

# Inclusive Urbanism

Accounting for the Vulnerabilities of Persons with Invisible Disabilities



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## Introduction

Accessibility is a precondition for persons with disabilities to live independently, participate fully and equally in society, and enjoy their rights on an equal basis with others.<sup>1</sup> The report 'Beyond Reasonable Accommodation - Making Karnataka's Cities Accessible by Design to Persons with Disabilities', released by the Vidhi Centre for Legal Policy in March, 2022<sup>2</sup>, studied and provided suggestions on improving accessibility of urban spaces to persons with disabilities. Through the course of the research and stakeholder consultations conducted as part of the aforementioned report, it became evident that when conceiving of disability and accessibility, the immediate response is to provide accommodation measures for persons with more visible, locomotor based disabilities (for instance, wheelchair ramps), and that "broad swathes of invisible disabilities, such as mental illness, are left out of the imaginative sphere" which leads to "a massive disempowerment and exclusion from public space for such persons."<sup>3</sup>

The aforementioned report also details a broad definition of invisible disabilities, which explains that *"...an invisible or hidden disability is a physical, mental, or neurological condition that is not visible from the outside, but that can yet limit or challenge a person's movements, senses, or activities. The fact that these symptoms are invisible can lead to misunderstandings, false perceptions, and judgment. Some examples of invisible disabilities include intellectual, psychosocial, and learning [and developmental] disabilities such as autism spectrum disorder, dyslexia, mental illness such as depression, and parkinson's disease, as well as symptoms such as chronic pain, fatigue, and dizziness."*<sup>4</sup>

Using the explanation above, it is clear, that various psychosocial, intellectual, and developmental disabilities are difficult to perceive and therefore rendered invisible

in conversations concerning accessibility. Globally, it is gradually being recognised that persons with such 'invisible' disabilities are commonly left out of conversations around access and inclusion.<sup>5</sup> In India, the need to draw focus on improving accessibility to the city for persons with such invisible disabilities has become imperative given the sheer number of persons that live with these specific disabilities and are yet unaccounted for: As of the 2011 Census, India, with a population of over 121 crores, recorded **over 2.6 crore persons with disabilities**.<sup>6</sup> These numbers, though bigger than the entire population of Australia, are still considered underrepresented as per accounts which highlight inconsistencies in how disability in itself is defined for this purpose.<sup>7</sup> Of these total numbers, as many as **24 lakh persons have been identified as being affected by mental health related illnesses**<sup>8</sup>—these numbers too, are likely to be underreported and may represent only a small proportion of the actual number of persons that are affected by such illnesses.<sup>9</sup> The World Health Organisation ("WHO") estimates that the burden of mental health related illness and psychosocial disabilities in India, when represented by summing up the years of life lived with a disability and years of life lost on account of premature mortality, is **2443 disability-adjusted life years<sup>10</sup> per 1,00,000 population**.<sup>11</sup>

This situation is likely to have been aggravated by the advent of the COVID-19 pandemic. As per some estimates, as many as around **20 crore people in India may be living with psychosocial disabilities**—of these, major depressive and anxiety disorders have seen a substantial **increase of almost 35 per cent as a result of the pandemic**.<sup>12</sup>

The statistics on intellectual and developmental disabilities also warrant specific attention: India stands amongst one of the three leading countries with the highest number of children living with or being at risk

of developmental disabilities.<sup>13</sup> Estimates also suggest that **up to 3 per cent of the Indian population may have an intellectual and developmental disability**—a large number given the total size of India’s population.<sup>14</sup>

Despite these numbers,<sup>15</sup> the literature and efforts in India towards the assessment of accessibility issues for persons with such disabilities that are comparatively *less visible* or invisible are minimal—even though the conversation around certain invisible disabilities is growing (specifically those concerning mental health related illnesses) the literature is mostly focused on ensuring medical support for persons with such disabilities.<sup>16</sup>

On the bright side, it is worth noting that the COVID-19 pandemic has invariably created a cultural shift in the understanding of mental health and well-being, and people have become better aware of how it is to live with levels of uncertainty, stress, anxiety, and loneliness.<sup>17</sup> While earlier, the social and environmental barriers faced by persons with invisible disabilities were not given much attention, the need for and importance of basic and accessible amenities, medical attention and social and community support have become central to the public conversation in recent times. The COVID-19 pandemic has also highlighted the importance of India’s urban infrastructure in the provision of resources for overall well-being. It is imperative to capitalise on this shift and start a conversation on measures that will cater to the access needs and requirements of persons with ‘invisible disabilities’.

Building on the research and recommendations of our previous work<sup>18</sup> on improving accessibility to urban spaces for persons with disabilities, this series of working papers attempts to understand the challenges that are faced by persons with certain kinds of invisible disabilities in conducting their daily lives, when accessing various aspects of cities and urban spaces. By focusing on

specific invisible disabilities, these working papers will tap into the often-evolving understanding of disability and bring attention to the diversity of the population that needs to be accounted for to create inclusive urban spaces. The overall purpose of these working papers is to help identify gaps and critical points of intervention in the existing legal and policy framework and to recommend measures that help create inclusive cities that can not only account for the needs of persons with such invisible disabilities, but create a liveable city for all.

## **Scope of the Working Paper Series**

This series of working papers aims to cover the following themes—

- Focus on certain forms of 'invisible disabilities' and the need for consideration of their accessibility needs in cities. This is done with specific reference to psychosocial, intellectual and developmental disabilities as are considered within the Indian legal framework;
- Role of legal regulation in securing accessibility and inclusion for vulnerable groups in the city, especially persons with invisible disabilities;
- Identifying areas of key concern for legal and policy interventions in the disability and urban planning frameworks; where possible, in respect of Karnataka, and in the context of Bengaluru;
- Recommendations to facilitate the realisation of accessibility and inclusivity in Indian cities centering the interests of persons with disabilities, especially invisible disabilities.

## Methodology of the Working Paper Series

For this series, a mix of research methods will be adopted including literature review, data analysis and stakeholder consultations in the form of interviews with disabled people's organisations ("**DPOs**") working on different types of invisible disabilities, persons with disabilities and caregivers, as well as practitioners in fields of law, mental health care, urban planning, design and architecture. These consultations will be used to uncover and highlight the gaps and issues that come in the way of realising the accessibility needs and requirements of persons with such invisible disabilities in cities. This series of working papers will also study the applicable legal and policy frameworks in Karnataka, notably Bengaluru. Tentatively, this framework will include the United Nations Convention on the Rights of Persons with Disabilities ("**UNCRPD**"), the Rights of Persons with Disabilities Act, 2016 ("**RPWD Act**"); the Mental Healthcare Act, 2017 along with the National Mental Health Policy, 2014; and the Karnataka Mental Healthcare Rules 2021.

