Forum: Human Rights Commission 1

Issue: Mental Health and Human Rights

Student Officer: Shreyas Rajesh

Position: Deputy Chair

Introduction

The issue of mental health and human rights is one of utmost importance, affecting all member states on the global scale. As noted by the World Health Organization (WHO), “we are facing a global human rights emergency in mental health. All over the world people with mental disabilities experience a wide range of human rights violations”. Addressing the issue of human rights in regard to mental health requires a focused approach on the certain inalienable rights of all individuals, with particular regard to medical care and the provision of freedom from discrimination. Those with mental health conditions often require accommodations for their disabilities.

According to the WHO, approximately one in four people will be affected by a mental or neurological disorder at some point in their lives. As of the most recent statistics, approximately 450 million people are currently suffering from such conditions. The severity of this number suggests that mental illness is a leading cause of ill health worldwide. Yet the vast majority, approximately 1 in 5 affected individuals, does not seek or obtain treatment for their conditions.

Carla A. Arena Ventura of the University of Nortre Dame observes that, “persons with mental health illness are exposed to a range of human rights violations, which can occur inside institutions, through inadequate and harmful care and treatment, but also outside, with people experiencing limitation to the exercise of civil liberties and rights to employment, education and housing”. Much of this degrading dehumanization can be broadly linked with the ubiquity of stigma against those with mental conditions. Communities spread misconceptions concerning mental illness, which in effect, further augment the difficulties for many patients. It becomes harder for them obtain appropriate care and reintegrate into society following treatment; they are unable to obtain jobs or reach a state of self sufficiency, which can lead to poverty or homelessness. In these cases, proper treatment for mental illness becomes even more elusive. Without medical health services and adequate support, those that are mentally ill may even resort to violence to obtain their basic needs.

Global conflict in war torn regions and politically unstable areas further perpetuates the severity of the issue; such strife invariably increases the number of individuals affected by both mental and physical disabilities. Though the conventional analysis of warfare and combat tends not to focus on the mental health conditions of the civilians affected, the long term impact on these individuals has a drastic

impact on the economic and financial success of the state. Mental health disorders hinder an individual from actively participating in the economy. It is hence often assumed that these mental health disorders hinder lives far more than physical maladies.

The discrimination experienced by those with mental disorders has vastly increased despite the actions of certain governments otherwise. Global involvement on the international scale, through international legislation, is essential in the context of mental health. As the researcher, Carla A. Arena Ventura, notes: “International human rights instruments are the only source of law that legitimizes international scrutiny of mental health policies and practices within a sovereign country”. The passing of international legislation also serves to establish rights that cannot be denied by ordinary political processes.

Definition of Key Terms

Mental Health

One of the three components of health (the other two being social and physical), the term ‘mental health’ refers to an individual’s condition with regard to their psychological and emotional well being.

Mental Illness

Any condition that causes serious disorder in a person’s behavior or thinking. There are many varieties of mental illness, each ranging in severity.

Disease Burden

A general measurement of the global impact of any given disease, which encompasses financial costs, mortality rates, and morbidity, among other factors.

Disability Adjusted Life Year (DALY)

A measurement of global disease burden. DALYS are expressed as the number of years that an individual suffering from the disease will ‘lose’ due to ill health, disability or early death. DALY figures for individual diseases are compared as percentages.

Years Lived with Disability (YLD)

Another measurement of general disease burden, YLDs are expressed as the number of years that an individual suffering from the disease is expected to will live with a disability.

Public Stigma

A general term referring to the (often, ubiquitous) stigmatization of the mentally ill and their families, with particular regard to the attitudes and beliefs of the general public.

Self Stigma

An internalization of negative beliefs; individuals (or groups) may experience feelings of shame, anger, hopelessness, or despair that keep them from seeking social support, employment, or treatment for their mental health conditions.

Background Information

The issue of mental health violations and the provision of human rights to the mentally disabled is multifaceted, and a proper understanding of the issue pivots on the analysis of multiple factors. It is accepted that all individuals, regardless of their mental capacity, are entitled to human rights. Access to healthcare and treatment is broadly considered a basic human right; furthermore, the mentally ill are also entitled to accommodations. Certain actions must be taken to ensure adequate provision of these rights, and global conflicts pose their own challenges in regards to effectively addressing mental health issues.

