Policy brief
December 2018

Mental health and human rights

Lessons from disability-inclusive development

Summary

There is a close relationship between mental health and other health and development issues. A broader, more holistic approach is required to go beyond the identification and treatment of mental conditions, by addressing the social and structural risk factors that drive them. Overly medicalised and institutionalised mental health systems require reform, and people with lived experience of mental illness must have a stronger voice in their personal recovery as well as the policies and practices that affect them. Building a more inclusive society for people with mental conditions and psychosocial disabilities may seem like a big undertaking, but there are many practical steps that policy-makers and practitioners can take to begin making change in the right direction.

Key Recommendations

- Recommendation 1 **Support the meaningful participation of people with lived experience** of mental illness in the activities that affect them at the individual, service and systems levels. For example, advanced directives may help individuals have more of a say in their treatment, while the QualityRights assessment, training and guidance tools can be applied by advocacy and other groups to help drive mental health system reform and ultimately change how people are treated.
- Recommendation 2 **Ensure "no one is left behind" from the Sustainable Development Agenda.** This means being explicit about including mental health in policy and programming within and beyond the health sector, for example by advocating for mental health care as part of Universal Health Coverage and requiring development programmes to collect data on inclusion.
- Recommendation 3 **Invest in cost-effective stepped care and recovery-oriented interventions** to improve the quality and accessibility of mental health care while also improving compliance with human rights instruments. This may require closer collaboration across health and social sectors in order to better address the diverse needs of people with mental conditions and psychosocial disabilities, which go beyond treatment, and also address social barriers to inclusion.

Mental health and disability-inclusive development

Considering disability goes beyond just addressing impairments a person may have, but addressing the many barriers that restrict a person's full and equal participation in society [Figure 1]. Hence, disability-inclusive development is about more than treating illness to reduce impairment; it's about lifting barriers and creating more equitable and just societies. Taking a disability-inclusive perspective challenges us to think and talk about mental health in new and important ways, tackle inequities in the provision of health and social services, and support people to advocate for their own rights.

Lesson 1: Simply identifying and treating people with mental conditions is not enough.

First, mental health and illness exist on a spectrum. While diagnosis can be a useful tool to help understanding and communication, categorising people as either mentally healthy or ill is often inaccurate, can lead to labelling and stigmatisation that may feel worse than the symptoms themselves, and isn't always useful in guiding decisions about care and treatment. For example, evidence on new approaches to mental health care suggests that many low-cost, non-pharmaceutical interventions such as talking therapies can benefit people with a range of different diagnoses and even those with no diagnosis at all.

Second, mental health is not just a health issue; it is an important social issue. The mutually reinforcing relationship between social inequality and mental conditions is well-documented. For example, researchers have identified inequalities in educational attainment, income, housing, social support and exposure to violence as both risk factors and outcomes of mental illness. Addressing these risk factors is crucial to break the vicious cycle between illness and inequality, and requires more holistic, multi-sectoral approaches to development.

Third, mental ill health would not disappear even if the most effective services were universally available. Equitable access to high-quality mental health care and supports is a crucially important human rights issue [Figure 3]. However, access to even the most effective services will not work for everyone or offer a lifelong "cure". This is another reason why it is so important to tackle social risk factors.

Fourth, recovery is much more than symptom reduction. In the right environment, people who do have mental health problems still lead full and meaningful lives even while experiencing symptoms. Further, people who have mental conditions often rate social outcomes, such as the ability to work and have a family, as more important than clinical outcomes like symptom reduction. Strictly medical approaches to mental health are not always in line with what people most want or need. People affected should have the opportunity to define what recovery means for them.

Figure 1.

What are we talking about?