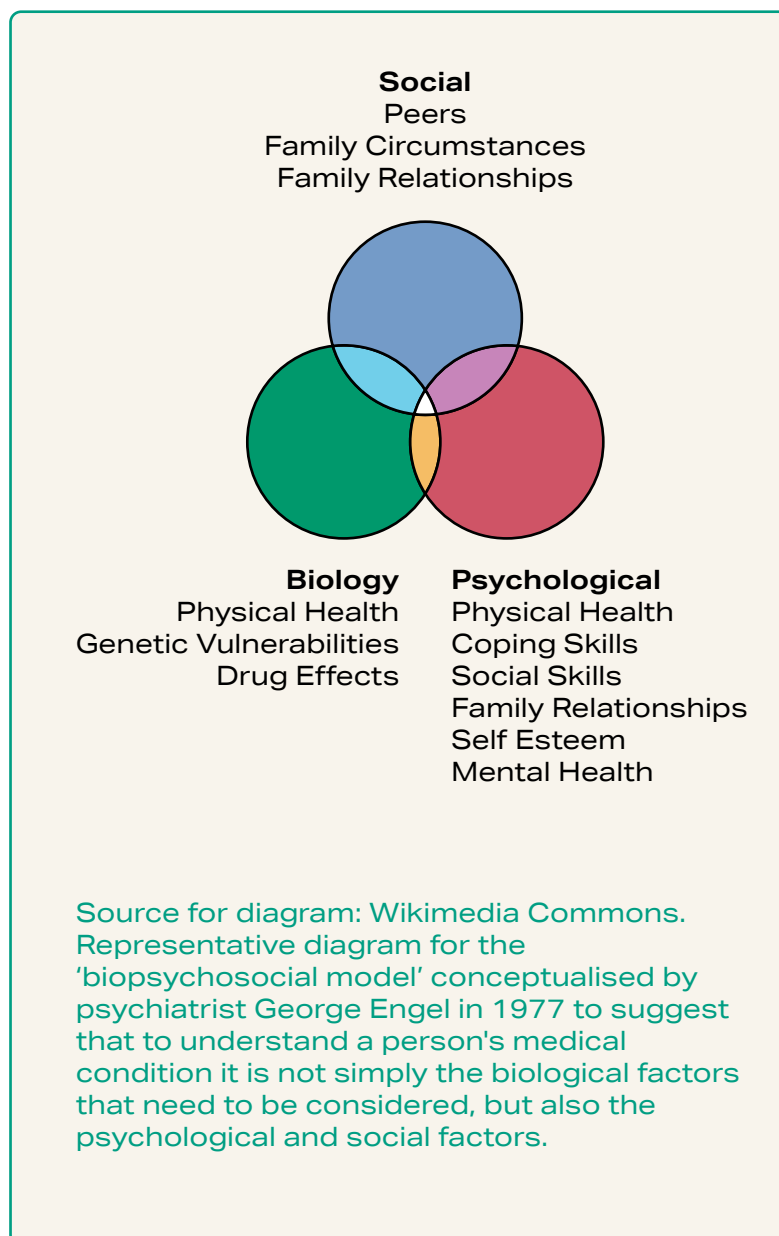
### **Structure and Objective of the First Working Paper**

In this working paper, the broad scope of 'invisible disabilities' and focus on the specific invisible disabilities are laid out, as they are categorised under the primary legislation on disability in India, i.e., the RPWD Act. The working paper sets the context and highlights the apparent and long-standing issues that make cities inaccessible to persons with such disabilities. Finally, questions aimed at starting a larger conversation have been put forward, with the intent that they will be answered in the course of the ensuing series of working papers.

## Understanding the Broad Scope of Invisible Disabilities

Disability is a diverse and ever-evolving concept. While it is difficult to define and encapsulate what constitutes disability as such, the preambulatory clauses of the UNCRPD use broad language that recognises disability as resulting from *“the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”*<sup>19</sup> This definition represents a shift from the “medical approach” that focuses solely on the impairment of the person, to a “social approach” as per which persons are ‘disabled’ from equal participation in society on account of their interaction with numerous barriers that exist in the same.

Disability and its effects depend on various factors such as age, gender and societal perceptions—it may also be caused by a mix of varying levels of biological, social or psychological factors.<sup>20</sup> The culmination of these factors may present themselves as disabilities that are either highly visible and identifiable or comparatively less



visible, or invisible. The diagram below shows how factors such as mental health, family relationships, coping skills, genetic vulnerabilities, may all interact to produce a disability that is not immediately apparent, as compared to a 'physical' disability.

Invisible disabilities are especially varied and have not always been understood in the same manner in different countries and contexts. For instance, it appears that for many years, the term 'persons with mental disabilities' was used to group all people with psychosocial and intellectual disabilities, as well as persons with autism,<sup>21</sup> all together. In India too, the law indicates overlaps in the usage of some terms – for instance, autism spectrum disorder is grouped within the purview of intellectual disabilities under the RPWD Act, even though it is now understood as coming within the realm of developmental disabilities<sup>22</sup>— the Diagnostic and Statistical Manual of Mental Disorders distinguishes autism as a separate category of disability (given also that persons with autism may not experience any intellectual disability).<sup>23</sup>

It is also important to account for the specific barriers to access faced by persons with such disabilities, since they are much less likely to be documented and that some of the barriers themselves are invisible, such as when they take the form of discrimination and exclusionary attitudes. Given the complexity of such disabilities, they cannot always be bucketed into any one specific category of invisible disabilities. This makes it harder to define and fit disabilities neatly within any fixed understanding of "what constitutes invisible disabilities".



## Specific Categories of Disability to be Considered under 'Invisible Disabilities'

Despite the overlaps in the occurrence of various invisible disabilities, as well as in their understanding, we see that more recently, at the international level, there is an attempt at detailing the differences between psychosocial, intellectual and developmental disabilities, such that they are now separately defined and increasingly used in that sense by the United Nations ("UN") Committee on the Rights of Persons with Disabilities; UN agencies, including the WHO; and by most global and regional DPOs.<sup>24</sup>

These current and more commonly accepted definitions of psychosocial, intellectual and developmental disabilities are as follows:

The term '**psychosocial disability**' encompasses "*all persons who, regardless of their self-identification or diagnosis, experience discrimination and societal barriers based on actual or perceived mental health diagnosis or subjective distress.*"<sup>25</sup>

This is in recognition of the fact that all people with mental health conditions are protected by the UNCRPD, whether they consider themselves persons with psychosocial disabilities or not. In terms of the very components of the term, 'psychosocial' disability has been understood to reflect a social rather than a medical model approach to mental health conditions and experiences, placing the focus on the attitudinal and environmental barriers that restrict equal participation in society.<sup>26</sup> Examples of psychosocial disabilities include anxiety and depression.<sup>27</sup>



Persons with '**intellectual disability**' refers to *"all individuals who experience discrimination and environmental barriers related to actual or perceived cognitive functioning and skills, which may include communication, social and self-care skills."*<sup>28</sup> As per more recent usage, the term 'mental retardation' is largely being replaced by intellectual disability.<sup>29</sup>

The term '**intellectual and developmental disabilities**' is a broader category that is used to describe situations in which disabilities of both intellectual and developmental functioning may be present. Separately, developmental disabilities are understood as a *"group of conditions due to an impairment in physical, learning, language, or behaviour areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime."*<sup>30</sup> Examples of intellectual and/or developmental disabilities may include autism, behaviour disorders and down syndrome.<sup>31</sup>

## **Treatment of these categories of disability under Indian law**

A person with disability is defined under the RPWD Act to mean a person with *"long term physical, mental, intellectual or sensory impairment, which, in interaction with barriers, hinders his full and effective participation in society equally with others."*<sup>32</sup> Specifically, under the Schedule to the RPWD Act, categories of invisible disabilities as mentioned above, i.e., psychosocial, intellectual and developmental disabilities, can be said to be broadly categorised under the heads of "Mental behaviour", under which the term "mental illness"<sup>33</sup>

is defined, and “Intellectual disability”,<sup>34</sup> under which category, ‘specific learning disabilities’ and ‘autism spectrum disorder’ are also defined and included.<sup>35</sup> In this manner, at present, mental health related psychosocial disabilities find recognition under the RPWD Act (to a certain extent), under the head of mental illness, and intellectual and developmental disorders are both grouped under the broad category of intellectual disabilities under the RPWD Act.

