

Internet access as a right for realizing the human right to adequate mental (and other) health care

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Title: Internet access as a right for realizing the human right to adequate mental (and other) health care

Short title: Internet access to mental health care

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Abstract

Human rights protect the conditions of a minimally decent life of which mental health is an indispensable element. Adequate care for mental health is thus recognized as part of the human right to health. However, for populations living far from urban centers, adequate in-person (mental) health care is often extremely costly and thus not provided. Digital mental health care options have become an effective alternative to in-person treatment. Benefitting from these new digital opportunities, though, requires sufficient access to the internet. Because everyone has a human right to adequate health care, and digital mental health care is now an effective option for progressively realizing this human right for people who live in remote regions, these people also have to be understood to have a right to access to the internet. This right to internet access creates duties for public authorities and the international community to create the required digital infrastructure and (where needed) to cover the costs of internet access where this is the only feasible way of delivering, or progressively realizing, the mental health care that is indispensable for having the opportunity to lead minimally decent lives.

Keywords: Care, health, internet access, mental, right

Introduction

Mental health care provides individuals and their communities with relief from mental suffering and related dysfunction, yet further improvement in mental health care is needed (Kilbourne, Beck, Spaeth-Rublee, et al., 2018). A key challenge is that mental health care is not always available, as access to it is challenging in some jurisdictions and for some populations. For example, in many remote and rural areas, there are no or not enough mental health care providers, so people with mental health challenges who live in those areas do not have easy, if any, recourse to mental health care. And in jurisdictions where mental health care is not publicly funded, people who cannot afford to pay for it privately usually cannot access it.

In this paper we argue that internet access is a right when there are currently no other viable means for realizing people's human right to adequate health care, which includes adequate mental health care. Our argument is important for practice and policy in that it identifies duties for funders (such as governments) who serve communities living in remote areas distant from major population centers to provide the required digital infrastructure and to ensure all have online access.

Various approaches have been proposed and used to improve access to mental health care. For example, collaborative or shared care between mental health care providers (such as psychiatrists) and primary care providers (such as family physicians) has increased the capacity of mental health care in areas where primary care providers can and want to provide mental health care (Kelly, Perkins, Fuller, et al., 2011). Self-help such as "Twelve Steps" and other

support groups have expanded the range of mental health care to complement professional mental health care. Pertinently, recently internet based mental health care - such as some psychotherapy and various therapeutic apps - has further added to the diversity of mental health care that can be accessed by more people.

Internet based mental health care requires the availability of sufficient (arguably at least broadband) internet services. Although there is wide and growing use of the internet globally, there are still many people – nearly half of the world’s population – who do not have access to it, and the rate of growth of internet use has been decreasing in the last few years. This is especially the case in developing countries and in remote areas of developed countries (Broadband Commission for Sustainable Development, 2019). A pertinent normative question is whether internet access should be universal to facilitate use of mental health care as needed, and if so, whether national and other governments as well as other public authorities such as international forums (the United Nations and others) should support universal internet access. In this article, we address these questions by breaking them down, specifically answering whether (adequate) mental health care and (sufficient) internet access are human rights, and if so, what are related duties associated with the combined human right to (sufficient) internet access for (adequate) mental health care, and who - if anyone - is responsible for that.

Mental health care as a human right

According to a standardly accepted philosophical view, human rights specifically protect the conditions of a minimally good or decent human life (Nickel 2007). Health (more precisely sufficient health), and, as part of that, mental health (more precisely sufficient mental health), is arguably if not self-evidently necessary for such a minimally good life (Komduur, Korthals, te Molder, 2009). Access to (adequate) health care, and, as part of that, access to (adequate) mental health care, therefore has to be considered a human right that confers related duties upon states and the international community to uphold this right. While the human right to health care is not a right to be healthy, it denotes a universal entitlement to adequate health care to maximize the chances of attaining and maintaining sufficient health and "a standard of living adequate to health" (Wolff, 2015, p. 491). Importantly, where adequate health care is not feasible, the UN calls on countries at least to fulfill ‘core obligations’ and to work toward progressively realizing the human right to health care (Wolff, 2015). The question what counts as sufficient health, and as part of that what counts as sufficient mental health, is an important but separate question that is arguably less conceptual and more technical, so it is not addressed here, other than to suggest that the threshold for – and substance of – what is sufficient may be context dependent, e.g., sufficient health may involve not experiencing severe pain if one has a terminal malignant illness whereas sufficient health may involve being able to work if one has chronic kidney failure.

Access to (adequate) health care is arguably if not self-evidently necessary – although not sufficient (Nordenfelt, 2017) – for humans to develop, maintain, and reinstate sufficient health as much as possible; this applies as a special case to mental health. Adequate mental health care minimally includes prevention, treatment, and rehabilitation that are evidence-based, including allopathic (conventional Western) and complementary and alternative (CAM) health care. Note that the relation of prevention, treatment, and rehabilitation to developing, maintaining, and reinstating sufficient health is complex, e.g., treatment can facilitate both reinstatement and maintenance of health, such as in the use of antipsychotic medication to both induce and maintain remission of psychotic symptoms.

Thus, without access to (adequate) health care, sufficient health may not be developed, maintained, and/or reinstated. In such circumstances, a minimally good life is unlikely to be made possible. If lack of access to (adequate) health care is the only barrier to a minimally good life in such circumstances, access to (adequate) health care (and as part of that access to (adequate) mental health care) can and must be considered a human right. However, while adequate health care is a human right, all countries have limited resources that they have to use efficiently. Normatively, rights are acceptable if the costs of their provision and/or protection are not unreasonably burdensome for those who have to deliver and/or protect the rights (Raz, 1986, p. 166). Thus, some countries face the problem that providing in-person health care for remotely living parts of their population might be prohibitively expensive given the entailed per capita costs of care (Huot, Ho, Ko, Lam, Tactay, MacLachlan, Raanaas 2019). Consequently, even affluent, human rights-respecting countries might not be able to provide the same adequate level of health care to their remotely living populations that is available to their citizens in urban centers. Fortunately, there are new online health care options that can promote people's mental health where in-person care provision would be extremely expensive.