Though mental illnesses can manifest in extreme conditions, including schizophrenia, bipolar disorder etc., mental disorders may also be more inconspicuous, as with depression and anxiety. The degree to which mental illness impairs an individual is highly variable, with some requiring permanent treatment and medical care. Others may hope for more 'normal' lives.

Burden

The true global burden of mental illness is inherently challenging to determine, and the Lancet Institute of Psychiatry reports that most estimates of this burden are grossly inadequate. Past estimates, before 2012, of the global burden of mental ill health is 22.2% of all YLDs for all conditions and 7.1% of all DALYS. These are the conventional figures that group suicide, self harm, megalomania, and personality disorders as separate from general mental ill health. Accounting for the prevalence of such issues in society, the updated global burden is 32.4% of YLDs and 13.0% of DALYs. As reported by researcher Daniel Virgo, "these figures squarely place mental health and illness as a distant first in the global burden of disease in terms of YLDs, and level with cardiovascular and circulatory diseases in terms of DALYs".

Economic burden

The most recent figures concerning the economic impact of mental health come from the United States of America (USA); the National Institute of Medical Health reports that the approximate costs of treatment for mental health in 2006 was USD 57.5 billion in the US. Yet, this statistic fails

to incorporate the economic loss due to the unemployment and costs of social care associated with mental health. A more recent WHO report suggests that global cost of mental illness in 2010 was USD 2.5 trillion. The projected increase in this figure by 2030 is USD 3.5 trillion, bringing the figure to an astounding USD 6 trillion. To put that in context, consider that, "the entire global health spending [on all diseases] in 2009 was USD 5.1 trillion and … the entire oversees development aid over the past 20 years is less that USD 2 trillion". This quote was taken from the aforementioned Lancet report.

Stigmatization

The stigma of many individuals concerning mental health conditions often doubly harms those suffering from mental health conditions. This leads them to experience a lower quality of life: good jobs, safe housing, and satisfactory care are often denied.

Public Stigma

Most recent studies suggest that even in developed countries, a majority of the populace possess stigmatizing attitudes towards mental ill healthiness. Archaic stereotypes about various diseases persist in many modern societies, and it has been noted that healthcare professionals are often similarly guilty of prejudice. The three major forms of stigma present against those who have mental health conditions, as reported by numerous independent studies, are:

1. Fear and Exclusion: the idea that people with mental disorders should be feared and hence isolated from communities
2. Benevolence: the idea that those with mental disorders are tantamount to children and thus require care in a similar manner
3. Authoritarianism: the idea that others must make decisions for the mentally ill, in all cases, as they are perhaps unable to execute their best judgment

All three notions are false, yet their prominence may have crippling effects on a community. Those with mental disorders are often isolated, which can worsen their conditions and hinder their ability to obtain basic health care services and care. In extreme cases, they may be denied safe housing and shelter. Strong employment opportunities, generally seen as a source of social mobility, may similarly be denied.

Self Stigma

By living in a society that perpetuates misconceptions about mental health, an individual living with a mental condition may internalize supposed inferiority. As such, their self confidence and sense of self worth would invariably suffer; furthermore, self stigmatization hinders an individual's ability and desire to seek proper care. Self stigma is intrinsically linked to public stigma.

Global conflicts

A recent 2015 study by the Institute of Health Metrics and Evaluation found a strong, positive correlation between conflict and depression and anxiety disorders. As stated in a report by the World Bank:

> *"While most of those exposed to emergencies suffer some form of psychological distress, accumulated evidence shows that 15% to 20% of crisis affected populations develop mild to moderate mental disorders such as depression, anxiety, and post traumatic stress disorders (PTSD). And, 3% to 4% develop severe mental disorders, such as psychosis or debilitating depression and anxiety, which affect their ability to function and survive."*

In general, humanitarian and developmental response teams can work with mental health professionals to provide services with utmost efficiency and urgency. All the evidence acquired by relevant organizations suggests that treatment at the earliest time is of utmost importance; inaction can further destabilize regions in which proper health care facilities were already sparse. Naturally, the provision of basic needs such as food, water, sanitation, and shelter is of utmost importance before adequate mental health provision may be established. Only then are health workers generally instructed to strengthen already existing community and family support mechanisms through both emotional and practical aid.

