

**Committee:** The Human Rights Council

**Issue:** Addressing access to mental healthcare for mentally disabled individuals

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**Introduction**

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1. There is no health without mental health. The rich links between mind, body and the environment has been well-documented for decades. As the third decade of the millennium begins, nowhere in the world has achieved parity between mental and physical health and this remains a significant human development challenge. An important message within that collective failure is that without addressing human rights seriously, any investment in mental health will not be effective. Attacks on universal human rights principles threaten the physical, political, social and economic environment, and actively undermine the struggle for positive mental health and well-being.
2. The global message is clear: there can be no good mental health without human rights. More than 70 years ago, the Charter of the United Nations established the three founding pillars of the United Nations system: human rights, peace and security, and development. These equally weighted elements are a framework for shared responsibility across the spectrum of multilateral activity, including mental health. Conversely, the promotion and protection of the mental health and well-being of everyone, starting from Early childhood is critical to supporting all three pillars. That indicates the significance of how stakeholders invest in mental health so that a transformative paradigm is developed to help the global community prepare for a radically different, just and more peaceful future.
3. However, the efforts and investment for this assurance, there was no sufficient care in the hopes of improving the paradigm. Under these circumstances, and the societal chaos in the current situation, it is in urgent need to develop a new step for addressing access to mental health care for mentally disabled individuals. By alarming this devastating state, the world can hope for a better future in the case of mental disabilities.

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**Definition of key terms**

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**Mental disorders**

A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental

disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm.

### **Healthcare in Mental disorders**

Many people with a range of mental disorders are disadvantaged because of poor access to care. This may either be because care is not available, or because their interaction with caregivers deters or diverts their help seeking. Improving the quality of care requires addressing both effectiveness of *and* access to healthcare. Access to healthcare is a complex phenomenon that is notoriously difficult to define. Considerations of access to mental healthcare for people with common mental health disorders have largely been restricted to concerns about recognition of mental health disorders by primary care ‘gatekeepers’ in the NHS and the difficulties of training professionals to improve recognition and referral.

### **Inequality in health care**

The global burden of neuropsychiatry diseases and related mental health conditions is enormous, underappreciated and under-resourced, particularly in the developing nations. The absence of adequate and quality mental health infrastructure and workforce is increasingly recognized. The ethical implications of inequalities in mental health for people and nations are profound and must be addressed in efforts to fulfill key bioethics principles of medicine and public health: respect for individuals, justice, beneficence, and non-maleficence. Stigma and discrimination against people living with mental disorders affects their education, employment, access to care and hampers their capacity to contribute to society.

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## **History**

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Not just the inequality in mental health care, but mental health care itself was treated with hostility merely decades ago, and even developed countries are facing impediments in providing a national system for mental healthcare due to cultural, ethnical, or financial reasons. Nevertheless, the beacon of hope still shimmers as now the public recognize and accept mental disorders, and stresses the need of improvement.

### **Origins of mental healthcare**

After WWI and WWII, in 1948, the WHO was created and in the same year the first International Congress on Mental Health took place in London. At the second session of the WHO’s Expert Committee on Mental Health (September 11-16, 1950), “mental health” and “mental hygiene” were defined as follows : “Mental hygiene refers to all the activities and techniques which encourage and maintain mental health. Mental health is a condition, subject to fluctuations due to biological and social factors, which enables the individual to achieve a satisfactory synthesis of his own potentially conflicting, instinctive drives; to form and maintain

harmonious relations with others; and to participate in constructive changes in his social and physical environment.”

### **Improvement in mental health care in developed countries**

Although the concepts for mental health care were established, they were still in need of applyment. Psychiatric hospitals underwent transformations during the 1950s and 1960s, especially due to the introduction of the first neuroleptic drugs, such as chlorpromazine. The use of these new medicinal substances lowered patients’ level of agitation, and reduced the length of stay within the institution. The 1960s also saw the diversification of therapeutic practices, which went hand in hand with the arrival of new professions in European psychiatric institutions (psychologists, ergo therapists, social workers). While there was increasing criticism from supporters of antipsychiatry, who saw the psychiatric hospital as a pathogenic site, a new wind of reform swept through European psychiatry, one that turned on opening the psychiatric space to the outside.