Internet access as part of the human right to mental health care

The internet today enables access to a range of new and effective ways of providing mental health care, such as mental health apps and online psychotherapy (Lattie, Adkins, Winquist, Stiles-Shields, Wafford & Graham, 2019). While such online-based treatment options might be considered optional where adequate in-person mental health care is available, they have particular importance for people living far from major population centers, such as many indigenous people who live in circumpolar areas. For these communities, online mental health tools are arguably necessary for receiving at least some level of health care since delivery of in-person care is very costly or otherwise unfeasible due to lack of local (permanent and even locum) availability of certain health care providers such as most specialists.

Developing digital infrastructure is itself costly. But, as explained above, everyone is entitled to adequate health care or, where this is infeasible, to the progressive realization of such care. Moreover, effective digital mental health care tools are available. The cost of the digital infrastructure needed for accessing online mental health services has to be compared to the costs of providing such services in other ways such as securing mental health expertise with or without mental health care facilities in remote regions. Building medical facilities for small and remotely living communities in many cases is prohibitively expensive. This is especially the case given the relative costs of medical care per person as each such medical facility would service comparatively few people. The costs of providing in-person mental health care are not merely material, though. They also require incentivizing medical practitioners to move to, or deliver the required services, in remote communities (which includes either financial incentives or limitations of freedom, for instance in the form of mandatory services as part of obtaining medical licenses to practice elsewhere after completing medical training). In any case, public investment is needed to provide the currently lacking medical services to everyone who is entitled to them. In many remote regions, developing digital infrastructure to provide online health care may be the only feasible option to progressively realize people's human right to adequate mental health care.

Given the availability of effective online mental health care options, we argue that remotely living populations have a right to internet access that is needed to access these online treatment

options. Thus, the costs of internet access are acceptable where such access is necessary for, and the only feasible way to progressively realize, the delivery of adequate mental health care services where in-person care is excessively expensive. Consequently, members of remote communities have a right to internet access solely because of the internet's value as a means for progressively realizing their human right to adequate health care.

Duties and responsibility associated with online mental health care

The primary addressee of human rights is standardly governments that are responsible for health care (national/federal, state/provincial, regional, municipal or other, depending on jurisdiction). The need for digital mental health care services (addressed by the human right to health care) thus grounds duties of responsible public authorities to develop, or at least resource, the required digital infrastructure. This can currently take the form of cable connections, Wi-Fi, or satellite connectivity. In remote regions where digital infrastructure is currently missing, developing the digital infrastructure needed for adequate mental health care is likely less costly than it might seem at first. This is because the digital infrastructure required for essential online health care services does not have to take the demanding form of glass fiber cables installed in every household. Rather, considering the spread of web-capable mobile phones, the required internet access for remote communities can be provided via Wi-Fi in public places and facilities. Where people are unable to afford such phones, the government can provide them to communities for fair distribution, such as to tribal representatives on indigenous remote reserves in Northern America.

Moreover, responsible authorities have a duty to ensure that everyone is able to make use of such digital infrastructure. Members of remote communities might lack the (online) literary skills to take full advantage of digital mental health care options. However, internet access may also provide additional opportunities generally for improving people's literacy skills, thus addressing more than one problem. Responsible authorities should therefore provide public Wi-Fi for free and pay for the costs of internet access or of web-capable technology such as mobile phones (and potential costs of evidence-based health care apps that are not free to use) for those who are unable to afford these means of internet access themselves. Arguably, the costs of such provisions are acceptable because they are less than the costs of the alternative of establishing and maintaining in-person health care services for these remote communities, and because internet access is already widely spread in many countries, limiting the costs to connecting those still without internet access (according to the Freedom House's Freedom of the Net 2017 report, 86 percent of Australian households and almost 99 percent of Canadian households had access to the internet (but not necessarily broadband services) in 2017, compared to 76 percent of US American households in 2016. See Freedom House, 2017). In developing countries, internet penetration is lower overall, but so is the level of available health care. Thus, in developing countries too, internet access can play an important part in realizing people's human right to health care.

Human rights, though, are particular in that they have an additional international dimension. In case a responsible authority such as a state or country is unable or unwilling to guarantee the human rights of its citizens, the international community of national governments is called upon to act as a secondary guarantor of these rights. Thus, where states are too poor to afford the development of the digital infrastructure required to provide the health care services entailed by the human right to health care, developed nations should honor their commitments to help realize

the United Nation's (UN's) Sustainable Development Goals by providing funding and expertise for less resourced nations. The UN's third Sustainable Development Goal specifically aims to realize "healthy lives and [to] promote well-being for all ages" (UN, 2019) – explicitly including mental health.

Conclusion

A right to internet access is acceptable and necessary for those people who live in remote communities and who are dependent on such access for the provision, or the progressive realization, of adequate mental health care. Entitlement to such provision is entailed by the human right to health care. When providing in-person mental health care is infeasible or overly expensive, internet access is the clear alternative as the means of providing adequate health care. The right to internet access thus derives from the value that such access has for realizing the human right to (mental and other) health care. Health care is a sufficiently important right on its own to render acceptable the costs of the development of the necessary digital infrastructure irrespective of the many other beneficial effects of being able to use the internet. Given the possibilities the internet offers today, internet access has to be considered a right for those whose mental health care needs cannot be (adequately) met without such access.

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