Psychiatric institutions

Though psychiatric institutions were more common in the late 19th and early 20th centuries, much of the treatment of severe mental health disorders occurs in either dedicated psychiatric wards or psychiatric institutions. Institute based treatment is especially common in Less Economically Developed Countries (LEDCs). Unfortunately, many such psychiatric institutions are guilty of obscene human rights violations. Michael Perlin, the director of the Mental Disability Law Program at the New York Law School, has described how many patients are often denied their basic rights once part of a psychiatric ward. Perlin reports that his travels to countries including Latvia, Bulgaria, Uruguay, and Nicaragua "have really clarified … societal blindness to the ongoing violations of international human rights law in the context of institutional commitment and treatment of persons with disabilities". Indeed, the former director of the WHO, Gro Harlem Brundtland, stated that, "in some countries, the basic human rights of people with mental illnesses are not realized, often in the institutions designed to care for them - the psychiatric hospitals". The countries in which these are particular poignant issues include India, China, and states in Central America.

Inhumane living conditions

The exact details of these human rights violations are harrowing. The Psychiatric Times reports that the institutions treating those with mental disorders are often filthy, with leaky roofs, overflowing toilets, eroded floors, and broken windows and doors. Patients, who are colloquially

referred to as inmates, are often forced to were pajamas or go naked. Quoting directly from the paper, “some were penned into small areas of residential wards where they were left to sit, pace, or lie on the concrete floor all day ... many patients were observed tied to beds”.

Misuse of psychiatric wards

Another important component to consider is that many patients, in both developed and developing countries, are wrongly sent to psychiatric institutions. Many of the caregivers are untrained and unfit to provide care to patients, and some doctors in these hospitals have been found guilty of malpractice. In all probability, there are many health institutes across the planet wrongly diagnosing patients; hence, they are further denying the human rights of both mentally ill and mentally sound individuals. It should also be noted that particularly in Eastern European Countries (especially Romania) and China, mental health institutes have abetted the government in denying human rights to political dissidents. These governments imprisoned their political opponents in mental health wards.

Accommodation

The reality is that mental illness dramatically impairs an individual’s ability to work in any industry. As such, persons with mental illness often require accommodations so they may benefit from having access to all services normal individuals would naturally obtain, including housing and employment. Those who have mental illnesses are often times unable to request for accommodation in any sector; they may be unaware of their own condition or unwilling to come forward due to the ubiquity of stigma in our societies. It is thus not just the responsibility of employers and those in housing industries to have suitable accommodations for those with mental health conditions, but they must also proactively provide services as and when they see best.

A common idea in mental health is the inclusive design principle. In essence, this principle mandates that each service any organization provides has certain provisions for those who are mentally ill or disabled. Many countries, namely the United States of America and Canada, have local laws that require industries such as aviation, business, and housing to have separate systems in place to serve any individual who may have a mental disorder. The inclusive design principle aims to break the stigma around mental health by also ensuring that there are proactive measures taken to efficiently address the needs of all civilians. It thus ensures the basic provision of rights for many individuals. From this it is evident that there are certain specific accommodations that can be made in any industry to better support those with mental health conditions.

Major Countries and Organizations Involved

World Health Organization (WHO)

The World Health Organization is a specialized body of the United Nations (UN) that is principally concerned with the public health in all member states. No other organization is as relevant to the investigation of mental health and human rights; this organization oversees mental health issues worldwide. WHO has conducted relevant studies (cited throughout the body of this report) and assisted governments in the development of their policies, which is a critical step in the process of addressing health crises on the planet.

Committee on the Rights of Persons with Disabilities (CRPD)

The CRPD is a subsidiary body within the United Nations that convenes twice a year in Geneva with the aim of evaluating global compliance with the United Nations Convention on the Rights of Persons with Disabilities. All member states are required to submit reports to this body concerning legislative, judicial, and policy in regard to mental health and human rights.

International Center for Mental Health and Human Rights (ICMHRR)

The mission of the ICMHRR is, "to offer culturally sensitive ongoing educational training in communities suffering from complex psychological trauma related to human rights abuse, armed conflict, and ecological or political adversity". They do this by providing consultancy in national and international forums as an expert, advisory group, and the organization has been involved with the United Nations and the World Health Organization. In addition, the ICMHRR works directly with communities that have experienced human rights violations by conducting field research, training, and advocacy campaigns.

