

### Poverty, Development, and Mental Disability: A Need For Greater Attention At the International and Community Level

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The rights of mentally disabled individuals have been internationally recognized since the second half of the 20th century, from the 1971 UN resolution on the Rights of Mentally Retarded Persons to the 1991 Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care. In the ensuing years, many developed nations have made advances in addressing the needs of mentally disabled individuals. However on a global scale, progress has been slow, and individuals with developmental and psychiatric disorders remain seriously neglected. Given the challenges of development today, it is important that we recognize the linkages that mental disability shares with poverty and the potential approaches by which the correlation can be effectively addressed.

Mental disability, according to the social model of disability, is not an innate characteristic, but rather a result of the environment in which an individual with a particular disorder operates with the ultimate effect of disabling his or her function in 'normal' activity.<sup>1</sup> Risk factors for mental disability include malnutrition, exposure to toxins (such as lead, PCB, and alcohol), and low birth weight – all interrelated factors that can be further aggravated by poverty.<sup>2</sup> Take the case of intellectual disability, for example. Prevalence of intellectual disability is as much as four times greater in developing countries with low resources.<sup>3</sup> Poverty and malnutrition are distinctly linked. Malnutrition affects brain development due to protein-energy and dietary micronutrient deprivation and hunger has been shown to have negative psychological effects in children.<sup>4</sup> Poverty also prevents access to mental health and therapeutic services, and early stimulation is not readily accessible for essential development. Furthermore, long-term effects of exposure to environmental toxins, tropical diseases and infections, and substance abuse, especially during pregnancy, are risk factors to which individuals of lower socioeconomic status are exposed to a greater extent. Additionally, mental health is a determinant and consequence of limited vocational opportunities and unemployment as employers discriminate against the hiring of mentally disabled workers due to unwillingness to provide expensive accommodations.<sup>5</sup> This ultimately leads to an economically deprived individual with serious mental health complications.

Alarming, mental disability has yet to be given the wide-spread consideration it merits. Mental health disorders account for 14% of the global burden of disease and have even greater effects when considering their relationship with physical health, vocational productivity, and social inequality.<sup>6</sup> Governments have failed to offer the protection that mentally disabled individuals require from often egregious abuses and unnecessary institutionalization, while the remainder of society perpetuates a cycle of malignant neglect and obliviousness

to the situation of the disabled.<sup>7</sup> It is through this process that a mentally disabled individual whose needs go unrecognized by his or her community becomes invisible.<sup>8</sup> This should be of acute concern to the international community, due to evidence which suggests that popular understanding and recognition of mental illness and intellectual disability actually determine an individual's prognosis independent of access to medical treatment.<sup>9,10</sup>

There are independent organizations and movements that have been working to turn mental health into a truly global issue. The Movement for Global Mental Health, established by a special *Lancet* series on mental health in 2007, focuses on three main goals: scaling up treatment efforts, protecting the human rights of affected persons, and increasing research in low and middle income countries. The movement itself has spurred the *Lancet* journal into making mental health one of its 'campaign focal points.' Meanwhile, the mental disability human rights advocacy group, Mental Disability Rights International, has taken a great deal of responsibility in reporting human rights abuses of the mentally disabled around the world, including but not limited to cruel and unusual conditions of institutionalization. The organization works at both the international and national levels to ensure the legal recognition and enforcement of the rights of disabled persons.

There is still much work to be done in before the mental disability movement can be recognized on the same scale as HIV/AIDS, other 'emerging' infectious diseases, and maternal and infant health. The United Nations Millennium Development Goals (MDGs) are a key example of the vitality of global partnerships in efforts to eradicate inequalities and impoverishment. Unfortunately, these goals currently fail to address the linkage between mental disability and poverty. Disability is neither mentioned nor considered in the context of the MDGs, the framework upon which current global development efforts are based. To address this rift, efforts are being made to include disability in all MDG policies and processes.<sup>11</sup> In October 2008 the WHO launched its Mental Health Gap Action Program in order to scale up services for mental, neurological, and substance abuse disorders in low and middle income countries, with the philosophy that adequate care, psychosocial assistance, and medication could allow for treatment of low income individuals and allow them to remain healthy and productive.

