

[April 2023] #StoppysychiatrizingSDGs

TCI strongly opposes a Resolution on “Mental health and psychosocial support for sustainable development and peace” and advocates worldwide for this proposal to be withdrawn.

There is an upcoming UN resolution titled “**General Assembly resolution on mental health and psychosocial support for sustainable development and peace**”. It was proposed by Mexico and propelled by the global mental health movement. Some of you may remember this debate from 10 years ago, when attempts were made to set “filling the treatment gap” and “reducing severe mental disorders” as a target within SDG 3. A little before that time, leaders of the Global Mental Health Movement had written harshly and dismissively against the CRPD and against our peoples. Among several discriminatory and humiliating opinions generated, as published in a Lancet article, it was stated that economic crises, community crises, conflicts and violence would befall nations if “the alarming rise of mental disorders” were left untreated. It reinforced the stereotypes of the “violent and dangerous lunatic” who has absolutely no insight; but yet was powerful enough to bring down stock markets, businesses, life in the community and create economic recession. At the time, we, as always, advocated extensively against the culture of coercion established by the mental health system, in the name of ‘treatment’- institutionalization, forced, cruel, inhuman and degrading treatments, mental health laws and incapacity laws, disqualifying us as persons.

TCI, WNUSP, other groups of users and survivors, and persons with psychosocial disabilities, supported by the international cross disability movement, had thwarted that attempt. Please see some allied documents created in those days.

A new resolution from New York this month, resurrects this old debate and goes several miles forward in perpetuating coercion. Unfortunately the resolution, suggestively titled, “**resolution on mental health and psychosocial support for sustainable development and peace**”, is not put out publicly for consultations and is not available on the UN pages.

In TCI, we have been advocating to ‘redefine the entry point’ from the small and intractable ‘mental health door’ to the vibrant, inclusive larger doors of the SDGs and the CRPD. Persons living violence free lives, having access to food, employment, housing, adequate standard of living, social protection, education, etc. will experience psychosocial health and wellbeing. Removal of social, attitudinal, economic and legal barriers will result in mitigating the experience of disability and discrimination. The SDGs, along with the CRPD, if realized for all persons with disabilities, will remove discrimination, offer opportunities, and restore a life of dignity and independence in our lives. At the time we had argued that the SDGs should not be subverted or diminished by having any additions on ‘mental health conditions’; that, a ‘mental health treatment’ for hunger, poverty, gender based violence, homelessness, debt, etc. is not an acceptable solution.

In the years since, there has been a paradigm shift within stakeholders including State Parties looking at us through the human rights lens. This resolution, if passed, aims to undo all the progress made so far. It yanks us away from the headway we have made into the human rights door and forcefully tries to squeeze us through the tiny mental health door. It retrieves and reinforces old stereotypes. It denies us opportunities to engage with life in the community.

This resolution, too, begins with reference to ‘mental health conditions’ as ‘non-communicable disease’, an allocation that our movements worldwide have been contesting since decades. There is no identifiable pathogen or pathway that so far has been isolated to give specificity to a diagnosis of any ‘mental health condition’. Decades of speculation about ‘chemical imbalance’ has been refuted as bad science leading to good profits by mental health industry. To bring such a discipline, without basis in human biology, to provide an overarching framework for implementing the SDGs is to predict a “chemical holocaust” for the future (if it is not there already in several countries). TCI, more seriously, contested the baseless custodial foundation upholding decades of coercion practiced by only one kind of medical professionals, on institutionalization, forced medications, shock treatments, confinement, restraints, lobotomies, and other inhuman, degrading, cruel and torturous treatments. TCI has pointedly argued the asymmetries between the medical sciences and psychiatry, where the latter, and only the latter, have such extraordinary legal powers to control human beings;

and the basis of such powers in colonialism and the history of law (rather than the history of medicine).

The resolution, by building a discriminatory narrative around 'mental health' and 'peace', with additional text on the economic consequences of not addressing 'mental health conditions', perpetrates violence and discrimination on an under represented group of persons with disabilities. This resolution, however, goes further in its persecution of persons with disabilities than the earlier ones, because of the universalist position given to 'mental health' vis a viz the SDGs. Our graphic captures this aspect well: The resolution proposes to bring 'mental health' into each and every SDG, its goals and targets. Sections are elaborated, how this is to be implemented in various policies: climate change, children, women, migration, disaster response, school programs, maternal health, and various other social, economic human spheres of living and action. If applied in all aspects of human life, under the same conditions of 'mental health care' as now, we can be sure of a pogrom to capture and control persons identified with 'mental health conditions' in *all potential SDG catchment areas*, and to treat them against their will.

The resolution, appallingly, does not mention at all the UN Guidelines to De-institutionalization, guidelines on deprivation of liberty, General Comments 1, 5 and 7, the SR reports on the violence perpetrated by 'mental health care', SR reports on support, etc.. The document does not draw from earlier resolutions and findings, the repeated concluding observations and list of issues raised by the CRPD committee; leave alone the amplified calls and testimonies by movements worldwide to halt the violence within mental health care.

We, the largest representative voice of persons with psychosocial disabilities, oppose this resolution.

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Write to secretariat@tci-global.org for more information.