**Questionnaire on** **the right of persons with disabilities to the highest attainable standard of health**

1. Please provide information on existing or planned legislation and policies to ensure the realization of the right to health of persons with disabilities, including current challenges and good practices.

Reforms in relation to legal capacity legislation has happened in a few countries and others are currently in the process of reforming their laws. See MHE’s recent “Mapping and Understanding Exclusion” report: <https://mhe-sme.org/mapping-exclusion/>

1. Please provide any information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the exercise of the right to health of persons with disabilities in general, as well as with particular focus in the following areas:
* Availability of barrier-free general healthcare services and programmes, which take into account all accessibility aspects for persons with disabilities;
* access to free or affordable general healthcare services and programmes, including mental health services, services related to HIV/AIDS and universal health coverage;
* access to free or affordable disability-specific healthcare services and programmes; and
* access to free or affordable health-related habilitation and rehabilitation goods and services, including early identification and intervention.
1. Please provide information on discrimination against persons with disabilities in the provision of healthcare, health insurance and/or life insurance by public or private service providers.

Persons with psychosocial disabilities often face barriers not only in accessing mental health care (due to lack of affordable, accessible, community-based and human rights compliant mental health services) but also in accessing somatic healthcare.

Physical and mental health problems are interconnected. Still, public health policies and health practitioners rarely acknowledge the fact, which is surprising given the amount of evidence we find around the issue.

Indeed, we have indication on how various chronic diseases are linked to mental health problems. People with long term physical diseases are twice as likely to have some kind of mental problems as well[[1]](#footnote-1). In a systematic review[[2]](#footnote-2), researchers also found that mental health issues are directly associated to a number of somatic diseases, such as asthma, pulmonary problems, musculoskeletal disorders (such as arthritis), neurological diseases and chronic pain conditions. Furthermore, the connection seems to be reciprocated: chronic somatic diseases often result in serious mental health problems whilst mental health issues can also lead to chronic physical problems. It has been estimated that 25% of all individuals with cancer are depressed but only 2% receive treatment for depression[[3]](#footnote-3); furthermore, we also know that around 50% of hospitalised heart patients have depressive symptoms and up to 20% of them develop major depression[[4]](#footnote-4). On the other hand, depression almost doubles the risk of later development of coronary heart disease and presents a 67% increased risk of mortality from cardiovascular disease than the general population[[5]](#footnote-5).

For an in-depth analysis of the interlink between mental and physical health, please consult the study from July 2014 undertaken by Maastricht University in collaboration with Mental Health Europe.[[6]](#footnote-6)

The WHO shows that people with “severe mental disorders” (psychosocial disability) on average tend to die earlier than the general population. This is referred to as premature mortality. There is a 10-25 year life expectancy reduction in patients with psychosocial disability.

The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension. Suicide is another important cause of death. Mortality rates among people with schizophrenia is 2 to 2.5 times higher than the general population. People with bipolar mood disorders have high mortality rates ranging from 35% higher to twice as high as the general population. There is a 1.8 times higher risk of dying associated with depression. People with severe mental illness do not receive the same quality of physical health care as the general population. The majority of deaths of patients with severe mental illness that are due to physical medical conditions are preventable with more attentive checks for physical illness, side effects of medicines and suicidal tendencies. There is a need for increasing access to quality care for patients with psychosocial disability, and to improve the diagnosis and treatment of coexisting physical conditions. The integration of mental and physical health care could facilitate this.

See: <http://www.who.int/mental_health/management/info_sheet.pdf>

1. Please provide information on the observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services.

Many barriers remain in relation to the right to legal capacity. Tens of thousands of persons with psychosocial disabilities across Europe are deprived of legal capacity, which means they are often hindered from informed consent in relation to (mental) healthcare and involuntary admissions and involuntary treatments are common.

See MHE’s position paper from 2017 on Article 12 CRPD on Legal Capacity: <https://mhe-sme.org/position-paper-on-article-12/>

See MHE’s report from 2017 “Mapping and Understanding Exclusion” on Institutional care and the issues of involuntary placement and involuntary treatments: <https://mhe-sme.org/mapping-exclusion/>

5. Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of health policies, programmes and services.

The WHO Mental Health Atlas from 2014 provides with some information on this: <http://www.who.int/mental_health/evidence/atlas/profiles-2014/en/>

Representative (user-lead), stable and independent (non-pharma funded) organisations of persons with psychosocial disabilities is unfortunately quite rare and public funding is often an issue. Often consultation is tokenistic.

1. Härter et al. (2007): Increased 12-month prevalence rates of mental disorders in patients with chronic somatic diseases. Psychotherapy and Psychosomatics, 76 (6), 354-360. [↑](#footnote-ref-1)
2. Prados-Torres et al. (2014). Multimorbidity patterns: a systematic review.  *Journal of Clinical Epidemiology*, *67*, 254-266. [↑](#footnote-ref-2)
3. <http://www.macmillan.org.uk/Cancerinformation/Livingwithandaftercancer/Emotionaleffects/Depression.aspx> [↑](#footnote-ref-3)
4. <http://www.health.harvard.edu/press_releases/depression_and_heart_disease> [↑](#footnote-ref-4)
5. <http://www.mentalhealth.org.uk/our-work/policy/current-policy/physical-health-and-mental-health/> [↑](#footnote-ref-5)
6. Román, N. (2014): [Dividing the Inseparable – The link between physical and mental health in the EU’s second Health Programme. A thesis written in the Maastricht University, Faculty of Health Sciences.](http://www.mhe-sme.org/fileadmin/Position_papers/Study_on_the_interlink_between_mental_and_physical_health__July_2014.pdf) [↑](#footnote-ref-6)