### **Difcil in mental health in developing countries**

Despite decades of disagreement among mental health practitioners and researchers in the Western world pertaining to the causation, classification and treatment of mental disorders there is an ongoing push to implement western mental health models in developing countries. Little information exists on the adaptability of western mental health models in developing countries. On average, countries spend only 1.7% of their health budgets on mental health. But there is a significant gap between high- and low-income countries. For many high-income countries, the health budget allocated to mental health is over 3%, while for developing countries it is less than 0.5%. Crucially, in developing countries the overall health budgets are often already much lower.

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## **Major Parties Involved and Their Views**

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### **WHO**

Being mentally ill is included in the spector for WHO, leading the organization to have the utmost interest in integrating for rights of the mentally disabled. WHO shares a guideline, the ‘Mental health, human rights and legislation: guidance and practice’ published in 2023. The guidance proposes new objectives for law, including setting a clear mandate for mental health systems to adopt a rights-based approach. It outlines legal provisions required to promote deinstitutionalization and access to good quality, person-centred community mental health services. It highlights how laws can address stigma and discrimination and provides concrete measures on how to eliminate coercion in mental health services in favour of practices that respect people’s rights and dignity.

## APA

Being the largest psychology association in the world, the American Psychology Association (APA) holds the responsibility of ensuring rights for the mentally disabled. By utilizing its large platform APA shows more realistic actions in improving the rights for the mentally disabled, which includes; Expanding access to mental and behavioral health services for children and adults with disabilities; utilizing psychological science to end harmful and discriminatory practices that disproportionately affect people with disabilities; and ensuring adequate resources to investigate effective psychological interventions for people with disabilities

## UK

The UK provokes the rights of their citizens who are mentally disabled by the The Equality Act and Disabled people. Citizens who have a physical or mental impairment that has a substantial and long-term adverse effect on citizen's ability to carry out normal day-to-day activities, they can use the Equality Act to protect themselves against discrimination in education, work and services provided for them. It can require employers, colleges, venues and service providers to make reasonable adjustments, provide support and make things accessible. However, the UK does not have an individual act that provides rights for the rights for the mentally disabled, being only mentioned in the Equality Act and Disabled people. Also the law itself does not apply individually and can solely be addressed as a hate crime.

## USA

Being the country that has APA, the U.S. is in a similar state with the UK. The Americans with Disability Act. prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. It also applies to the United States Congress. Equally as the U.K. the U.S. does not address individual laws for the mentally disabled, but provides programs through the APA, using its large resources.

## INDIA

On the other hand, India's current society has little hostility upon the mentally disabled. Although India has its own disability rights mentioned in the law, it is not fully practiced within the country. Nevertheless, the CRPD has still generated strong incentive for reform and is an opportunity that should not be missed. Legislation along the lines of India's 2013 Bill offers much that is positive and progressive in terms of standards of care, revised processes for involuntary admission, and enhanced governance throughout mental health services. In this way, this kind of legislation, although imperfect in certain respects, promotes the principles of the CRPD (as outlined in the preamble to India's 2013 Bill).

## CHINA

Although China did not have a strong foundation of protecting the rights of the mentally disabled, it has exacerbated after the COVID-19 pandemic. However, the country shows a shifting move toward the rights for the mentally ill. Two hundred million yuan was spent each year to help persons with disabilities. There were pilot projects in different cities to assist organizations which helped persons with disabilities. The Association for Mental Disorder was composed of family members and also people with mental disorders. The Charmain was a parent of a child with autism, and was therefore in a position to understand the specific needs of children with disabilities and to work to promote relevant provisions of the Convention. However, this was only applicable to the upper class, a selective promise to the mentally disabled, giving a task that China has to solve.

## RUSSIA

Russia shows one of the most addressed countries to permit the rights of the disabled itself. These violations were shown in a 2003 case in which In the Russian Federation, although a growing number of families are now bringing up children with mental disability at home, the overwhelming majority of such children are confined to state institutions. There are 155 internats (state orphanages) in the Russian Federation which are home to around 29,000 children. A further 19,400 children up to the age of four are housed in children's homes. A significant number of these children have a mental disability. These facilities are to be addressed to be similar to prison cells. Moreover, being in a state at war the situation itself aggravated.