Even though the RPWD Act has adopted the social model and its provisions mirror the language of the UNCRPD in defining a person with disability,<sup>36</sup> when it comes to these less visible or invisible disabilities, i.e., intellectual disabilities and mental illness, India is largely stuck with the medical model of disability, as the rights of persons with such disabilities are constantly equated with the right to access mental health services—there is thus, invariably a prominent gap in the measures to facilitate access to urban spaces for persons with such invisible disabilities.<sup>37</sup>

Thus, to start the conversation and consideration of accessibility needs and requirements for persons with less visible or invisible disabilities, this working paper will be referring specifically to intellectual disability and mental illness as defined under the Schedule to the RPWD Act—acknowledging that these persons face sizeable, yet less-documented barriers which prevents them from being fully included in these communities, including how they access cities and urban spaces.

## Why do cities remain inaccessible?

Cities world over are witnessing a rapid rate of urbanisation. It is predicted that an estimated 68 per cent of the world’s population will be moving to

urban areas by 2050,<sup>38</sup> with urban areas absorbing virtually all the future growth of the world's population.<sup>39</sup> According to the 2011 Census data, Karnataka's urban population stands at 38.67 per cent of its total population. Within this, Bengaluru has an urbanisation rate of 90.94 per cent.<sup>40</sup> Delays in the conduct of the census due to the COVID-19 pandemic<sup>41</sup> create difficulties in understanding urbanisation in the present day but estimates state that up to 50 per cent of the State's population will live in cities by 2021.<sup>42</sup>

When one thinks of these cities—specifically Bengaluru—one thinks of rapidly developing, progressive spaces that offer opportunities for better living. Cities are also thought of as overcrowded, noisy, disorderly and polluted spaces that are strained in their offering of various amenities and resources. These urban spaces with collapsing infrastructure make cities difficult spaces to live in for all species alike—human beings, flora and fauna. It is necessary to highlight what is evident: cities are significantly overburdened, and their local administrative bodies and planning machinery are finding it hard to keep up.

### **Cities cause and aggravate invisible disabilities**

While there is a severe stress on space and resource availability for all populations, persons with disabilities are especially vulnerable. Our previous work<sup>43</sup> highlighted the ways in which cities are designed giving consideration only to the needs of a fraction of their residents, which results in the creation of exclusionary urban public spaces and services which do not take into account the needs of persons with disabilities,<sup>44</sup> women, children, elders, and those who are socially and economically marginalised. These limitations greatly contribute to the marginalisation

of persons with disabilities, leading to disproportionate rates of poverty, deprivation and exclusion.<sup>45</sup>

Cities can cause invisible disabilities. Many mental problems such as depression, anxiety and schizophrenia are found to occur more commonly for persons living in urban areas.<sup>46</sup> The 'urban inequalities' or 'urban divides' caused by the growth of cities may also lead to poor mental health outcomes:<sup>47</sup>

Cities also aggravate invisible disabilities and can be especially exclusionary towards certain populations that are vulnerable—for instance, unhoused and poorer populations, as well as persons that occupy minority status—as they suffer from negative attitudes and stigma, as well as a deprivation of choice, autonomy and opportunities when it comes to accessing certain environments, education or employment opportunities. Particularly, when invisible disabilities have the effect of limiting intellectual capacity, such persons often get divested of their autonomy with respect to decision-making and performing everyday activities.<sup>48</sup> Instead of adopting measures that foster the autonomy of persons with invisible disabilities, institutionalisation is the more prominently adopted measure.<sup>49</sup> The marginalisation of persons with such disabilities leads to the creation of harsh and exclusionary spaces that do not cater to the needs of a significant number of people, thus further aggravating the incidence of these invisible disabilities.

### **Persons with invisible disabilities are underrepresented and ignored in accessibility measures for urban spaces**

Persons with disabilities are often the most vulnerable and the poorest.<sup>50</sup> The association between disability and poverty is well recognised,<sup>51</sup> given the understanding that they operate in a mutually reinforcing cycle.<sup>52</sup> This vulnerability also exhibits itself in the political, legal and

policy space in the form of inadequate representation of the needs of persons with disabilities.

Even with measures concerning disability, the predominant focus as regards accessibility measures in India has been on how urban spaces can be better adapted for persons with *visible* disabilities (such as those concerning wheelchair access, or access for the visually impaired). While there is a lot to be done to improve accessibility to urban spaces in general, people with invisible disabilities are most commonly left out of efforts to improve access and inclusion.<sup>53</sup> There has been little to no exploration in the Indian context with regard to understanding what access to urban spaces means to persons with invisible disabilities and how this access should be imagined.

An example is the Accessible India Campaign (*Sugamya Bharat Abhiyan*) that was launched by the Department of Empowerment of Persons with Disabilities in 2015 for achieving the much-desired objectives of universal accessibility for persons with disabilities. However, many of the measures taken are limited in their benefit only to persons with physical or locomotor disabilities—such as making government buildings and public transport wheelchair accessible, or ensuring government websites are screen readable.<sup>54</sup> There is a paucity of measures such as clear signage with directions, well maintained entry and exit points to prevent crowding at railway stations and market places, or even sufficient public or green spaces that would help make everyday living easier to navigate for all persons as well as specifically, persons with invisible disabilities.<sup>55</sup>

## **Cities remain inaccessible for women and children with invisible disabilities**

As many as one in every five women is likely to experience some form of disability in her life—followed by children, where one in every ten is a child with a disability.<sup>56</sup>

Invisible disabilities add another layer of challenge to the issues faced by women and children: Children on the autism spectrum, as well as those with hearing, visual, psychosocial, or intellectual disabilities have been found to be most vulnerable to violence.<sup>57</sup> Inaccessible urban environments contribute to putting their safety at risk; restrict their very movement and consequent access to opportunities, resources and protection. Women are vulnerable to different forms of violence—to abuse and harassment both sexual and psychological; they are denied their autonomy, access to healthcare and basic resources—and this is only exacerbated when they are dependent on help and assistance from caregivers or other third parties.<sup>58</sup> Studies state that girls and women with disabilities may face up to ten times more violence than girls and women without disabilities.<sup>59</sup> Reports show they are vulnerable to abuse, institutionalisation, trafficking, and forced sterilisation; and beliefs and practices not conducive to human rights such as child marriage and female genital mutilation.<sup>60</sup> India also holds many examples of women being lynched or subjected to “witch-hunts” for exhibiting any behaviour that is considered unacceptable or out of the ordinary.<sup>61</sup>

## **Accessibility requirements for persons with invisible disabilities are confined to specific areas of healthcare and post-conflict support**

Larger, coordinated efforts towards improving mental health and well-being outcomes have historically been reflected only in healthcare-based and post-conflict scenarios. This is apparent in the early references to psychosocial disabilities reflected in the Inter-Agency

Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.<sup>62</sup> Specific to India, there is a greater focus on ensuring access to psychiatric care for mental health or addictive disorders, or for issues such as self-harm or suicide prevention.<sup>63</sup> Moreover, even within that framework, most of the policy responses are framed in terms of prevention, treatment and rehabilitation.<sup>64</sup> The consideration of these disabilities is still rooted in a medical approach, rather than a social and human rights approach, which casts emphasis on other aspects, including those involving considerations of autonomy and accessibility.

