



A Magna Carta for People Living with Mental Illness

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WCPRR 2019: 41-46. © 2019 WACP
ISSN: 1932-6270

INTRODUCTION

It is often said that the true test of a decent society is the way it treats its most vulnerable citizens. However, across the world, too often, politicians, policy-makers, professionals and those with the authority and duty to protect and provide for them, fail to do so. In many countries people do not have access to basic mental health care and the treatment that they require. In others, the absence of community based mental health care means that the only care they receive is in psychiatric institutions, which may be associated with grossly impoverished living conditions and human rights violations have been reported. These include inhuman and degrading treatment, but more generally stigma and discrimination and prejudice and exclusion from society. In addition, in countries recently affected by economic depression, mental health services are under threat from the economic constraints, leading to

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the loss of innovations and model services, and pursuit for simpler, and more cost-effective interventions and care systems.

International Human Rights legislation is having an important effect in challenging governments to have a policy and an infrastructure that provides for those with mental health problems and brings the violations into sharp focus. The core value at work here is the recognition and protection of the rights and dignity of the individual human being. The European Convention on Human Rights was adopted in 1953, following the Universal Declaration of Human Rights, which had been previously adopted by the General Assembly of the newly formed United Nations in Paris on 10th December 1948. The compelling reason for establishing the Universal Declaration was the Second World War, in which many deeply held human rights had been violated, in Europe as in any other parts of the world. The Universal Declaration drew on the French Declaration of the Rights of Man and the Citizen of 1789 and the United States Bill of Rights 1791, of which the core principle of "everyone is subjected to and protected by the law" that dates back to the Magna Carta of 1215; these principles are evident in many if not all constitutional documents around the world.

In July 2016 The UN Human Rights Council, adopted a Resolution on Mental Health and Human Rights. The resolution highlights: that "persons with mental health conditions or psychosocial disabilities, in particular persons using mental health services, may be subject to, inter alia, widespread discrimination, stigma, prejudice, violence, social exclusion and segregation, unlawful or arbitrary institutionalisation, over-medicalisation and treatment practices that fail to respect their autonomy, will and preferences" and it proposed "the need for States to take active steps to fully integrate a human rights perspective into mental health and community services, particularly with a view to eliminating all forms of violence and discrimination within that context, and to promote the right of everyone to full inclusion and effective participation in society". This resolution provides additional impetus to address human rights in mental health and also signals a commitment by countries to achieve this.

THE EVIDENCE

Globally, more than 150 million people suffer from depression at any point in time; nearly one million people commit suicide every year; approximately 25 million people suffer from schizophrenia, another 60 million people struggle with bipolar disorder and more than 90 million people suffer from an alcohol- or drug-use disorder. The number of individuals living with mental illness is likely to increase further, with the increase in an ageing population, for whom, the development of dementia, physical illness, as well as comorbidities are much more likely.

Armed conflict in the world, (for example the Syrian civil war, Iraq, Myanmar, Kashmir, Sudan) major natural disasters (Nepal, Haiti, Italy earthquakes), public health crises (Ebola, Zika) each leave a largely invisible and often crippling and indelible impact on the mental health of millions.

Around the globe, hundreds of thousands of people living with mental illness die prematurely every year- sometimes 15-20 years earlier than those who do not have a mental illness. People living with mental illness are at high risk of developing respiratory and chronic physical diseases, such as asthma, diabetes, heart disease and cancers. . In addition poor mental health is associated with engaging in high-risk behaviour. For example individuals living with psychological distress are more like to engage in substance abuse and unprotected sex resulting in increased risk to sexual health. Even outside the health care context, people living with mental illness are excluded from community life and denied basic rights such as shelter, food and clothing, and are discriminated against in the fields of employment, education and housing due to their illness. Many are denied the right to vote, marry and have children. As a consequence, many people living with mental illness are living in extreme poverty, which in turn, affects their ability to gain access to appropriate care, integrate into society and recover from their illness.

