectual disabilities are scarce. A median of just over 2

[6] 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, Takashi Izutsu and Akiko Ito, *Mental Health, Well-Being and Disability: A New Global Priority — Key United Nations Resolutions and Documents* (University of Tokyo, 2015).

[7] See General Assembly resolution 66/149.

[8] See General Assembly resolution 62/139.

[9] See General Assembly resolution 42/112.

[10] See General Assembly resolution 47/3.

[11] World Health Organization, *Mental Health Atlas 2014* (Geneva, 2015).

[12] See World Health Organization, document EB130/9. Available from http://apps.who.int/gb/e/e_eb130.html.

per cent of physicians and 1.8 per cent of nurses and midwives received at least two-day training in mental health in the previous two years.[11] Resources for mental health services are overwhelmingly concentrated in urban settings, and rural populations typically have more limited access to services.

20. Persons with mental and intellectual disabilities disproportionately face barriers to accessing 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. In many countries, some children and adolescents with mental and intellectual disabilities are institutionalized in facilities that do not offer education or are otherwise unable to access education. Children with mental and intellectual disabilities who do attend school often face stigma and discrimination by their peers and, sometimes, by their teachers, leading to poor academic performance or dropping out, as well as worsened mental well-being and quality of life. Lack of training and awareness among teachers regarding provisions for inclusive and accessible education for persons with mental and intellectual disabilities results in inaccessible education facilities and education policies and practices that are discriminatory against children with mental and intellectual disabilities in many countries.

21. Mental and intellectual disabilities are associated with high rates of unemployment. In some low- and middle-income countries, 90 per cent of persons with severe mental illnesses are unemployed. Persons with mental and intellectual disabilities can work if universal design and reasonable accommodations are available, yet a lack of knowledge on mental and intellectual disabilities and misconceptions and stigma have led to challenging situations.

22. Implementation of article 12 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 supportive decision-making mechanisms for persons with mental and intellectual disabilities in this regard.

23. In situations of disasters or humanitarian crises, persons with mental and intellectual disabilities often suffer from the inaccessibility of emergency management and services and are left behind. Persons with mental and intellectual disabilities often experience worsened symptoms due to the stress of emergencies, in addition to deprivation from support providers, such as health-care or social support service providers. Emergency health and social support services tend to lack services related to mental well-being and disability, and persons with mental and intellectual disabilities tend to face difficulties in accessing immediate and emergency medical interventions and medications, social support, information, or even minimum services to fulfil basic needs. Overall, during and after disasters and crisis situations, people experience mental and emotional distress, affecting quality of life, resilience and the ability to prepare, recover and reconstruct. These conditions can have long-term consequences medically, psychologically, socially and economically and can affect recovery and reconstruction as a whole if not addressed. In such situations, persons with mental and intellectual disabilities are more susceptible to physical and sexual violence.

24. Civil society movements for mental health in low- and middle-income countries tend not to be well developed, with organizations of persons with mental and intellectual disabilities present in only 49 per cent of low-income countries, compared with 83 per cent of high-income countries.[1]

The way forward

25. Urgent efforts should be made to advance the rights and inclusion of persons with mental and intellectual disabilities by increasing the accessibility of services and promoting greater understanding of their situation.

26. Mental health and well-being services can be improved through:

(a) Development of comprehensive community-based mental health and social care services and strengthening community-based service delivery for mental health based on a recovery-oriented approach;

(b) Developing and updating policies and laws relating to mental health within all relevant sectors in line with the Convention on the Rights of Persons with Disabilities and strengthening coordination among key stakeholders at the international, national and community levels;

(c) Greater integration of mental health services into general hospitals and primary care and ensuring evidence-based services;

(d) Increasing skilled human resources for mental health and disability, such as community health workers and specialized mental health professionals, as well as social workers and human rights advocates;

(e) Utilizing electronic and mobile health technologies and outreach;

(f) Promoting deinstitutionalization and multisectoral coordination of holistic care, including alternatives to coercive practices. It is also important to develop support systems for families and support providers of persons with mental and intellectual disabilities.

27. Education is important to prevent mental illness and provide support related to such illness, as is increasing awareness of the situation of persons with mental and intellectual disabilities among younger generations. It should be noted that efforts are under way to further integrate children with mental and intellectual disabilities into mainstream education. In addition, effective individualized support measures need to be provided in environments that maximize academic and social development.

28. Particular attention should be paid to strengthening education and training for employers, schoolteachers, human resources staff and supervisors on the rights and inclusion of persons with mental and intellectual disabilities to enable accessible and inclusive employment.

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

30. It is also critical to recognize mental health and well-being as a key foundation for peace and recovery, and integrating perspectives of mental health and well-being in peace and security is warranted.

31. Promotion of public awareness is imperative in tackling the misconceptions and stigma attached to mental and intellectual disabilities. Specific information and communications technologies and other innovations may be adopted to promote accessibility for persons with mental and intellectual disabilities, as well as understanding of the situation of persons with mental and intellectual disabilities by

making the often invisible nature of these disabilities visible. Cultural and artistic means and innovations may be used to counter the misconceptions about mental and intellectual disabilities and to promote awareness and understanding of the situation of persons with mental and intellectual disabilities and combat stigma and discrimination against them.

32. In all of these steps, it is essential to include persons with mental and intellectual disabilities in consultations, decision-making, implementation, monitoring and evaluation, as well as follow-up actions. In particular, there is an urgent need to include the voices of organizations of persons with mental and intellectual disabilities in low-income countries.

33. In order to achieve inclusion at that level, mental well-being and health, as well as accessibility for persons with mental and intellectual disabilities, need to be integrated in key considerations and planning for all United Nations work, including those related to peace and security, sustainable development, disaster risk reduction and humanitarian action, and human rights. In particular, mental well-being is emerging as a cross-cutting issue in development and should be given due attention in the follow-up and review of the implementation of the 2030 Agenda.

34. Technical tools and guidance notes on policies and programmes on mental well-being and disability for coordination to develop global, regional and national networks for the inclusion of persons with mental and intellectual disabilities will be useful. 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 mental well-being and disability as a development issue?

3. What kinds of measures and innovation have been successful or useful in improving accessibility for persons with mental and intellectual disabilities?

4. 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 inclusion of mental well-being and disability?

5. What indicators should be considered to ensure that mental well-being and disability are given due consideration in the follow-up and review of the implementation of the 2030 Agenda?