## **How should access to urban spaces be understood for persons with invisible disabilities?**

Regardless of the city, the person or their specific disability, the importance of access to cities by all is being increasingly recognised.

The United Kingdom stresses this sentiment in its National Disability Strategy by stating that everyone, wherever they live, and regardless of whether they have a disability or not, should be able to participate fully and enjoy all freedoms and opportunities in everyday life—as a commuter, colleague, customer, consumer, student, patient, service user, holiday-maker, theatre-goer, job applicant, employee, voter, etc.<sup>65</sup>

Closer home, the Harmonised Guidelines and Standards for Universal Accessibility released in 2021 by the Central Public Works Department share a vision for a universally accessible and inclusive India where *“every individual irrespective*

*of age, gender, ability, health condition or socio cultural diversity enjoys equal opportunity to independently move, function, participate and perform the chosen activities of daily living and other life pursuits with dignity and independence."*<sup>66</sup> The Accessible India Campaign also recognises that, "*a truly inclusive society is one in which everyone can lead an independent, self-reliant and dignified life and contribute to the nation's overall development.*"<sup>67</sup>

With the pandemic, the use of parks, the reliance on nearby and walkable markets,<sup>68</sup> pharmacies and clinics, and information and communications technology ("ICTs") has substantially increased. However, the present understanding of what needs to be done to make these places accessible for persons with disabilities, and specifically invisible disabilities, is minimal. The identification and elimination of barriers in urban spaces is important for all and is critical for offering equal access and independence for persons with invisible disabilities in their everyday lives.

### **Understanding the scope of access**

Without a clear idea of the nature and characteristics of invisible disabilities, and the specific needs and requirements of persons with invisible disabilities, and given also the intrinsic diversity of such disabilities, the points for intervention on accessibility issues are hard to identify, especially when compared to more visible disabilities for which measures such as installation of ramps, tactile paving, safety rails, etc. may go a long way towards improving access. The considerations that are relevant for invisible disabilities may also be different from or may be required in addition to those of other disabilities.



The lack of consistency in the definition and understanding of invisible disabilities makes it difficult to understand the scope of access. For instance, it has been found that States' reporting on psychosocial disabilities, as part of the UNCRPD's accountability processes, is quite varied and reflects a gap in the understanding of the broad contours of it.<sup>69</sup> The problem of accessibility for various invisible disabilities may also manifest differently for each of them and requires different and considered approaches to tackle them. For instance, persons with anxiety disorders or autism may require calm and orderly environments that are not prone to overcrowding, with sufficient and clear signages and trained personnel to assist them. Unhoused persons and those in slums that are grappling with invisible disabilities may require accessible housing with sufficient room and ventilation. However, such assessments of understanding access for invisible disabilities are rarely conducted.<sup>70</sup>

## **Understanding urban spaces**

The very understanding of what an urban space is, could also have varied meanings. For the purposes of this working paper, we may be guided by several of the aspects (in the form of facilities and amenities) that characterise a city—the availability of better career options, education and healthcare opportunities (including quality medical institutions and community housing), the presence of a dense, local transportation network as well as amenities such as sanitation and access to water, and built infrastructure such as streets, footpaths, safe and decent housing among others. However, these descriptions do not comprehensively represent the overall urban experience and may differ across spaces from city centres to suburbs, or for high or low-density urban neighbourhoods, high or low-income households, and so on and so forth.<sup>71</sup>

The question with respect to inclusive planning then becomes: what does access to an urban space mean for persons with invisible disabilities? Given how difficult it is to assess a city's impact on mental health, the research and implementation efforts focus more on generating a particular impact<sup>72</sup>—such as sustainability, or conservation efforts, or beautifying the city. This is evidenced in the Revised Master Plan for Bengaluru 2031, which focuses on ecological sustainability, streamlined governance and management, inclusive economic growth and social advancement, and comprehensive and streamlined mobility.<sup>73</sup> Similarly, the Master Plan for Delhi in 2021 envisions a better quality of life and living in a sustainable environment and focuses on heritage conservation, and aesthetics.<sup>74</sup> The priorities in planning also appear to be dictated by immediate needs—such as the focus on bettering Delhi's air quality during winter months.

While these are all desirable advances, there is still a prominent gap in measures to facilitate access to urban spaces for persons with invisible disabilities. The case being made here is for a broader consideration of invisible disabilities within the city-planning processes.

## **Research Questions for Consideration**

As already identified in the Beyond Reasonable Accommodation report (2022), we continue to make a case for planning from the margins and centering the most vulnerable groups in planning paradigms. From the points canvassed in the sections above, what emerges is the need for a plan of action that promotes the understanding and direct participation of persons with invisible disabilities, in making cities accessible, barrier-free spaces.

Towards this end, we present a series of questions that have been identified as starting points when exploring the intersection of invisible disabilities and the need to create accessible and barrier-free cities. These questions aim to understand the scope and understanding of specific categories of 'invisible disabilities', ask what measures will promote accessibility to cities and identify measures that will aid in creating frameworks that are sensitive to the needs of persons with such invisible disabilities.

These questions will also guide our research and will be considered in the ensuing series of working papers, and it is hoped that in the course of these papers – involving the conduct of stakeholder consultations, the assessment of the applicable legal frameworks and the attempt to outline recommendations – light will be shed on the answers that are needed for making better the access to urban spaces for persons with invisible disabilities.

The research questions, relating to the specific categories of invisible disabilities as set out above, are as follows:

1. To what extent, and in what manner, are the specific invisible disabilities reflected in this working paper currently reflected in the applicable legal frameworks in India (including state and municipal laws), and to what extent does the applicable legal framework deal with accessibility to urban spaces for persons with such invisible disabilities?
2. What are the key principles towards ensuring liveable cities that are accessible to all, and not just a few?
  - a. What are the key elements of urban infrastructure and service provision that are necessary to realise accessibility?

- b. Which are the areas of key concern in urban governance and planning for securing the accessibility needs of women, men and children with invisible disabilities, especially from vulnerable communities?
3. What type of legal and policy interventions are required to make cities truly accessible for persons with invisible disabilities?
  - a. What steps will help promote autonomy, i.e., the ability to exercise choice by persons with invisible disabilities, when it comes to various questions of access (For e.g., questions on access to community living versus institutionalisation).
  - b. What steps are needed to understand, sensitise, de-stigmatise and bring awareness to the barriers faced by persons with invisible disabilities?
  - c. How do we ensure the participation of a wide range of stakeholders in city-planning processes, especially women, children, persons with disabilities, from socially and economically vulnerable communities? Are there any best practices that can be emulated in various Indian cities to promote participatory planning?