## EU

In the same form of the U.S. and the U.K. , the EU shows an equivalent attitude among the mentally disabled. The EU and its Member States are committed to improving the social and economic situation of persons with disabilities, building on the Treaty on the Functioning of the EU and on the Charter of Fundamental Rights of the EU. Principle 17 of the European Pillar of Social Rights stresses that people with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs. On the other hand, the EU does not have a specific Act for the mentally disabled, but the common attitude is above average, although it may be different by member states.

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## Timeline of Relevant Resolutions, Treaties and Events

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Time of Year/Month	UN treaties/amendments
1948	<b>Universal Declaration of Human Rights &amp; International congress of mental health</b>

	<p>Marked in 1948 the declaration of Human Rights and the establishment of the International congress of mental health made the standards of providing mental health. The Universal Declaration of Human Rights embarked on the first standard for mental health while the establishment of the International congress of mental health made the first multinational attempt to cooperate in applied psychology.</p>
29 May 1975	<p><b>Promotion of mental health</b></p> <p>Published in the 28th World health assembly conducted by the WHO the Promotion of mental health was one of the first attempts to affect countries to unite as one organization in the purpose of improving mental health conditions of the world. This is well shown in the clauses of : to include and strengthen mental health as a component in their general health services and public health programmes, and to recognize its importance in social and economic planning. Also the clauses emphasized the need of actual action upon the states in purpose of researching, applying, and structuring.</p>
18 May 2002	<p><b>Mental Health: Responding to the Call for Action</b></p> <p>Call to action in the 55th World health assembly, Mental Health: Responding to the Call for Action have conducted reforms and recalls to the previous resolution made upon mental health in the UN which includes : Recalling resolutions WHA28.84 and EB61.R281 on the promotion of mental health, resolution WHA29.21 on psychosocial factors and health, resolutions WHA32.40, WHA33.27 and EB69.R9 on alcohol- and drug-related problems, resolution WHA30.38 on mental retardation, resolution WHA39.25 on prevention of mental, neurological and psychosocial disorders, resolution EUR/RC51/R5 on the Athens Declaration on Mental Health, Man-Made Disasters, Stigma and Community Care and resolution EB109.R8 on strengthening mental health</p>
27 May 2013	<p><b>Resolution WHA66.8 Comprehensive mental health action plan 2013–2020</b></p> <p>The Resolution WHA66.8 Comprehensive mental health action plan 2013–2020 is the resolution that still affects the mental health goals or standards that are applied to this day. However, contrasting to the introduction of the UN the resolution contains Pre-covid mental health policies which are now considerable as the pandemic has ceased to take a portion of our lives.</p>

26 June 2023	<p><b>Mental health and psychosocial support</b></p> <p>Adopted by the United Nations general assembly, Mental health and psychosocial support was one of the first major resolutions that concerned mental health after the COVID-19 pandemic. The resolution well amplifies the the mental health situation just after the pandemic and shows immediate measures being utilized upon the states</p>

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## Possible Solutions

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The history of the rights of the mentally disabled was not gleaming throughout modern society. However the international attention enabled a struggling success for giving out the basic rights for the mentally disabled. However, this does not mark the end for the everlasting battle for addressing the rights for the mentally disabled ubiquitously.

One possible solution to address is the implementation for a new international organization. International organizations have their own specific roles to fulfill. In that matter the newly founded organization could be set on improving the rights for the mentally disabled. The actions may include in investigation, research, funding or any kinds of movements that would help the world one step forward for enhancing the rights for the mentally disabled.

Following with what being said, it is possible to use already existing committees that may fulfill the agenda. International and national organizations are in the forefront to alleviate the situation which may include WHO, APA, EPA and ect. Delegates may address the possible authorities that are applicable within solving the agenda.

In conclusion, delegates may keep in mind that these possible solutions are in the hands of the delegates. It is crucial to harmonize the utilization of both existing and made ideas to attain the rights of the mentally disabled.

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