Health, illness, wellbeing and disability

- **Mental health** is a positive concept that refers to our capacities for thought, emotion, and behaviour that enable us to relate to people around us, cope with life's normal stresses, study or work productively, contribute to our community, and ultimately realise our potential.
- When they are severe enough to limit our ability to do these things, behavioural and emotional problems are defined by a number of **mental conditions**.
- Our overall **wellbeing**, or how satisfied we are that we have a good and fulfilled life, can be hindered by mental illness, but everyone can work to improve their mental health and wellbeing.
- The term **psychosocial disabilities** goes beyond simply labelling individuals as ill, recognising that it is often barriers to participation that most negatives affect people's lives. Reducing barriers and promoting inclusion in society is equally important to simply providing treatment.

Lesson 2: People with mental illness are being left behind.

The 2030 Sustainable Development Agenda makes a commitment to "leave no one behind". Delivering on this commitment is a priority of the disability-inclusive development agenda. However, even among people with disabilities, people with psychosocial disabilities are among the most likely to be excluded from development [Figure 2]. This must change. Monitoring inclusion, for example by using the Washington Group questions on disability, is an important first step to ensure that people with mental conditions and psychosocial disabilities have equal access to health and social services.

Figure 2.

Discrimination against people with mental illness in development

Two examples from the World Health Organisation (2010) Mental Health and Development report

- **Health insurance in Kenya:** The national hospital insurance fund excludes mental health care; costs are often borne by patients and their families.
- **Social protection in Uganda:** People with mental illness have been denied access to microcredit because they were believed to be unable to repay loans.

Despite global efforts to tackle institutionalisation of people with disabilities, institutionalised mental health care remains a reality for many. Worldwide, nearly a fifth of inpatients stay at psychiatric institutions for a year or more. Over 70% of government mental health expenditure in low- and middle-income countries is spent running these facilities. There is an urgent need to invest in cost-effective stepped care to bring mental health services out of institutions and into communities, as directed in Article 19 of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) [Figure 3].

Not only are mental health services often concentrated in institutions, they are also out of reach for many. Over a quarter of UN member states do not include mental illness in their national health insurance or reimbursement schemes. In Africa and Southeast Asia, more than 40% of member states require people to pay mostly or entirely out of pocket for mental health care. Ensuring mental health is part of the essential package of services to which governments guarantee affordable access under Universal Health Coverage is crucial to protecting the right to health outlined in Article 25 of the CRPD [Figure 3].

Lesson 3: It is time to act on the voices of people affected

People with mental illness experience stigma, discrimination and sometimes shocking abuses of their most basic human rights. Around the world, people with mental illness have an elevated risk of experiencing violence, poverty, homelessness, incarceration and unemployment. In many countries, people with mental illness experience forced restraint, prolonged seclusion, sexual assault and other physical, sexual and psychological abuses in family homes, health facilities, social care institutions and formal and informal healing centres.

Those affected do not always have the opportunity to raise complaints or seek justice, partially as a result of political disenfranchisement and lack of appropriate representation. Over a third of UN member states deny all people with mental illness the right to vote, and relatively few organisations actively represent people with mental illness in low- and middle-income countries. Less than a third of countries in the African region have mechanisms in place to consult mental health service users and their families on the issues that impact them.

Figure 3.

Convention on the Rights of Persons with Disabilities

What does it mean for people with psychosocial disabilities?

There should be no discrimination against people with psychosocial disabilities. This means being able to live in communities (Article 19), access civil and political rights (29), be treated with dignity in services (24,25), earn a living (27), and be able to make decisions about their own lives (12,14). People with psychosocial disabilities should also participate in reporting on compliance with the articles of the Convention, but are often excluded.

The most important step we can take to challenge the status quo is to support the empowerment of people with lived experience to take a stand, at a personal level as well as a policy level. Recovery-oriented approaches to mental health acknowledge that people with lived experience are best placed to determine which outcomes are most important to them and how their needs can best be met—sometimes with the support of a trusted friend, family member or care manager to help navigate the complexities of the health and social sectors. Peer interventions such as self-help groups can support personal recovery while also creating a platform for further advocacy, for example using the World Health Organisation's QualityRights assessment, training and guidance tools to monitor CRPD compliance and push for mental health system reform. Unfortunately, to date, even where there is policy in place, it often does not align well to global human rights instruments, and there are not good monitoring mechanisms in place.

More information

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