As per the context and issues highlighted in the paragraphs above, what emerges is the need to promote a disability perspective that seeks to understand where and why the 'disabling' of certain categories of persons with invisible impairments comes to occur, and how, by centring these marginalised groups, steps can be taken to create an inclusive and accessible urban environment. It is hoped that deliberating upon the existing gaps in urban planning with this context and with focus on these questions would help take steps towards better measures for accessibility and inclusivity when designing cities.

The next set of working papers will, in addition to detailing particular issues and measures for accessibility

for persons with specific invisible disabilities, attempt to answer these questions through a step-by-step consideration of stakeholder inputs and the applicable legal framework.

## Endnotes

- 1 The Convention on the Rights of Persons with Disabilities (adopted 13 December 2006, entered into force 3 May 2008) 2515 UNTS 3 (CRPD) Article 9.
- 2 Sneha Visakha, Damini Ghosh, Akhileshwari Reddy, Namratha Murugesan, and Riddhi Dastidar, 'Beyond Reasonable Accommodation: Making Karnataka's Cities Accessible by Design to Persons with Disabilities' (March 2022) <<https://vidhilegalpolicy.in/research/beyond-reasonable-accommodation-making-karnatakas-cities-accessible-by-design-to-persons-with-disabilities/>> accessed 07 December 2022.
- 3 Ibid 21.
- 4 Ibid 79.
- 5 See, Richard Sears, 'Are People with Psychosocial Disabilities Welcomed in Public Spaces?' (*Mad in America*, 21 July 2022) <<https://www.madinamerica.com/2022/07/people-psychosocial-disabilities-welcomed-public-spaces/>> accessed 07 December 2022; Also see, Persons with Psychosocial Disabilities: Welcomed or Shunned? <[https://www.journalpublicspace.org/accessibility/jps\\_7\\_2\\_2022/JPS\\_7\\_2\\_2022\\_16.html](https://www.journalpublicspace.org/accessibility/jps_7_2_2022/JPS_7_2_2022_16.html)>; Also see, United Nations Department of Economic and Social Affairs, 'Disability: Mental Health and Development' <<https://www.un.org/development/desa/disabilities/issues/mental-health-and-development.html>> accessed 07 December 2022.
- 6 See, Census of India 2011, C-series Census Tables <<https://censusindia.gov.in/census.website/data/census-tables#>> accessed 07 December 2022. According to the Population Census of 2011, 2.2% (2.6 crores) of the Indian population has one or more kinds of disability.
- 7 Studies highlight how the 2001 Census had questions on five types of disability, while the 2011 Census extended its scope to eight kinds of disability, pursuant to efforts of disability rights activists and organisations. This is still lower than the 21 types of disability recognised under the Rights of Persons with Disabilities Act, 2016. See, Abhishek Annica, 'Data Gaps: Undercounting disability in India' (*Indiaspend*, 20 July 2022) <<https://www.indiaspend.com/data-gaps/undercounting-disability-in-india-826835>> accessed 21 December 2022; Also see, Bibek Debroy, 'Underestimating Disability' (*The Indian Express*, 7 January 2016) <<https://indianexpress.com/article/opinion/columns/underestimating-disability-use-of-divyang/>> accessed 21 December 2022.
- 8 Government of India, Ministry of Statistics and Programme Implementation, 'Persons with Disabilities (Divyangjan) in India - A Statistical Profile: 2021' (2021) <[http://www.nhfcd.nic.in/upload/nhfcd/Persons\\_Disabilities\\_31mar21.pdf](http://www.nhfcd.nic.in/upload/nhfcd/Persons_Disabilities_31mar21.pdf)> accessed on 15 December 2022. As per these official records 6 per cent and 3 per cent persons have been identified as being affected by 'mental retardation' and 'mental illness' respectively.
- 9 Madhavi Rajadhyaksha 'Census under-reports mental illness count' (*The Times of India*, January 2014) <<https://timesofindia.indiatimes.com/city/mumbai/census-under-reports-mental-illness-count/articleshow/29025609.cms>> accessed 21 December 2022.
- 10 As per the World Health Organisation, one disability-adjusted life year or "DALY" represents the loss of the equivalent of one year of full health. DALYs for a disease or health condition are the sum of the years of life lost due to premature mortality and the years lived with a disability due to prevalent cases of the disease or health condition in a population. See, World Health Organisation, 'Disability-adjusted life years (DALYs)'

- <[www.who.int/data/gho/indicator-metadata-registry/imr-details/158](http://www.who.int/data/gho/indicator-metadata-registry/imr-details/158)> accessed 07 December 2022.
- 11 World Health Organisation, 'Mental Health' <[www.who.int/india/health-topics/mental-health](http://www.who.int/india/health-topics/mental-health)> accessed 07 December 2022.
  - 12 See, Rajesh Sagar and others, 'The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990–2017' (2020) 7(2) *Lancet Psychiatry* <[www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30475-4/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30475-4/fulltext)> accessed 07 December 2022. See also, Ingibjörg Magnúsdóttir and others, 'Acute COVID-19 severity and mental health morbidity trajectories in patient populations of six nations: an observational study' (2022) 7(5) *The Lancet Public Health* <[www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00042-1/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00042-1/fulltext)> accessed 07 December 2022.
  - 13 Bolajoko O. Olusanya and others, 'Developmental disabilities among children younger than 5 years in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016' (2018) 6(10) *Lancet Glob Health* 1117 <<https://www.thelancet.com/action/showPdf?pii=S2214-109X%2818%2930309-7>> accessed 16 December 2022.
  - 14 See, Ram Lakhan and Olúgbémiga T. Ekúndayò, 'Important Research Priorities in Intellectual Disability in India: A Public Health Perspective' (2017) 8(Suppl 1) *J Neurosci Rural Pract.* <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5602247/#ref1>> accessed 16 December 2022; Also see, Dasra, 'Count Me In: Building an inclusive ecosystem for persons with intellectual and developmental disabilities' (March 2019) 7 <<https://www.dasra.org/assets/uploads/resources/Final%20IDD%20Report%20-%206th%20March.pdf>> accessed 16 December 2022.
  - 15 World Health Organisation, 'Disability' <[www.who.int/news-room/fact-sheets/detail/disability-and-health](http://www.who.int/news-room/fact-sheets/detail/disability-and-health)> accessed 07 December.
  - 16 See for instance, The Hans Foundation, 'National Strategy for Inclusive and Community Based Living for Persons with Mental Health Issues' (2019) <<https://thehansfoundation.org/wp-content/uploads/2020/07/THF-National-Mental-Health-Report-Final.pdf>> accessed 16 December 2022; Meera Damji, Manisha Shastri & Dr. Soumitra Pathare (*Centre for Mental Health Law & Policy*, October 2021) <<https://hpod.law.harvard.edu/news/entry/mobilizing-for-the-rights-of-persons-with-psychosocial-disabilities-in-india>> accessed 16 December 2022; Kaaren Mathias, Hira Pant, Manju Marella, Lawrence Singh, GVS Murthy, Nathan Grills, 'Multiple barriers to participation for people with psychosocial disability in Dehradun district, North India: a crosssectional study' (*BMJ Open*, 2018) <<https://bmjopen.bmj.com/content/bmjopen/8/2/e019443.full.pdf>> accessed 16 December 2022.
  - 17 Jenny Roe and Layla McCay, 'Restorative Cities: urban design for mental health and social interaction in the COVID-era' (*The OECD Forum Network*, 08 October 2021) <<https://www.oecd-forum.org/posts/restorative-cities-urban-design-for-mental-health-and-social-interaction-in-the-covid-era>> accessed 16 December 2022.
  - 18 Sneha Visakha, Damini Ghosh, Akhileshwari Reddy, Namratha Murugesan, and Riddhi Dastidar, 'Beyond Reasonable Accommodation: Making Karnataka's Cities Accessible by Design to Persons with Disabilities' (March 2022) <<https://vidhilegalpolicy.in/research/beyond-reasonable-accommodation-making-karnatakas-cities-accessible-by-design-to-persons-with-disabilities/>> accessed 07 December 2022.
  - 19 The Convention on the Rights of Persons with Disabilities (adopted 13 December 2006, entered into force 3 May 2008) 2515 UNTS 3 (CRPD) Preamble.
  - 20 See, Sneha Visakha, Damini Ghosh, Akhileshwari Reddy, Namratha Murugesan, and Riddhi Dastidar, 'Beyond Reasonable Accommodation:



