



**“General Assembly resolution on mental health and psychosocial support for sustainable development”- Do not hurry the process and turn the human rights clock backwards!**

TCI Response, 11<sup>th</sup> May 2023.

TCI is the largest representative voice of persons with psychosocial disabilities worldwide. We have members in 50 countries, and it is a movement of persons- who are deemed to be ‘of unsound mind’, ‘mad persons’, ‘insane’, autistic persons, persons with neurodiverse, intersectional identities, ‘survivors’ of psychiatry and persons who self-identify as persons with psychosocial disabilities. The fact that such identities worldwide continue to be fostered by the mental health care system, much to our humiliation; and exist and impact our daily lives negatively and hazardously, shows the level of marginalization, exclusion, violence, the inhuman, cruel, degrading and torturous treatments meted out to us in society at large, and more importantly within the mental health ‘care’ system. The constituency of persons with psychosocial disabilities stand apart from other constituencies in facing the brutal force and coercion extant within the mental health care system. Our constituency is the only one where medical professionals have the normative power to incarcerate, upon a finding of ‘NCD’ and the law and order machinery can be called in by doctors to pull us into a variety of institutions.

Indeed, TCI pays homage to the 8 decades of leaders, past and present, to the courage and martyrdom of people who have lived lives, exposing the violence and brutality of the ‘care’ system. TCI includes all persons who are moved by our vision of ‘inclusion’ and the potential of realizing Article 19 (Right to live independently and be included in the community) in their lives.

We are appreciative of the Mexican Government and other states parties for the many changes brought about in the draft Resolution (Rev. 05/02/2023), from its earlier versions. Particularly, we thank the lead drafters for bringing in our identity and experiences as “persons with psychosocial disabilities” more prominently in this draft. Further, the derogatory references to our “capacity” for impacting family, city and economic lives have been thankfully removed. Finally, an acknowledgement (PP4bis) has been brought in alluding to the Guidelines on De-institutionalization, including during emergencies.

However, TCI feeds back that the resolution is **not congruent with the Convention on the Rights of Persons with Disabilities, and various guidances, resolutions, concluding observations, reports and General Comments created, to guide States Parties on human rights based actionables that must be pursued in policies.** It takes us back by a couple of decades, in terms of human rights gains for communities of persons with disabilities. **The Governments must take some more time before finalizing this resolution and not be in a hurry. They must consult with representative organizations of persons with disabilities.**

General Recommendation 1- The text references to ‘mental health conditions *and / or* psychosocial disabilities’ should be changed *at every instance of occurrence*, to ‘persons with psychosocial disabilities’, recognizing this identity as a part of validating the dignity and respect for our lived experiences and identity locations.

The draft resolution has remained vague on accountability and responsibility for all the rights violations. (PP9, PP12 and passim) The draft resolution combines ‘under development of mental health services’ with ‘human rights abuses’, allowing readers to presume that if MH services were available, such abuses would not happen. Not enough recognition is given to the fact that indeed, it is the mental health services that have caused human rights violations, through institutions, over medications and the continued use of inhuman, degrading and torturous treatments such as shock treatments, psychosurgeries, confinement, restraint, etc.

General Recommendation 2- The draft resolution should provide for the importance of States to not just amend or upgrade, but also *repeal old laws* that create barriers for full and effective participation, including dozens of legal incapacity provisions and mental health laws, and all laws that allow disability-based incarceration (e.g. beggary prevention laws, various other civil commitment laws regulatory conservatorship and institutions of different kinds).

Full reference must be made to the General Comments 1, 5 and 7, and reference must be made to the ‘Guidelines on De-institutionalization, including during emergencies’, (e.g. PP4bis and passim)

The resolution must clearly enunciate that persons with psychosocial disabilities have been historically oppressed and victimised. The resolution must refer to the ‘Reparations and Redress’ sections of the Guidelines on De-institutionalization.

General recommendation 3- Any reference to ‘institutionalization’ should make it absolutely clear about the CRPD guidance, that, *disability based incarceration is prohibited*. Use of vague terminology such as ‘institutionalization’, ‘medical institutionalization’, ‘unlawful and

arbitrary detention’, etc. must be avoided. Any detention on the basis of disability should be prohibited.

### Specific recommendations

**PP2** (and passim) Delete reference to ‘enormous burden that non-communicable diseases place on developed and developing countries’. Refer instead to the ‘global burden of barriers’ faced by persons with psychosocial disabilities, drawing from the CRPD guidance on disabilities being an interaction between impairment and barriers and making references to the reports by the Special Rapporteur, 2017 and 2020 (On the Highest standards of health and mental health).

**PP12** Delete text. In its place,

Abolish all disability-based incarceration, and laws pertaining, including mental health laws, other civil commitment laws, conservatorship / guardianship laws, legal incapacity laws, and all legal barriers based on ‘incapacity’, formal and informal.