Mental illness will cost the global economy US \$16.1 trillion in lost economic output by 2030, yet the amount invested in treating mental health problems is barely a fraction of this - Globally, spending is less than two US dollars per year per capita and less than 25 cents in low income countries. So there is a case for increasing the spend on caring for people who suffer with mental illness so that they are offered the dignity and parity as people with physical health conditions.

The Health Case:

People living with mental illness have shorter lives and poor physical health compared to others. This is due to suicide, mental health problems worsening the course and interfering with appropriate care and self-management of physical health problems, and poorer treatment of those problems by the health care system.

The Social and Economic Case:

Mental health problems when untreated can cause a brake on development as they cause (and are caused by) poverty. This can fuel social failures including poor parenting and school failure, domestic violence, and toxic stress, preventing people with problems and their families from earning a living.

The Human Rights Case:

People living with mental health illness are often subjected to serious abuse, such as chaining, seclusion, detention (even deaths in custody) and in many countries are denied fundamental human rights and protections through discriminatory practices and laws. Safeguards are needed for people living with mental illness, these must include the right to choice, make decisions; freedom from inhuman and degrading treatment; equality and no discrimination; the right to privacy and individual autonomy; the principle of the least restrictive environment; and rights to information and participation. Mental health legislation is a powerful tool for defining and consolidating these fundamental values and principles. State policy and legislation are two main pillars for improving mental health care and services. But there must also be political will, adequate resources, appropriately functioning institutions, community support services and well-trained, motivated and experienced personnel. In some countries there has been some progress, but without the political will, resources, institutional instruments and skills, the best policy and legislation will be of little significance.

"Any power given to one person over another is capable of being abused. No legislative body should be deluded by the integrity of their own purposes, and conclude that unlimited powers will never be abused because they themselves are not disposed to be abused. Mankind soon learns to make interested uses of every right and power which they possess or may assume".

**DISTRICT JUDGE ANSELM ELDERGILL:
CAREIF CALL FOR ACTION:**

Every country must ensure that their legislations meets their obligations under, international laws, international human rights treaties, in particular the Convention on Rights of Persons with Disabilities.

With additional support and protocols from regional and international heads of government forums - for example, G8, G20, World Bank, International Monetary Fund (IMF), the European Union, (EU) the Commonwealth, Conference of Heads of Government of the Caribbean Community (CARICOM), Organisation of African Unity (OAU), Organization of American States (OAS) and the Association of Southeast Asian Nations (ASEAN).

Heads of governments of countries that are making progress in mental health care should consider and agree to providing financial and technical support to other member states in need of help, to undertake mental health law and policy reforms. These should be supported through exchange schemes, mentoring programmes and twinning initiatives.

Every country must involve people living with mental illness, their families and carers, with other stakeholders, in their mental health law development and policy reform process; in addition, to supporting implementation strategies for promotion and prevention in mental health.

Professional organisations, mental health providers, non-governmental organisations (NGOs) with the support of government, must establish and expand training and research partnerships that seeks to learn, teach and evaluate professional skills, care and tackle discrimination including stigma, sexuality, religion, race, ethnicity, age, disability and gender. All people and professionals who have an impact on the lives

of people living with mental illness should receive training on mental illness, evidence based care and human rights issues.

Provide physical health and social care services for people living with mental illness, in equity and equivalence to the resources provided for services for physical health- treatment, prevention , promotion - working towards a goal of good total health coverage for all.

People living with mental illness must be treated fairly as citizens; share in the economic wealth and environmental benefits of their country and be given education, training and employment opportunities.

ACKNOWLEDGEMENT

We pay tribute to the many people from all sections of society across the world who have relentlessly advocated, campaigned and championed for better resources, coherent policies and safeguards for people living with mental illness, so that their experience and health outcome are improved to what every human being deserve.

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