Making Karnataka's Cities Accessible by Design to Persons with Disabilities' (March 2022) <<https://vidhilegalpolicy.in/research/beyond-reasonable-accommodation-making-karnatakas-cities-accessible-by-design-to-persons-with-disabilities/>> accessed 07 December 2022. The report highlighted the 'biopsychosocial model' of disability, which attempts to synthesise the medical and social models, by recognising the role of both environmental and health conditions in creating disability.

- 21 See, United Nations Children's Fund, 'A Rights-Based Approach to Disability in the Context of Mental Health' (2021) <[www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf](http://www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf)> accessed 07 December 2022. See also, Oliver Lewis, 'Political participation of persons with intellectual or psychosocial disabilities' (United Nations Development Programme, 2021) 21 <[www.undp.org/sites/g/files/zskgke326/files/2021-12/UNDP-II-UNPRPD-Political-Participation-of-Persons-with-Intellectual-or-Psychosocial-Disabilities-V2.pdf](http://www.undp.org/sites/g/files/zskgke326/files/2021-12/UNDP-II-UNPRPD-Political-Participation-of-Persons-with-Intellectual-or-Psychosocial-Disabilities-V2.pdf)> accessed 07 December 2022.
- 22 See, Center for Disease Control and Prevention, 'What is Autism Spectrum Disorder?' <<https://www.cdc.gov/ncbddd/autism/facts.html>> accessed 16 December 2022.
- 23 See, Rights of Persons with Disabilities Act, Schedule Item 2(b); Also See, Dasra, 'Count Me In: Building an inclusive ecosystem for persons with intellectual and developmental disabilities' (March 2019) 13 <<https://www.dasra.org/assets/uploads/resources/Final%20IDD%20Report%20-%206th%20March.pdf>> accessed 16 December 2022; Also See, Center for Disease Control and Prevention, Autism Spectrum Disorder, Information for Healthcare Providers, 'Diagnostic Criteria' <<https://www.cdc.gov/ncbddd/autism/hcp-dsm.html>> accessed 16 December 2022.
- 24 Julian Eaton and others, 'Accountability for the Rights of People with Psychosocial Disabilities: An Assessment of Country Reports for the Convention on the Rights of Persons with Disabilities' (2021) 23(1) Health Hum. Rights <<https://www.hhrjournal.org/2021/06/accountability-for-the-rights-of-people-with-psychosocial-disabilities-an-assessment-of-country-reports-for-the-convention-on-the-rights-of-persons-with-disabilities/?fbclid=IwAR2NzGOiysfzixkbbdd4BwFHTNVUGiExK2NFHzJ2u1O2kFRKJC0SttLPyk8>> accessed 07 December 2022.
- 25 United Nations Children's Fund, 'A Rights-Based Approach to Disability in the Context of Mental Health' (2021) <[www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf](http://www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf)> accessed 07 December 2022.
- 26 Oliver Lewis, 'Political participation of persons with intellectual or psychosocial disabilities' (United Nations Development Programme, 2021) 21 <[www.undp.org/sites/g/files/zskgke326/files/2021-12/UNDP-II-UNPRPD-Political-Participation-of-Persons-with-Intellectual-or-Psychosocial-Disabilities-V2.pdf](http://www.undp.org/sites/g/files/zskgke326/files/2021-12/UNDP-II-UNPRPD-Political-Participation-of-Persons-with-Intellectual-or-Psychosocial-Disabilities-V2.pdf)> accessed 07 December 2022.
- 27 Kathryn E. Ringland and others, 'Understanding Mental Ill-health as Psychosocial Disability: Implications for Assistive Technology' (2019) ASSETS. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7918274/>> accessed on 16 December 2022.
- 28 Oliver Lewis, 'Political participation of persons with intellectual or psychosocial disabilities' (United Nations Development Programme, 2021) 21 <[www.undp.org/sites/g/files/zskgke326/files/2021-12/UNDP-II-UNPRPD-Political-Participation-of-Persons-with-Intellectual-or-Psychosocial-Disabilities-V2.pdf](http://www.undp.org/sites/g/files/zskgke326/files/2021-12/UNDP-II-UNPRPD-Political-Participation-of-Persons-with-Intellectual-or-Psychosocial-Disabilities-V2.pdf)> accessed 07 December 2022.
- 29 In 2010, the US Congress passed "Rosa's Law", a law with the specific mandate to change references to "mental retardation" in US federal laws