Health and Human Rights Info (HHRI)

HHRI provides a comprehensive database, yielding access to a global scope of information concerning mental health and human rights. They partner with various smaller institutions around the world to oversee the issue of mental health in the context of human rights, and they aim to also highlight the disastrous consequences of human rights violations.

Relevant UN Treaties and Events

- International Covenant against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment, December 10th 1984
- International Covenant on Economic, Social, and Cultural Rights, December 16th 1996
- International Covenant on Civil and Political Rights, December 16th 1996
- United Nations Convention on the Rights of Persons with Disabilities, April 2008
- Resolution on Mental Health and Human Rights, June 29th 2016 (**A/HRC/32/L/26**)
- Resolution on Mental Health and Human Rights, September 29th 2016 (**A/HRC/36/L/25**)

Previous Attempts to Solve the Issue

Though there has been very little unified global action, save for the passing of two landmark documents on the issue, although many member states have taken actions internally to ensure the provision of adequate human rights for the mentally ill. It is, however, important to note that the United Nations Convention on the Rights of Persons with Disabilities outlines three major goals of all parties internationally that have henceforth been adopted and evaluated through subsequent resolutions and governmental actions. The convention first "promotes full inclusion and participation in community life and access to quality health care services as close as possible to people's own communities, which has important implications in terms of deinstitutionalization and the development of community based mental health and social services". Secondly, the convention sought to overturn the stigma that mentally ill patients were unable to make autonomous decisions. This was done by the establishment provisions to ensure that the mentally ill were able to execute all legal rights as ordinary individuals. Only in severe cases, it was determined, should the right to make independent, legal decisions be removed. Finally, the day to day discrimination experienced by the mentally disabled was targeted by means of highlighting the inalienable right to participate in political and social events.

Certain states, such as Haiti, Rwanda, Peru, and Liberia, provide an overview of effective mental health improvement strategies in war torn areas. The fundamental idea in these countries was to employ a mental health chain at community and facility levels. As the term "chain" connotes, effective treatment of mental health issues in conflict zones required a process of interlinked steps. Such a model deserves emulation.

Possible Solutions

To properly address the issue of human rights within the context of mental health, a two pronged approach is required. It is essential to not only consider the legal and international framework for the provision of rights, but also the actual processes by which such doctrines can be implemented. Past conventions and resolutions thoroughly outline the legality of human rights for the mentally ill, and it is also important to consider solutions for governments to protect human rights.

The overarching idea should be to encourage a social shift in the media and in the general populace's opinions. It is important to emphasize that the media has an obligation to terminate its false representations of mental illness, and the public, including the smaller communities within a broader state, must stop believing such inappropriate depictions. This is accomplished through three forms of community involvement.

The first of these forms is education. Education as a tool disseminates information about mental illness, so the public and members of any given community can make well informed decisions concerning

their treatment of the mentally ill. Considerable research has been done as to the effects of education and its efficiency, all of which suggest that persons who have been told about mental illnesses are far less likely to endorse negative stereotypical behaviors. Hence: education decreases the frequency of discrimination. Education programs may be, “effective for a wide variety of participants, including college undergraduates, graduate students, adolescents, community residents, and even persons with mental illness”. Another effective way to address public stigma is to encourage contact between persons who have mental illnesses and those who do not. These interactions have been shown to increase tolerance among members of a community. The purposeful integration the mentally ill into the community decreases the stereotypical behavior of said community. Thirdly, protests are also an option. Protests are reactionary measures and should not generally be encouraged. However, in times of abject subordination, protests are a potent expression of free speech against tyranny and oppression. They may have relevance here.

Additionally, accommodations can be a mode to support the mentally ill, thereby ensuring their access to all their basic human rights. These extend from provisions in the work place (namely, increased flexibility in work hours and schedules) to active requirements that landlords aid in the support systems for their tenants. It is often also important to note that all industries have an obligation to support those with mental illnesses, and workforces need to have jobs available for the mentally ill. It may be valuable to consider the designing of systems that investigate mental health facilities for the mentally ill, well beyond the scope of a free press. With particular regard to psychiatric facilities, hospitals in general should not be denying their patients human rights. Legislative measures and harsh penal codes can further criminalize the activities of any institute violating the human rights of their patients.