In most cases, the movements and efforts that are being made to address mental health as an international issue pertinent to development cite the need for increasing access to treatment. But the question remains, is this treatment focus

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enough? Will medically treating an economically disadvantaged individual with a mental disorder and giving him or her proper therapeutic intervention ensure proper functioning in society? If we consider the individual's transition from disorder to disability, is it the individual who requires treatment and intervention, or the society that has disabled him? During a Spring 2009 study conducted by myself in Lima, Peru, interviews of members of three socioeconomically distinct communities were conducted to acquire a perspective on the perceptions and attitudes of the society towards mental retardation. While historical records of active stigmatization exist with various conditions and issues such as in HIV/AIDS and homosexuality, these interviews revealed a passive negligence of mental disability due to a lack of awareness of the issue. Unfortunately, in areas with scarce resources, societies prioritize resources for more productive members and ignore the needs of those who cannot readily contribute. It is precisely this practice that sustains the interminable cycle of invisibility of the mentally disabled.

Any successful intervention strategy must thus begin with increasing awareness among those who are 'normal' and for this reason not cognizant of the importance of the inclusion of mentally disabled individuals as socially active members of their community. Open engagement and consistent contact between community members and mentally disabled community members disintegrates pre-existing perceptions and attitudes towards their status. This can be propagated by making already functioning community-based activities accessible for these individuals, enabling their participation. Another method is to use elements of the very environment one is trying to change as mediums for building awareness. This can be accomplished by infusing messages into daily communication channels such as movies and posters, and dispersing information on mental disability while emphasizing humanity, and the potential to be empower individuals.<sup>12</sup>

Mental disability is a critical issue that has a direct connection with poverty. Therefore, it is vital that there be serious focus at the international level for mental disability to be treated as an issue tied with development. But the movement must not stop there. It must reach the attention of those who feel they are least affected by the losses we face from

the exclusion of a crucial component of our society. This requires work at the local level to raise awareness of mental disability and active promotion of the integration of affected individuals into every aspect of the community. Society must recognize the prevalence of mental disability and form international collaborations to catalyze the introduction of innovative community-level interventions to counter the exclusion that continues to leave the mentally disabled an invisible population.

## References

1. Barnes, C. and Mercer, G. 2003: *Disability: An Introduction*. Cambridge: Polity Press.
2. Bryant, D. and Maxwell, K. (1999). The environment and mental retardation. *International Review of Psychiatry*, 11, 56-67.
3. Bergen, D. (2008). Effects of poverty on cognitive function. *Neurology*, 71, 447-451.
4. Weinreb, L., Wehler, C., Perloff, J., Scott, R., Hosmer, D., Sagor, L., and Gundersen, C. (2002). *Pediatrics*, 110(41), 1-9.
5. Nordt, Carlos, Müller, B., Rössler, W., and Lauber, C. (2007). Predictors and course of vocational status, income, and quality of life in people with severe mental illness: A naturalistic study. *Social Science & Medicine*, 65, 1420-1429.
6. Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M., and Rahman, A. (2007). No health without mental health. *Lancet*, 370, 859-877.
7. Gostin, L. (2004). At Law: International human rights law and mental disability. *The Hastings Center Report*, 34(2), 11-12.
8. Ruiz, M. and Yábar, I. (2007). *Personas invisibles: Hacia una cultura de inclusión en el Perú*. 2007. <<http://www.codiscapacidad.org/>>
9. Cooper, J. and Sartorius, N. (1977). Cultural and temporal variations in schizophrenia: A speculation on the importance of industrialization. *Brit J Psychiat*, 130, 50-5.
10. Warner, R. (1994). *Recovery from schizophrenia: Psychiatry and political economy*, 2nd edn. Routledge, New York.
11. Expert Group Meeting on Mainstreaming Disability in MDG policies, processes and mechanisms: Development for All. (2009). World Health Organization. <<http://www.un.org/disabilities/default.asp?id=1469>>
12. El Shourbagi, S. (2009). What roles can posters and television play to influence social participation of persons with mental disabilities? *Can J Public Health*, 100(3), 212-4.