



University of Haifa

# HUMAN RIGHTS, OLDER PERSONS & MENTAL HEALTH

**Prof. Israel Issi Doron, PhD**

CRSA – Center for Research & Study of Ageing  
Department of Gerontology, University of Haifa  
Haifa, Israel 31905; [idoron@univ.Haifa.ac.il](mailto:idoron@univ.Haifa.ac.il)

# CRSA

המרכז לחקר ולימוד הזיקנה

The Center for Research & Study of Aging

مركز تعليم وبحث علم الشيخوخة

# Introduction

- About my self
- My thanks: I would like to thank the organizers and funders
- About this presentation:
  - The Covid-19 as an opportunity to re-visit the human rights situation of older persons – in general, and in the context of their right to mental health – in specific

# The Basics

- The human right to health & mental health;
  - Article 12 of the ICESCR (Int. Covenant on Economic, Social and Cultural Rights) :
    - The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
  - General Comment no. 14 to the ICESCR: the right includes 4 elements: availability; accessibility; acceptability; and quality.
- The human rights of older persons;
  - No binding international convention;
  - Regional convention;
  - Soft law (e.g. MIPAA, 2002);
- The human right to mental health in old age;
  - E.g. the Inter-American Convention on Protecting the HR of Older Persons: Art. 19: Right to Health: “Older persons have the right to physical and mental health without discrimination of any kind”
- The bottom line so far: a specific symbolic and normative gap.

# Covid 19, Human Rights, and Older Persons

- There is a growing body of evidence showing how the human rights of older persons were violated during the recent months of the Covid-19 pandemic:
  - During the Covid-19 crisis, there have been many examples of discriminatory provisions using age limits.
  - The institutional care crisis and nursing homes as “death-traps”;
  - Covid-19 as an intensifier for elder abuse and neglect in a public climate of intolerance and hostility for older persons
- These are just some examples of a broader social phenomena of the “rise of ageism” which we have seen during the Covid-19 crisis.

# Covid 19, Older Persons & Mental Health

- An accumulation and combination of:
  - Ageism – public discourse;
  - Ageism – discrimination and public policies;
  - Social isolation, disconnectedness;
  - Age specific public restrictions;
  - Less accessibility to technology/ internet (e.g. the “digital divide”)
  - Reduced access to medical services /specialist services
  - Reduced access to support and social services;

# The potential outcomes

- May result in:
  - Thwarted sense of belonging;
  - Perceived burdensomeness on society
  - Minimizing the importance of mental health;
  - Greater risk of symptoms being undetected and/or untreated;
  - Internalized ageism affecting health and wellbeing;
  - Potential increase in psychosis and suicide;
  - Invisibility in the process of the formation of mental health policies
  - Social and legal barriers to mental health services
  - Discrimination and exclusion from society
- Bottom line: the potential for significant harm to the mental health of older persons

# Empirical Evidence

- But what do we know empirically?
- Naturally, there is a need for much more research and evidence to provide an accurate picture;
- Existing data is still limited and shows mixed results:
  - On the one hand – cases and examples of rise in anxiety disorder, stress-related disorder or depression.
  - On the other hand – some studies have actually shown the compared to younger people, older persons (in the community) are mentally more resilient and show lower stress-related mental symptoms.
- There is a need for more data in the field.

# So where do we go from here?

- For me, if there is a lesson that can be learnt from the Covid-19 pandemic in the context of human rights, and the mental health of older persons, it is the following:
- There is not only a gap, but a real absence and lacuna, in the human rights discourse (i.e. language; awareness; advocacy; legislation; and policies) regarding the HR to mental health of older persons;
- The reality is only a manifestation of not only ageism, but the intersectionality of ageism and ableism;
- Therefore, we must be aware of the importance and significance of “intersectionality”: the unique “combination” of ageism and ableism. The conjunction of the stigma on aging and stigma on mental illness;
- We must push forward in our efforts to advance a new and unique international convention for the human rights of older persons;
- In this new HR instrument, as well as within already existing HR conventions, we need to better articulate, define and interpret the actual meaning of the HR to mental health in old age;



# Thank you very much

- Prof. Israel Issi Doron
- [idoron@univ.Haifa.ac.il](mailto:idoron@univ.Haifa.ac.il)

