Implementing the Guidelines on Deinstitutionalization,including in emergencies:

Challenges, opportunities, and way forward

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What obstacles did you find in the implementation of the Guidelines in your context?

In a small region and state like Manipur, forced institutionalisation is still a common practice. It is seen as the only way to rehabilitate people in the name of care and support. . The government,both central and state ,invests in social welfare programs for rehabilitation in the name of recovery. That is the biggest obstacle.

For example, a person who uses substances is taken to institutions and rehabilitation forcefully, especially during an unconscious state. There are cases where a person is forcefully picked up from home and placed in institutions.

We are facing a crisis in Manipur currently. We received three calls from families of Transgender persons to put them into institutions within two weeks of the emergency.

For older populations,they were taken to old-age homes by their children during COVID or left out on the streets. The trend continues even now.

Forced medication in the institution and also heavy post-recovery medication by doctors and practitioners change the attitude towards them and result in lower seeking help behaviour. They somehow stop therapy and relapse.

Conversion therapy is one illegal practice to forcefully change the sexual orientation of the person in the LGBTQI community. One of our community persons who identifies himself as Trangender Man was forcefully admitted to a rehab centre for women substance users for months. Upon consultation with our team, he was later diagnosed with Bipolar Disorder, but the family had taken it for Substance Use Disorder and was mistreated.

There are so many cases like this where many young people end up in institutions either because there is no awareness about psychosocial disabilities or sexuality or to avoid responsibilities in case of elderly populations.

The idea of institutionalisation as the sole mechanism for rehabilitation is a challenge to the United Nations's Mechanisms itself. It must be reiterated that

Institutionalisation is not just a form of discrimination violating the CRPD but a form of violence itself that dehumanises the community in the name of recovery. The shame, abuse and torture, including chemical, mechanical and physical restraints that we experience in institutions degrade human values.

This cycle of violence, discrimination and social exclusion robs our dignity as a person and further exploits the rights to live in the society.

What are the elements needed for the implementation of the Guidelines?

The experiences of social exclusion and trauma further questions the guiding principles of CRPD focusing on Respect, Dignity, Identities, Individual Autonomy, Freedom, Inclusion, Non-Discrimination, Equality of Gender, Opportunity and Accessibility.

Advocacy: Many DPOs, NGOs, caregivers and communities have no idea about the guidelines. The only way to advocate about the implementation of the guidelines to to create a larger awareness campaign about CRPD because there is no knowledge about same at grassroots

Capacity Building: Training caregivers and community on the guidelines and the principles of CRPD

Research: We need to find out more diverse, inclusive and intersectional ways of recovery to integrate into community settings to avoid isolation.

Resources : Funding to advocate & impact through grassroots and diplomatic dialogues.

1. Infrastructure of the service providers and care centres or buildings are a hindrance to persons with disabilities

. 2. Judgemental and Non Affirmative services and service providers towards persons with spectrum of sexualities, identities and health conditions

3. Lack of options towards treatment and mostly focusing on the biomedical model often creating a cycle of recovery and relapse.

4. The lack of resources and research on the area limiting the inclusion and innovating diverse recovery models

5. Planning of the recovery spaces around urban areas which often creates rural-urban divide.

How can DPOs and NGOs successfully advocate for the implementation of the Guidelines?

We had consultations with the communities who are survivors of forced institutionalisation and those who still live in institutions and rehabilitation centres. .

Modifications in the old models of institutionalisation, new rules and regulations in the existing institutions as a full deinstitutionalization approach would not be possible with the current scenario in place.

The rights of the individual and choice should be given importance. The agreement should be maintained when an individual decides to leave an institution.

Lack of awareness is one factor in this regard for which campaigns and community-based support can be implemented.

Peer support is another medium that would be effective and useful.

Most importantly, the government, stakeholders, and state parties should prioritise the importance of implementing this guideline, through which representative organisations can be involved in the deinstitutionalization process.

Another feedback was modifying the existing model of homes and institutions.

It is seen that the already existing functions by the state authority are limited and to wait and depend on the state authority to take necessary action would mean delayed procedure in the deinstitutionalization process.

In a state like Manipur where the stigma and discrimination towards persons with Disability is extremely high, bringing about community based support will require debunking the myths and misconceptions that people hold about persons with disability, and to enable having free conversations on this areas.

Efforts need to be put on having more dialogue and conversations on this topics for more awareness