- to "intellectual disability". See, Office of the Federal Register, National Archives and Records Administration, Public Law 111 - 256 - Rosa's Law. (2010) <<https://www.govinfo.gov/app/details/PLAW-111publ256>> accessed 16 December 2022.
- 30 Center for Disease Control and Prevention, 'Facts About Developmental Disabilities' <[www.cdc.gov/ncbddd/developmentaldisabilities/facts.html#ref](http://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html#ref)> accessed 07 December 2022.
  - 31 National Institutes for Health, 'About Intellectual and Developmental Disabilities (IDDs)' <<https://www.nichd.nih.gov/health/topics/idds/conditioninfo>> accessed 09 December 2022.
  - 32 RPWD Act, Section 2(s)
  - 33 'Mental illness' is broadly defined "*a substantial disorder of thinking, mood, perception, orientation, or memory that grossly impairs judgement, behaviour, and capacity to recognize reality or ability to meet the ordinary demands of life*". It is differentiated from mental retardation which is detailed as "*a condition of arrested or incomplete development of mind of a person, especially characterised by subnormality of intelligence.*"
  - 34 'Intellectual disability' is recognised as "*a condition characterised by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of everyday, social and practical skills.*"
  - 35 See, Section 2(zc) read with Clauses 2 and 3 of the Schedule to the RPWD Act.
  - 36 See, Section 2(s) of the RPWD Act, which defines disability in relation to persons' interaction with barriers which hinder their full and effective participation in society on an equal basis with others.
  - 37 See, Ketki Ranade and Anjali—Mental Health Rights Organization, 'Sexual Rights of Women with Psychosocial Disabilities: Insights from India' (ARROW, 2017) 5. Also see, <<https://arrow.org.my/wp-content/uploads/2017/12/TP-PsyDis-Web-Version.pdf>> accessed 09 December 2022. United Nations Children's Fund, 'A Rights-Based Approach to Disability in the Context of Mental Health' (2021), 14 <[www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf](http://www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf)> accessed 07 December 2022.
  - 38 United Nations Department of Economic and Social Affairs, 'World Urbanisation Prospects: the 2018 Revision' (2019) p. 1 <<https://population.un.org/wup/publications/Files/WUP2018-Report.pdf>> accessed 16 December 2022.
  - 39 United Nations Habitat, 'World Cities Report 2022: Envisaging the Future of Cities' (2022) p. 4 <[https://unhabitat.org/sites/default/files/2022/06/wcr\\_2022.pdf](https://unhabitat.org/sites/default/files/2022/06/wcr_2022.pdf)> accessed 16 December 2022.
  - 40 Planning, Programme Monitoring and Statistics Department, Government of Karnataka, 'Sustainable Urbanization in Karnataka, Karnataka Economic Survey 2021-2022' (March 2022) 626 <<https://planning.karnataka.gov.in/storage/pdf-files/Economic%20Survey/Chapter%20Eng%2016.pdf>> accessed 16 December 2022.
  - 41 See, 'Census 2021 deferred till further orders: Centre' (*Hindustan Times*, 27 July 2022) <<https://www.hindustantimes.com/india-news/census-2021-deferred-till-further-orders-centre-101658861900488.html>> accessed 21 December 2022. Also See, Vijaita Singh, 'COVID-19 curbs off, but Census still on slow burner' (*The Hindu*, 16 July 2022) <<https://www.thehindu.com/news/national/covid-19-curbs-off-but-census-still-on-slow-burner/article65647312.ece>> accessed 21 December 2022.
  - 42 Sandeep Moudgal, '50% of Karnataka to be urbanised by next year' (*The Times of India*, 3 December 2020) <<http://timesofindia.indiatimes.com>>

- com/articleshow/79538965.cms?utm\_source=contentofinterest&utm\_medium=text&utm\_campaign=cppst> accessed 21 December 2022.
- 43 See, Sneha Visakha, 'Making a Feminist City: Planning Safety and Autonomy for Women', (2021) <https://vidhilegalpolicy.in/wp-content/uploads/2021/02/Making-a-Feminist-City-digital-upload-vF.pdf> accessed 16 December 2022.
  - 44 Sneha Visakha, Damini Ghosh, Akhileshwari Reddy, Namratha Murugesan, and Riddhi Dastidar, 'Beyond Reasonable Accommodation: Making Karnataka's Cities Accessible by Design to Persons with Disabilities' (March 2022) p. 132 <<https://vidhilegalpolicy.in/research/beyond-reasonable-accommodation-making-karnatakas-cities-accessible-by-design-to-persons-with-disabilities/>> accessed 07 December 2022.
  - 45 United Nations, Good Practices of Accessible Urban Development (2016) <[www.un.org/disabilities/documents/desa/good\\_practices\\_in\\_accessible\\_urban\\_development\\_october2016.pdf](http://www.un.org/disabilities/documents/desa/good_practices_in_accessible_urban_development_october2016.pdf)> accessed 07 December 2022.
  - 46 The Centre for Urban Design and Mental Health, 'How mental health affects the city' <[www.urbandesignmentalhealth.com/how-mental-health-affects-the-city.html](http://www.urbandesignmentalhealth.com/how-mental-health-affects-the-city.html)> accessed 07 December 2022.
  - 47 Oliver Gruebner and others, 'Cities and Mental Health' (2017) 114 (8) *Dtsch Arztebl Int.* <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5374256/>> accessed 15 December 2022.
  - 48 Julie Mulvany, 'Disability, impairment or illness? The relevance of the social model of disability to the study of mental disorder' (2001) 22(5) *Sociol Health Illn.* 582–601 <<https://doi.org/10.1111/1467-9566.00221>> accessed 16 December 2022.
  - 49 Elizabeth Nyabiage Ombati, 'Persons with Psychosocial Disabilities: Welcomed or Shunned?' (2022) 7(2) *The Journal of Public Space* <[www.journalpublicspace.org/accessibility/jps\\_7\\_2\\_2022/JPS\\_7\\_2\\_2022\\_16.html](http://www.journalpublicspace.org/accessibility/jps_7_2_2022/JPS_7_2_2022_16.html)> accessed 07 December 2022.
  - 50 Nora Groce and others, 'Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice' (2011) 32(8) *Third World Q.* <[www.tandfonline.com/doi/abs/10.1080/01436597.2011.604520?journalCode=ctwq20](http://www.tandfonline.com/doi/abs/10.1080/01436597.2011.604520?journalCode=ctwq20)> accessed 07 December 2022.
  - 51 David Wittenburg and Melissa M. Favreault, 'Safety Net or Tangled Web? An Overview of Programs and Services for Adults with Disabilities' (*The Urban Institute*, 2003) <<https://webarchive.urban.org/publications/310884.html>> accessed 07 December 2022.
  - 52 Lena Morgon Banks, Hannah Kuper and Sarah Polack, 'Poverty and disability in low- and middle-income countries: A systematic review' (2017) 12(12) *PLoS One* <[www.ncbi.nlm.nih.gov/pmc/articles/PMC5739437/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5739437/)> accessed 07 December 2022.
  - 53 Elizabeth Nyabiage Ombati, 'Persons with Psychosocial Disabilities: Welcomed or Shunned?' (2022) 7(2) *The Journal of Public Space* <[www.journalpublicspace.org/accessibility/jps\\_7\\_2\\_2022/JPS\\_7\\_2\\_2022\\_16.html](http://www.journalpublicspace.org/accessibility/jps_7_2_2022/JPS_7_2_2022_16.html)> accessed 07 December 2022; Also see, Richard Sears, 'Are People with Psychosocial Disabilities Welcomed in Public Spaces?' (*Mad In America*, 21 July 2022) <<https://www.madinamerica.com/2022/07/people-psychosocial-disabilities-welcomed-public-spaces/>> accessed 09 December 2022.
  - 54 Department of Empowerment of Persons with Disabilities, Ministry of Social Justice, 'Accessible India Campaign' <<https://disabilityaffairs.gov.in/content/page/accessible-india-campaign.php>> accessed 09 December 2022.
  - 55 Elizabeth Nyabiage Ombati, 'Persons with Psychosocial Disabilities: Welcomed or Shunned?' (2022) 7(2) *The Journal of Public Space* <[www.journalpublicspace.org/accessibility/jps\\_7\\_2\\_2022/JPS\\_7\\_2\\_2022\\_16.html](http://www.journalpublicspace.org/accessibility/jps_7_2_2022/JPS_7_2_2022_16.html)> accessed 07 December 2022.