Effective handling of mental health issues in general, but especially in war torn states, requires scaled up responses. Though the actual implementation of a mental health response in a particular area requires a developed plan for the particular circumstances of the region, it is nonetheless valuable to consider establishing chain based systems for the provision of mental health services. The first step is prevention; however, when states are already deep in turmoil, or prevention is not feasible, the focus should shift to case finding. Workers can be deployed to work with health care providers, ensuring that all patients are of adequate mental health. If not, then treatment is natural next step. Finally, follow up systems are essential to be implemented globally, and reintegration with proper family and community support is the ultimate goal.

Bibliography

Arena Ventura, Carla A. *INTERNATIONAL LAW, MENTAL HEALTH AND HUMAN RIGHTS*. University of São Paulo, 2004, *INTERNATIONAL LAW, MENTAL HEALTH AND HUMAN RIGHTS*.

https://humanrights.nd.edu/assets/134859/venturamentalhealth.pdf

Corrigan, Patrick W, and Amy C Watson. “Understanding the Impact of Stigma on People with Mental Illness.” *World Psychiatry* 1.1 (2002): 16–20. Print.

Funk, Michael, et al. “Mental Health, Human Rights & Legislation.” *World Health Organization* , WHO. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832/

“Human Rights Council (HRC) Approves Resolution on Mental Health and Human Rights.” *International Disability Alliance*, Ethical Studios, 12 Oct. 2017.

https://www.internationaldisabilityalliance.org/hrc-mental-health-resolution

“Human Rights and Mental Health (Fact Sheet).” *Ontario Human Rights Commission*, Ontario Human Rights Commission.

http://www.ohrc.on.ca/en/human-rights-and-mental-health-fact-sheet

Katz, Elizabeth. “Human Rights Abuses in Mental Institutions Common Worldwide, Perlin Says.” *University of Virginia School of Law*, University of Virginia, 27 Feb. 2006.

https://content.law.virginia.edu/news/2006_spr/perlin.htm

Insel, Thomas. “Post by Former NIMH Director Thomas Insel: The Global Cost of Mental Illness.” *National Institute of Health*, USA.gov, 28 Sept. 2011.

https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2011/the-global-cost-of-mental-illness.shtml

Marquez, Patricio V, and Melanie Walker. “Mental Health Services in Situations of Conflict, Fragility and Violence: What to Do?” *The World Bank* , The World Bank Group, 11 Jan. 2016.

http://blogs.worldbank.org/health/mental-health-services-situations-conflict-fragility-and-violence-what-do

“ORGANISATIONS AND INSTITUTIONS.” *HEALTH AND HUMAN RIGHTS INFO*, Kerkagata.

http://www.hhri.org/organisations/

“Psychiatry and Human Rights Abuses.” *Psychiatric Times*, UBM, 1 Oct. 2004.

http://www.psychiatrictimes.com/articles/psychiatry-and-human-rights-abuses

“UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES.” *World Health Organization*, WHO.

http://www.who.int/entity/mental_health/policy/legislation/4_UNConventionRightsofPersonswithDisabilities_Infosheet.pdf

Virgo, Daniel, et al. “Estimating the True Global Burden of Mental Illness.” *Plum X Metrics*, vol. 3, no. 2, Feb. 2016, pp. 171–178., doi:http://dx.doi.org/10.1016/S2215-0366(15)00505-2.

https://secure.jbs.elsevierhealth.com/action/getSharedSiteSession?redirect=http%3A%2F%2Fwww.thelancet.com%2Fjournals%2Flanpsy%2Farticle%2FPIIS2215-0366%2815%2900505-2%2Fabstract&rc=0&code=lancet-site

“World Health Report: Mental Disorders Affect One in Four People.” *The World Health Organization*, WHO, 4 Oct. 2004.

http://www.who.int/whr/2001/media_centre/press_release/en/

Appendix or Appendices

I. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html
A link to the complete, pertinent convention.

II. http://www.cchr.org/about-us/mental-health-declaration-of-human-rights.html
A declaration on human rights and mental health by a citizen’s commission.

III. https://www.nami.org/Learn-More/Mental-Health-Conditions
A valuable source to explore the various components of mental health and illness.

IV. http://www.who.int/mental_health/policy/services/1_MHPolicyPlan_Infosheet.pdf?ua=1
An overview of the conventional definition and formation of mental health policies by the WHO.