

**Adopting an intersectional lens to advance health equity for persons with disabilities and older people in the new political declaration on Universal Health Coverage (UHC)**

**Side event to the 16th session of the Conference of States Parties to the CRPD**

**Wednesday 14th of June - 6.30pm – Conference Room 4**

**Statement by Bhargavi Davar for Transforming Communities for Inclusion [TCI]**

The International Covenant on Economic, Social and Cultural Rights (ICESCR) codifies the right of everyone to the enjoyment of the highest attainable standard of physical and mental health as a fundamental right of every person without distinction of any kind. The Convention on the Rights of Persons with Disabilities further commits States Parties to recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. Several SR reports of 2017 and 2021 on the highest attainable standards of health and wellbeing describe the “power asymmetry” and the “biomedical dominance” in mental health care settings applied over persons with psychosocial disabilities, often against their will, particularly as applied to persons on the gender spectrum, women, and children with psychosocial disabilities. These SR reports spoke of the “global burden of barriers” that need to be addressed if health care is to reach persons with psychosocial disabilities in a humane way. Violations in the psychiatric system is also reported under the Torture convention by the special rapporteur and by the Special Rapporteur on Violence against women. Indeed, several concluding observations, mental health and human rights resolutions, guidances, including the recently adopted ‘Guidelines on De-institutionalization, especially during emergencies’ bespeak of innumerable human rights violations within the care systems, giving clear guidance on de-institutionalization into the future.

There are several undesirable peculiarities of the mental health systems that are not found in other systems of health care, for example, custodial institutions, deprivation of liberty, huge presence of law and order machinery in managing care, extensive use of physical restraints and confinement, disproportionate denials of informed consent, and inhuman, degrading torturous practices, which cannot be called medical treatments, including solitary confinement, shock, lobotomies, forced treatments, etc. Upholders of this system of health care have extraordinary powers to snuff out the personhood, life and liberty of persons with psychosocial disabilities, given to them under national laws, with impunity.

When legal capacity is denied, it has impact on issues like health care contracting, informed consent etc. and they are reduced to ‘unknown’ or ‘non persons’, named as such in hospital records. Mental health care subjects are the only ones, among others, who are deprived of all social contact, and resources, are stripped of their personhood, when they enter a health care system. Nowhere within the health care system is a patient’s voice diminished and obliterated

as in the mental health care system, allowing rampant forced treatments and neglect of general health care. Women and girls with psychosocial disabilities, LGBTQI+ groups, indigenous people are at risk for forced conversions, denial of medical care, forced sterilization, hysterectomies, and neglect of their general sexual and reproductive health issues.

The deprivations are extreme, and nowhere close to general medical ethics applied on other health care patients. In many parts of the world, mental asylums do not even count as a 'hospital' brought within regulatory frameworks of hospital administration. They have a separate registry under mental health laws, which are basically deprivation of liberty laws, often a couple of centuries old. The DI Guidelines gives a 'reparations' framework wherein persons with psychosocial disabilities are recognized as a historically oppressed group of victims of health care systems and offered redress. Truth commissions to allow survivors of institutionalization have been provided for in the Guidelines. Evidently, something is very wrong with the mental health care system. However, the UHC Declaration has no mention, even in passing, on these aspects. The Convention on the Rights of Persons with Disabilities is a decolonizing treatise, and is not mentioned.

Particularly concerning are some segments in the document, e.g.

PP 16 (F): “Nearly 1 billion people live with a **mental health disorder and those with severe mental health conditions die on average 10 to 20 years earlier than the general population**, with suicide accounting for approximately 703,000 deaths annually”.

The terms, 'Mental health disorders' and 'several mental health conditions' are not acceptable, and should be replaced by 'psychosocial health and wellbeing'. The earlier death rates cited here are owing to psychiatric medications, shock treatments, long term confinement, death in custody due to health care neglect, etc. The iatrogenic disablement including reduction in longevity, sudden death, muscular dystrophy, hormonal dysfunctions and early initiation of NCDs should be acknowledged here, other than the psychosocial trauma, neglect and serious health compromises caused by long term confinement in civil custody. The document should give guidance on comprehensive health care and wellbeing services for persons being de-institutionalized.

OP13. Scale up measures to **promote and improve mental health as an essential component of universal health coverage**, including by addressing the determinants that influence mental health, brain health, substance use and suicide, and by **developing comprehensive and integrated services for the prevention and treatment of mental disorders and other mental health conditions** as well as neurological and substance use disorders, while fully respecting human rights, noting that these **conditions are major causes of disease burden, human right violations and impeded social and economic development**;

This paragraph must be absolutely deleted. Alongside, we express strong concern about a NY UNGA resolution in advanced stage of adoption, on “**General Assembly resolution on mental health and psychosocial support for sustainable development and peace**”. Drawn possibly

from this resolution, OP13 provides a humiliating stereotypical view about persons with psychosocial disabilities. Completely ignoring the gross human rights violations faced by us within the care system, this paragraph suggests that, we, people who are completely denied legal capacity, who are non persons, who are more likely found inside institutions, are the 'major causes of disease, human rights violations and impeded social and economic development'. If this is the prevailing view within professionals who are supposed to provide health care about their patients, the health care system has bottomed out in its Hippocratic Oath and obligations to their patients.