- journalpublicspace.org/accessibility/jps\_7\_2\_2022/JPS\_7\_2\_2022\_16.html> accessed 07 December 2022.
- 56 IASC, 'Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action' (July 2019) <<https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>> accessed 09 December 2022.
- 57 Mari Koistinen and others 'Five facts to know about violence against women and girls with disabilities' (*World Bank Blogs*, 05 December 2019) <<https://blogs.worldbank.org/sustainablecities/five-facts-know-about-violence-against-women-and-girls-disabilities> > accessed 09 December 2022.
- 58 AJ Contrast, 'Inaccessible Cities' (2022) <<https://inaccessiblecities.ajcontrast.com/stories/mumbai#harassment>> accessed 09 December 2022.
- 59 United Nations Population Fund, 'Young persons with disabilities: Global study on ending gender-based violence, and realising sexual and reproductive health and rights' (July 2018) <[https://www.unfpa.org/sites/default/files/pub-pdf/Final\\_Global\\_Study\\_English\\_3\\_Oct.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Final_Global_Study_English_3_Oct.pdf)> accessed on 09 December 2022; Also see, Mari Koistinen and others 'Five facts to know about violence against women and girls with disabilities' (*World Bank Blogs*, 05 December 2019) <<https://blogs.worldbank.org/sustainablecities/five-facts-know-about-violence-against-women-and-girls-disabilities> > accessed 09 December 2022.
- 60 United Nations Population Fund, 'Young persons with disabilities: Global study on ending gender-based violence, and realising sexual and reproductive health and rights' (July 2018) 17 <[https://www.unfpa.org/sites/default/files/pub-pdf/Final\\_Global\\_Study\\_English\\_3\\_Oct.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Final_Global_Study_English_3_Oct.pdf)> accessed on 09 December 2022.
- 61 PTI, 'Villagers lynch mentally-challenged woman suspecting she was witch in Agra' (*The Indian Express*, 3 August 2017) <<https://indianexpress.com/article/india/villagers-lynch-mentally-challenged-woman-suspecting-she-was-witch-4780023/>> accessed 09 December 2022; Sreyasi Pal, 'Bengal: Mob lynches mentally ill woman after branding her a child trafficker' (*Hindustan Times*, 27 June 2017) <<https://www.hindustantimes.com/kolkata/bengal-mob-lynches-mentally-ill-woman-after-branding-her-a-child-trafficker/story-xMcNPNb6oatfnrrUM7D3HP.html>> accessed 09 December 2022.
- 62 The Guidelines state that their object is to "*help to plan, establish and coordinate a set of minimum multi-sectoral responses to protect, support and improve people's mental health and psychosocial wellbeing in the midst of an emergency*".
- 63 Ketki Ranade and Anjali—Mental Health Rights Organization, 'Sexual Rights of Women with Psychosocial Disabilities: Insights from India' (ARROW, 2017) 5 <<https://arrow.org.my/wp-content/uploads/2017/12/TP-PsyDis-Web-Version.pdf>> accessed 09 December 2022.
- 64 United Nations Children's Fund, 'A Rights-Based Approach to Disability in the Context of Mental Health' (2021), 14 <[www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf](http://www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf)> accessed 07 December 2022. Taken from Office of the High Commissioner for Human Rights, Mental health and human rights, Report of the United Nations High Commissioner for Human Rights, A/HRC/39/36, OHCHR, Geneva, 2018, para. 45.
- 65 Department of Work and Pensions, United Kingdom, 'National Disability Strategy' (July 2021) <[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1006098/National-Disability-Strategy\\_web-accessible-pdf.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1006098/National-Disability-Strategy_web-accessible-pdf.pdf)> accessed 09 December 2022.

- 66 Ministry of Housing and Urban Affairs, 'Harmonised Guidelines and Standards for Universal Accessibility in India' (March 2022) Preface, viii <[https://cpwd.gov.in/Publication/HG2021\\_MOHUAN.pdf](https://cpwd.gov.in/Publication/HG2021_MOHUAN.pdf)> accessed 16 December 2022.
- 67 The Department of Empowerment of Persons with Disabilities (DEPwD), 'Accessible India Campaign: An inclusive society creates a Sashakt Bharat' (2021) 1 <[https://disabilityaffairs.gov.in/upload/uploadfiles/files/accessible%20india12\\_290921\\_lowres.pdf](https://disabilityaffairs.gov.in/upload/uploadfiles/files/accessible%20india12_290921_lowres.pdf)> accessed 15 December 2022.
- 68 See, Jenny Roe and Layla McCay, 'Restorative Cities: urban design for mental health and social interaction in the COVID-era' (*The OECD Forum Network*, 08 October 2021) <<https://www.oecd-forum.org/posts/restorative-cities-urban-design-for-mental-health-and-social-interaction-in-the-covid-era>> accessed 09 December 2022. The article points out how during COVID-19, the use of urban parks and green space have witnessed a dramatic increase, and in finding respite from the pandemic, people are relying on city streets to socialise, exercise, dine or shop at a safe distance.
- 69 Julie Eaton and others, 'Accountability for the Rights of People with Psychosocial Disabilities: An Assessment of Country Reports for the Convention on the Rights of Persons with Disabilities' (2021) 23(1) *Health Hum. Rights* <<https://www.hhrjournal.org/2021/06/accountability-for-the-rights-of-people-with-psychosocial-disabilities-an-assessment-of-country-reports-for-the-convention-on-the-rights-of-persons-with-disabilities/?fbclid=IwAR2NzGOiysfiznxbdd4BwFHTNVUGiExK2NFHzJ2u1O2kFRKJC0SttLPyk8>> accessed 09 December 2022.
- 70 Kaaren Mathias and others, 'Multiple barriers to participation for people with psychosocial disability in Dehradun district, North India: a cross-sectional study' (2018) 8(2) *BMJ Open* 6 <<https://bmjopen.bmj.com/content/bmjopen/8/2/e019443.full.pdf>> accessed 09 December 2022.
- 71 See, Victoria Transport Policy Institute, 'Urban Sanity: Understanding Urban Mental Health Impacts and How to Create Saner, Happier Cities' (08 December 2022). This planning document echoes similar concerns in understanding the scope of a city in its planning document. <<https://www.vtpi.org/urban-sanity.pdf>> 3 accessed 17 December 2022
- 72 The Centre for Urban Design and Mental Health, 'How Urban Design Can Impact Mental Health' (*UD/MH: The Centre for Urban Design and Mental Health*) <<https://www.urbandesignmentalhealth.com/how-urban-design-can-impact-mental-health.html>> accessed 17 December 2022. The article notes that a lot of attention is given towards how urban design can improve physical health, such as by reducing obesity, or lung diseases.
- 73 Bangalore Development Authority, 'Revised Master Plan for Bengaluru - 2031 (Draft): Volume 1- Vision Document' (2017) <[https://bdabangalore.org/uploads/files/TPM\\_Documents/RMP\\_2031/Volume\\_1\\_Vision\\_Document.pdf](https://bdabangalore.org/uploads/files/TPM_Documents/RMP_2031/Volume_1_Vision_Document.pdf)> accessed 15 December 2022.
- 74 See, Kriti Agarwal, 'From the City of Djinnns to the City of Sins: how Delhi has facilitated mental wellbeing through urban design' (2019) 6(9) *J. Urban Des.* <<https://www.urbandesignmentalhealth.com/journal-6-delhi.html>> accessed 09 December 2022.