Establish biomedical ethical symmetry between psychiatrists and mental health professionals and other medical professionals, so that the *same ethical standards* apply to all health care professionals and their regulatory systems.

**PP13** This text is most disturbing for our constituency of persons with psychosocial disabilities. Delete. The very perpetrators of violence within the care systems (psychiatrists) are now named and given a duty and obligation to correct it; and need express no redress mechanisms or reparations for harms caused over the decades and over many persons’ life times. The text should refer to the widely prevalent medical variations of ‘inhuman, cruel, degrading and torturous treatments’, exposing those elephants in the room- solitary confinement, treatments without consent, coercion in treatment settings, involuntary admissions, shock treatments, insulin treatments, lobotomies, research on drugs and clinical trials without consent, conversion therapies, CTOs, ATOs, overmedications, etc. Considering the present advancement in human rights thinking, towards viewing psychiatric practices and excesses, including institutionalization, as ‘torture’, the paragraph must properly describe redress and reparations.

**PP-8 (Children), PP-14 (MIGRANTS), PP-15 (Women and girls), PP-16 (Persons with Disabilities and Elderly), PP-17, OP16, etc.- Indigenous personas and PP-18- Conflict areas**

**Delete references to specific constituencies as above.**

In each segment above, the social, economic, cultural, attitudinal, legal and other determinants and barriers of life cause psychosocial stress and distress. These are clearly enunciated as areas for SDGs commitments and implementation. SDG goals and targets are the framework, along with the Convention, to correct social, economic inequalities and social injustices, and bring overall life satisfaction to all persons.

For instance, what children and youth need are lifelong and inclusive education, safe and healthy childhoods, clean water, places to play, access to good food and nutrition, nourishing space with their family and friends; strong family support etc. Women with disabilities need violence free environments, access to justice and equal opportunities to reach their highest potential. Indigenous people need violence free lives, access to resources, equal opportunities and ways to express their spirituality, connection with land and identity. Etc.

These must not be converted into 'mental health' issues, as the mental health system has historically been medical, and not made the shift to the social, human rights paradigm. In our experience, women, institutionalized persons, girls, those with developing sexual identities, DV victims, impoverished farmers, indigenous people, the urban poor, LGBTQI+ persons and a wide range of disadvantaged groups are 'incapacitated' and treated with medications and other conventional, hazardous 'treatments' by psychiatrists.

*Specific psychosocial services* for persons in need must respect their will and preference, choice and make available a wide range of opportunities for emotional support, including indigenous and culturally acceptable community support systems, without placing barriers to access of resources (such as housing or employment) on the basis of compliance to treatments.

**PP21** TCI has found this segment on the primacy of the WHO on all matters related to 'mental health' unacceptable. Delete.

Recommendation. Refer to the highest international standard of reference, which is the Convention on the Rights of Persons with Disabilities. Not to mention the fact that the Mental health and Substance Abuse Department of the WHO has departed from the ethical standards of other medical and health care services of the WHO, by promoting, since the 1970s, a human rights violative mental health legislation. Decades of harm have been committed by these laws worldwide. A whole demographic constituency of 'institutionalised persons' has been created by this promotion of these mental health laws. The WHO must take a lead in the redress and reparations process.

Representative organizations of persons with disabilities must play a key role in participating and giving direction to the redesigning of psychosocial health and well being policies worldwide.

The supports given by international agencies to states parties to create new coercive mental health laws must stop, in line with various guidances from the United Nations.

**OP2, 3bis, 9, 10**, on scaling mental health services, public financing, staffing and data generation.

Given the present human rights violative models of policies and practices using the custodial paradigm, public financing is funding large institutions, their estates and infrastructures, and the legal infrastructure needed to uphold these. Funding institutions, its different infrastructures must be prohibited. A moratorium must be placed on starting new institutions, refurbishing institutions, etc.

States parties must consider investing in pilots and designs for a wide range specific psychosocial and wellbeing services, community support systems and services, and providing access to persons to mainstream services, as a way of citizens and their families to be leading fulfilling lives.

Befriending services, personal assistance, drop in cafes, friendship benches, 'just being' centers, arts based supports, peer supports, foster supports, self help / self care and various other culturally appropriate social networks and services for bringing support to persons with psychosocial stress, distress and disabilities, may be supported in policy and programs.

### **In conclusion,**

Given the number of important guidances that already exist, TCI believes that this resolution is not needed. However, the Government of Mexico, along with other Esteemed Drafters of this Resolution, must take time to develop this resolution, if absolutely needed. At the least, this resolution must be contemporary, human rights based, compliant with the CRPD and centralize the voices and experiences of persons with psychosocial disabilities.