

# Anita Allen: In the quest for sustainability, we need to accommodate people with mental disorders

*The COVID-19 pandemic, allied with the worsening climate crisis, have increased the pressure on governments and societies to help people cope. Anita Allen, the Henry R. Silverman Professor of Law and Professor of Philosophy at the University of Pennsylvania, has an important reminder: to deal with pandemics, climate change, and inequalities, we need to accommodate people with mental health disorders. Professor Allen gave a brief “walk and talk” interview to LSE Business Review’s managing editor, Helena Vieira, during the World Economic Forum’s Great Narrative Meeting in Dubai.*

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## **LSEBR: You teach law and philosophy. What is your involvement with mental health?**

For many years, I’ve served on the board in the United States of an organisation called the Bazelon Center for Mental Health Law. I’ve stepped down from the board, but it’s been a continuing presence in my life, as a contributor to the organisation, because it’s devoted to the inclusion of people affected by mental disabilities into the larger society. The Bazelon Center has been an advocate for the deinstitutionalisation of people affected by mental disorders. There was, for a while, an assumption that a lifetime of confinement in institutions would be the fate of a person with the diagnosis of schizophrenia, for example, or even, in some cases, simply depression.

Advocating for positive social and political investments (such as housing, jobs, access to political rights, voting, etc) in people with disabilities, has been a passion of mine.

One of the things which prompted me to get involved in the Bazelon Center is that I raised a child who with multiple mental health diagnoses, including bipolar disorder. My concern about my own child’s future was one of the things that got me really interested in the Bazelon Center and got the Bazelon interested in me. It was useful to have on the board, in addition to people with legal expertise and the philosophical expertise, people who can, on an emotional and experiential level, feel and understand the problems that people affected by mental disabilities and their families confront.

## **LSEBR: In the meeting, you made a comment about how the mental health of the young has to be taken into account in the discussions about climate change and sustainability...**

Well, when we focus on big-picture solutions to our social ills, it’s very important that we not overlook mental disabilities and disorders as among our challenges. As we design solutions for the menu of problems that our societies face, we mustn’t model or idealise the typical person as a neurotypical person.

Instead, we must recognise that among the people we have to accommodate in a world affected by pandemics, climate change, and inequalities are people affected by mental disorders and intellectual disabilities, who may have special needs to be addressed, and also special abilities to contribute. A person with a mental illness can be a person of great artistic or professional ability. And in fact, one of the things I’ve done in my teaching at the University of Pennsylvania is to design a course that looks at the ethical lives of people affected by mental illness, focusing on lawyers, judges, doctors, psychologists, and public officials of other sorts of professionals.

There are numerous memoirs written by people affected by mental illness that facilitate this kind of teaching. I'm going to give you a couple of examples. There was a man who was the chief judge of the New York State High Court and had bipolar disorder. He had a breakdown, ended up stalking a woman, and was put in jail. He wrote a memoir about that experience. A woman, a psychologist at Johns Hopkins University, was affected by bipolar disorder and wrote a best-selling memoir about her experience. These are but two examples of professional people with great ability in healthcare and in law, and who experienced mental disorders. Mental disorders and intellectual disabilities are not problems on the margin. Millions upon millions of families and people are affected by mental illness. A statistic that is often cited in the US is that about 20% of the population annually is affected by some kind of mental condition, whether it's anxiety, depression, stress disorders, such as eating disorders, addiction, or illnesses like bipolar or schizophrenia. We need to have sustainable solutions to all of our problems that don't ignore or overlook the impact of the world's woes on those among us who struggle with these kinds of issues.

**LSEBR: It's all part of the overall inclusion issue.**

Inclusion, absolutely. Race, religion, gender, sexual orientation, ethnic minorities, these are familiar categories. Physical disabilities are also well recognised. But I think sometimes we overlook mental disabilities, which can be invisible at times, literally, because you can't tell who is affected necessarily, but also just invisible in terms of public policy.

**LSEBR: One of the big challenges is social and income inequality. How can we solve this problem?**

First of all, we need to devote a recognised part of subsidised health care to mental conditions. It can't just be about cancer, it has also to be about depression. I have experienced both; they are both debilitating in their own ways. In the US, getting access to good public or private mental health care can be hit or miss. If you're clearly and severely physically disabled, Medicaid and Social Security kick in to provide for care. These cover severe mental conditions, but it's hard to learn when, where and how to access benefits. Moreover, Americans don't always have good routine mental health care options. A typical middle-class family with a child with depression, for example, might not have the money to pay the \$200 an hour it costs to see a psychologist, and may get no help at all until things fall apart at school or the child requires hospitalisation.

Another concern is employment. We do have laws in many parts of the world that prohibit discrimination on the basis of disability. This doesn't mean employers are required to hire people with histories of serious mental illness. For certain jobs, of course, serious mental health problems and intellectual disabilities could rule a person out with justification. But there are many jobs that people with mental conditions can safely and competently perform; and in the absence of bias and prejudice would have an opportunity to perform. Societies should make provision for the unlucky people for whom employment is difficult to sustain due to a complex of mental health conditions for which there is no cure or effective medical treatment.

So, healthcare, jobs, and educational opportunities. Let's talk about schools. There aren't very good schooling options in the US for children with serious mental disabilities. Although many can and should be accommodated in a typical classroom, others require special schools with expert teachers and staff.

The quality of schools and the resources available to schools in the US vary wildly even with the same city and state. This is due to the way education is financed, which is significantly through property taxes. If you live in a wealthy county where homeowners pay high taxes, such as the one I live in, then your children will have access to special education programmes based on individual education plans within the public schools; they'll even be sent at public school expense to a private school that is appropriate for them. But if you live eight miles away in the city with a low tax base to support per-pupil spending, it's a different story. If your child has a severe mental health problem affecting learning, your urban family will have many fewer good options. Families are sometimes advised to allow their sons and daughters to get arrested, because once they are in the criminal justice system they will have access to services other youth do not! If you have the bad luck to be born into a low-income family, living in a poor community, then you also have the bad luck of potentially not having the opportunity for an appropriate education.

**LSEBR: A lot of students today are going through mental health problems. As an academic you probably see this situation up close. What is the solution?**

What is observed in US higher education is that children are being admitted to college at age eighteen who years ago would not have been able to go to college. But now, because of advanced pharmaceuticals and cognitive behavioural therapies, they are able to achieve and excel. The overall population of college and university students entering higher education includes many with mental health vulnerabilities. College and universities are finding a need, as mine has, to invest heavily in mental health and wellness services. We must accommodate the needs of our diverse communities because the people on whom future generations will rely for leadership, talent and labour will include people with mental health problems. We all have reasons for wanting to get this right.



*Notes:*

- *This is the second in a series of five interviews that took place during the World Economic Forum's Great Narrative meeting in Dubai (11-12 November 2021).*
- *This interview represents the views of the interviewee, not the position of LSE Business Review or the London School of Economics.*
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