JOINT POSITION STATEMENT
EQUALITY & EQUITY IN COVID19 RESPONSE

Global Mental Health Peer Network & Human Rights in Mental Health FGIP

COVID-19, the newly identified type of illness caused by coronavirus, declared as a Public Health Emergency of International Concern on 30 January 2020 and following an assessment, COVID-19 was declared a global pandemic on 11 March 2020, by the World Health Organisation (WHO).

Since COVID-19 emerged in China and vigorously started spreading throughout the world, the internet and media has since been flooded with articles and stories related to COVID-19. The information that has been put out there, range from factual and statistical findings, future predictions of impact, recommended preventative measures to be taken to "flatten the curve", how countries are responding (or not), conspiracy theories and speculations as to where and how COVID-19 originated from, and alarming reports of people in care homes and residential facilities being neglected and excluded from the response actions to protect human life from the potentially deadly virus.

Generally, people's mental health are (and will be) affected by this "invisible predator" that is ravaging throughout the world and forced human life onto an unimaginable journey. The impact on mental health and wellbeing of nations raise serious concerns as people globally are forced to make radical changes in how we interact with each other and how we conduct our daily lives, with compounded concerns of financial security resulting from the decline of the global economy. Change by any means is a stress factor in any person's life and stress in itself poses a risk for relapse or deterioration in mental health for those living with existing mental health conditions. The change that we are witnessing now poses a high risk for mental health problems that will continue to impact on people's lives, not only those with existing mental health conditions but the broader public, even after COVID-19 has been defeated. Right now is the time, apart from curbing and eliminating the spread and health impact of COVID-19, but to strengthen the mental health system in preparation to deal with increased mental health problems and respond to the mental health needs of nations.

Peer support in times of crisis is of particular value. The lived experience between a peer support worker and the person using peer support services promotes connectedness and inspires hope. Peer support offers a level of acceptance, understanding, and validation not found in other professional services. Despite the evidence of the value of peer support work, many countries do not yet recognise this untapped expert human resource, especially in low-and-middle income countries. Right now and post-COVID, peer support workers can make an enormous impact in helping to address the mental health needs of people.

Countries all over the world have instituted restrictive measures in response to COVID-19 by placing communities into lockdown, and promote physical distancing to avoid the spread of the coronavirus. It is important to note the importance of the use of terminology and veer away from the term social distancing. The repercussions of lockdown measures have showed severe impact on both economies and communities. The world has already seen an increase in unemployment, domestic violence, suicide rates, racism, an increase in people experiencing mental health problems, and of course how people with mental health conditions, especially in care home or residential facilities are severely affected (neglected) and sadly risk dying – all directly related to the COVID-19 crisis.

Vulnerable groups, such as persons with lived experience with mental health conditions are increasingly vulnerable and more so for those with comorbid conditions. Not only are they easy targets of COVID-19 infection (because of somatic comorbidity and living in circumstances where physical distancing is impossible), but are now more than ever exposed to human rights violations resulting from inadequate response actions to protect and respect their lives and address the unique set of needs and challenges of this marginalised lived experience community in an emergency situation, such as the COVID-19 pandemic.

Article 11 of the United Nations Conventions on the Rights of Persons with Disabilities clearly acknowledge persons with disabilities (including psychosocial disabilities) in emergency situations: "... ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters."

The Global Mental Health Peer Network as an international organisation for people with lived experience with mental health conditions and Human Rights in Mental Health FGIP an international organisation that promotes humane, ethical and user-oriented mental health services, cannot emphasise enough that it is of critical importance to involve persons with lived experience in the development of emergency response strategies from the onset, and assess the needs and challenges of the lived experience community within specific community and country contexts, and respond accordingly with specific attention to ensure that the human rights of persons with mental health conditions are at all times upheld. Persons with lived experience with mental health conditions must be authentically involved, not only in the development of the response strategy, but further in the implementation, monitoring and evaluation thereof, and also in awareness and protection campaigns.

Equality and equity must be embedded throughout the response process and execution. Accurate information on infection mitigating tips, public restriction plans and services available, as well as protective resources must be accessible to all on an equal basis. Misinformation and myths in the public domain must be replaced with reliable information, particularly considering the unnecessary anxiety caused by false information from unreliable sources.

People with lived experience with mental health conditions may particularly be susceptible to stress and anxiety caused by the COVID-19 crisis which could pose a serious risk of deterioration of existing mental health conditions, and therefore must have readily available treatment options (as and how they define their needs), access to adequate and responsive support services and programs, including peer-to-peer support or peer support groups, and suicide prevention programs.

A large number of people with mental health conditions who are living in care homes or residential facilities, including psychiatric hospitals are often the forgotten and abandoned of

society. Sadly, stories have emerged in the media where residents or patients of such institutions have been neglected and excluded from COVID-19 response strategies. This is unacceptable.

Lockdown and restrictive measures implemented by countries where physical distancing is promoted, many care homes, residential facilities and hospitals prohibits visitations, and this particularly affect residents or patients in these institutions. Although social connectedness has been encouraged by WHO and experts in mental health, during this time of physical distancing, residents or patients are isolated from the outside world and may experience compounded feelings of loneliness and distress. Government departments must take it upon themselves to support these institutions (where required) to ensure that access to alternative forms of communication (telephone and online communications technologies) are available to residents or patients to maintain connection with their relatives, friends or peers from the outside on a regular basis.

Dire shortages of protective gear (face masks, surgical gloves, sanitizers) within the health system and more so in social care homes and residential facilities, have made headline news. The "forgotten and abandoned" in care homes and residential facilities have been at the end of the line to obtain these essential protective gear – where those working in these institutions have been placed in a near to impossible situation, expected to control a potential outbreak and protect themselves and those they care for from COVID-19 in these institutions. Human rights places an emphasis on equality and inclusivity – at no point may any specialized or other facility that cares for persons with mental health conditions be left behind or discarded as second class citizens.

We salute the health workers who risk their own lives and their own mental health, working tirelessly to protect the world against this potentially deadly disease. We also acknowledge those who are in particular placing focus on ensuring that vulnerable groups, such as people with mental health conditions, are protected and not left behind.

A particular extension of gratitude to WHO and in specific Director General Dr Tedros Adhanom Ghebreyesus, who is tirelessly working to try and protect the world from this deadly virus and ensure that its impact is minimized as far as possible.

Partners in support of the statement

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