Shining a light on mental illness: An “invisible disability”

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Inclusive 2030 Development Agenda

“Inclusion matters: access and empowerment for people of all abilities”

Panel Discussion: “Taking action for persons with invisible disabilities: Mental health and well-being: A new global priority in SDGs”

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Honorable Ambassador Luis Gallegos, a compatriot from my native Ecuador, Ms Akiko Ito, Head of the Secretariat of the UN Convention on Persons with Disabilities, fellow members of the Panel, Colleagues All,

On behalf of the World Bank Group, allow me to begin by expressing our sincere appreciation for having been invited to participate in this event and be part of this panel.

Let’s be clear colleagues. Inclusion of people of all abilities is at the core of sustainable development. About one billion of us across the globe are living with a disability—some obviously so, some not. And the rest of us, by virtue of being human, are vulnerable to having a disability at some point.

Today, the International Day of Persons with Disabilities, is a good time to reflect on this. The World Bank Group's is committed to do the walk and not only the talk about the moral and social imperative of removing barriers, promoting inclusion, and changing attitudes about disability, inside and outside the institution.

Internally, the World Bank Group strives to allow all staff, with or without disabilities, to fully and equally participate in our work and mission. By focusing on the "abilities" of all colleagues, we want to promote access for those with disabilities and empower them. We value staff with disabilities for their diversity
and are making strides in creating a more inclusive workplace for all, including those with disabilities.

We at the World Bank Group also recognize the importance of inclusion in our development work. In many places, persons with disabilities can face barriers to inclusion and often do not enjoy equal access to transportation, employment, and health, education, and social protection. So we all should welcome the excitement around the SDGs to ensure that all persons, including persons with disabilities, benefit from the 2030 agenda.

Under this year’s International Day of Disabled Persons, the United Nations calls for the inclusion of persons with “invisible disabilities” in society and development efforts.

This call is long overdue; persons with mental and psychosocial disabilities represent a significant proportion of the world’s population with special needs. The World Health Organization (WHO) estimates that millions of people have mental disorders, and that one in four people globally will experience a mental disorder in their lifetime. Moreover, almost one million people die each year due to suicide, which is the third leading cause of death among young people. According to several recent reports, suicide has surpassed maternal mortality as the leading cause of death among girls aged 15-19 years globally.

Aside from facing entrenched stigma and discrimination -- as well physical and sexual abuse in homes, hospitals, prisons, or as homeless people -- persons affected by mental disorders are excluded from social, economic and political activities.

We need to be clear, however, and accept the reality that ill mental health is not only limited to persons with severe mental disorders confined to psychiatric hospitals. Ill mental health is a widespread but often “invisible” phenomenon. Many of us or our parents, partners, sons and daughters, have felt a sense of loss or detachment from families, friends and regular routines. We also have experienced nervousness and anxiety about changes in our personal and professional lives, as well as real or imagined fears and worries that have distracted, confused and agitated us.

While these episodes tend to be transitory for most of us, some of these conditions force us to take frequent breaks from our work, or we need time off or a leave of absence because we are stressed and depressed, or because the medication that we
are taking to alleviate a disorder makes it difficult to get up early in the morning or concentrate at work. And on occasion, because of these disorders, some fall into alcoholism and drug use, further aggravating “fear attacks” or sense of alienation from loved ones and daily routines.

And, apart from personal consequences, the social and economic costs of ill mental health are staggeringly high, measured in terms of potential labor supply losses, high rates of unemployment, disability costs, high rates of absenteeism and reduced productivity at work.

This year’s observance of the International Day of Disabled Persons offers a good opportunity to shine a light on some of the myths surrounding mental illness, particularly at the workplace where we tend to spend most of our waking hours. Indeed, a recent OECD report provides evidence that most people with mental disorders are in work and many more want to work.

It is estimated that the employment rate of people with a mental disorder is around 55-70%, or 10-15 percentage points lower than for people without a mental disorder, on average across the OECD-member countries. Many more people with a mental disorder want to work but cannot find a job; as a result, they are typically twice as likely to be unemployed as people with no such disorder. And the situation observed in the OECD member countries is common or more acute in the rest of the world.

In moving forward the disability-inclusive development agenda, including the gradual realization of universal health coverage, we need to start paying attention to common mental disorders of workers, the unemployed, and their families, along with the provision of services for people with a severe mental disorder. Indeed, if we are going to fully embrace and support the progressive realization of universal health coverage, we must work to ensure that prevention, treatment and care services for mental health disorders at the community level, along with psychosocial support mechanisms, are integral parts of accessible service delivery platforms and covered under financial protection arrangements. We must also advocate for and identify “entry points” across sectors to help tackle the social and economic factors that contribute to the onset and perpetuation of mental health disorders. This would require a dedicated effort to integrate health, employment and economic and social services, moving away from traditional silo-thinking approaches and developing strong coordination and integration of policies and services as advocated in the OECD report.
Colleagues, there is a growing impatience across the world to begin a new era in which mental health moves from the periphery to the center of the global health agenda and into the larger development context. Knowledge exists to guide this effort. There are evidence-based, multisectoral strategies and interventions to promote, protect and restore mental health, beyond the institutionalization approaches of the past. Properly implemented, these interventions represent “best buys” for any society, with massive returns in terms of health and economic gains.

Colleagues: It is time to open our eyes to make this “invisible disability” visible! We at the World Bank Group, in partnership with other organizations, can contribute to advancing the mental health agenda globally on the basis of cross-cutting and multidisciplinary approaches that build social resilience.

In doing so, paraphrasing Judith Rodin, President of The Rockefeller Foundation, individuals, communities, organizations and systems will have the capacity to assist affected and vulnerable populations to bounce back from the shock and disruption of ill mental health and offer them opportunities to reintegrate, participate and contribute to community life.

To this end, the World Bank Group and the World Health Organization, along with other institutions, are preparing to co-host a high-level meeting on global mental health to coincide with the April 2016 Spring Meetings of the International Monetary Fund and the World Bank Group. The idea of a high level event on global mental health is seen as an opportunity to "move the needle" for scaling up a broad multisectoral response to address this “invisible disability.”

As we move forward with this task, we will be guided by the belief that the agonies of mental health problems that distort people’s lives, family bonds and communities, and that impose a heavy economic and social burden, can be dealt with effectively if there is political commitment, broad social engagement, and international support to make mental health an integral part of health and societal well-being across the globe.

Many thanks.