

Legal and policy framework

The World Health Organization (WHO) defines healthy ageing as “the process of developing and maintaining the functional ability that enables well-being in older age”. Mental and physical health, well-being, and quality of life are critical factors in defining health, and are core indispensable contributors to enjoyment of all other human rights and living life in dignity. The Universal Declaration of Human Rights (UDHR) Article 25 states that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family”. The right to health is guaranteed for all persons by Article 12 of the International Convention on Social, Economic and Cultural Rights, to enjoy “the highest attainable standard of physical and mental health”.

The world’s population over age 60 years, estimated to be 1 billion in the year 2020, is projected to double by the year 2050, to reach 2.1 billion; 20% of older persons are estimated to suffer from a mental health condition or psychosocial disability. Ageing is a normal process, but ageism is not. Decades of ageism has led older persons to suffer from violations of their human rights, powered by the COVID-19 pandemic, especially for those suffering with mental health conditions and/ or psychosocial disability.

Ageism categorizes and divides people in ways that lead to harm, disadvantage, injustice, and erodes solidarity across generations. The stigma of ageism stealthily harms global health, the economy, it violates human rights, creates inequity and injustice, results in a loss of dignity, intergenerational conflict, and forms a barrier to policies that promote healthy ageing. Ageism intersects with ableism, mentalism, sexism, and racism, causing poor quality of life and premature death, compounding disadvantage over the life course.

Normal ageing may impact a person’s experience of health, but normal aging is neither a disease nor is it pathological. While chronological age remains a recognized risk factor for numerous diseases, its impact is heterogeneous and of limited value in predicting disease prognosis or guiding treatment. These realities have recently led to advocacy and a retraction of the term “old age” as a diagnostic category from the ICD-11.

Progressive realization and the use of maximum available resources

According to the World Health Organization (WHO), “there is no health without mental health”. Promotion of mental and psychosocial well-being of each older person is in alignment with WHO’s vision of the Decade of Healthy Ageing (2021-2030) and Sustainable Development Goals (SDGs). The right to health for people with disability, is enshrined within Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD). Sadly, but not surprisingly, mental disorders remain as one of the top ten leading causes of burden worldwide with no net

reduction in disease burden has been seen in the past 30 years, and accounts for at least 18% of global disease burden, with a projected annual global cost of US\$6 trillion by the year 2030.

Equality and non-discrimination

Therefore, governments and policy makers must mainstream older persons' mental health, support for older persons' dignity and human rights. It is critical that governments and policy makers focus on the scarce resources and time available to create a paradigm shift emphasizing upstream interventions that will improve mental health systems and the population health.

States Parties have obligations to ensure access to health services that are gender-sensitive, including early identification and prevention, health-related rehabilitation, and population-based public health programmes. A wide range of services are required for universal health coverage fit for an ageing world," including promotion of health and wellbeing, prevention of disease and disability, diagnosis and treatment, specialist services, rehabilitation, long-term care, and support, as well as palliative, and end of life care.

CRPD's Article 25 acknowledges the role of health professionals in actualization of rights to healthcare, specifically "through training and the promulgation of ethical standards for public and private health care". This is of particular importance given what we know about ageism in health, where too often access to care is limited based on chronological age, rather than the person's health needs. Accordingly, identifying and combatting ageism within all areas of the health care sector is integral to strengthening the rights of older persons to health and to access health services.

Accountability

Governments must be encouraged and supported to adopt policies integrating promotion of mental health and prevention of mental illness into public health and general social policy.

A UN convention on the rights of older persons would entail enforcement mechanisms and monitoring bodies at the national and international levels to ensure effective implementation of the policies and laws addressing discrimination, inequality, and human rights, including the health and mental health of older people globally.