



Understanding of crisis and crisis support

from the perspective of users and survivors of psychiatry and organization of persons with psychosocial disabilities (OPDs)

CHRUSP understands the concept of crisis from the point of view of the person experiencing it, as a sense of urgent need, possibly desperation, unbearable tension related to a dilemma or problem with no apparent solution. When an individual experiences crisis related to their internal or external world, the CRPD obligations to provide support in decision-making and support for practical needs to maintain one's daily life in the community can be a natural foundation for conceptualizing and implementing crisis support. Tina has expanded on this in her book *Reimagining Crisis Support: Matrix, Roadmap and Policy*, available in English and in Spanish at www.reimaginingcrisisupport.org as free pdf downloads.

Interpersonal conflict can also amount to a crisis for one or more people concerned. These situations may call for help from outsiders with de-escalation of any potential violence. Any person's attribution of crisis to another person should be understood as a conflict and addressed accordingly, along with offering personal support to anyone involved who needs it.

This understanding of crisis and crisis support allows us to step outside the hegemony of the mental health system and consider a wide range of potential sources of support whether entirely informal, based on agreements with friends or family, or provided as public services whether paid or volunteer. Peer support is an important crisis support resource. (See DI Guidelines, especially paragraphs 10, 73, 76).

We do not emphasize advance planning, as the nature of crisis is that it is unexpected. We consider it a personal choice as to whether advance planning makes the individual feel more secure in getting their support needs met. It is important that people with psychosocial disabilities have the same freedom that other persons do to live fully accepting the dignity of risk and relying on a safety net of social solidarity that is readily provided to those who need them. We do not support advance directives that bind the person's future will, as this is problematic for the right to legal capacity. (See GC1, paragraphs 16, 18, 19, 21)

In **TCI's** experience, far too frequently, crisis has been used to justify coercion, forced treatment and institutionalization, and the denial of dignity, autonomy, and liberty. But crisis is not a reason to take away our freedom, nor does it justify withdrawing justice in the name of care. We know that alternatives exist, our member OPDs have built community-based, CRPD-compliant, non violent and non-coercive support models that prove a different approach is not only possible but already happening live at the grassroots. Below, we are sharing some key elements that comprise CRPD-compliant, rights-based support responses to crisis situations. We offer these to the Committee as a contribution from the perspective of an organization of persons with disabilities (OPD), to support the formulation of recommendations during country reviews and drafting of concluding observations, and to strengthen the broader work of the Committee. We respectfully highlight that crisis support can be built outside institutions, beyond medical control, and within communities and are already being practiced by grassroot OPDs.

- Uphold respect for the inherent dignity and will, preferences and choices of persons with psychosocial disabilities at all stages of crisis support, without resorting to coercive practices. Promote CRPD compliant understanding of crisis as a violation of fundamental rights of person with psychosocial disability as opposed to the medical definition such as person getting violent, person shouting etc.
- Persons with psychosocial disability should be at the centre of all supportive interventions and choices and decisions should never be compromised even during serious distress.
- Guarantee upholding of legal capacity, ensuring persons with psychosocial disabilities have access to justice, legal support, and cannot be subjected to coercive and involuntary procedures such as institutionalization.
- Support strengthening capacity among persons with psychosocial disabilities to understand the nuances of crisis situations and navigate them with autonomy and self directed and pre-planned support.
- Raise awareness among individual's support networks such as peers, families, community groups etc. on the rights of persons with psychosocial disabilities and strengthening the psychosocial skills around providing non coercive support during crisis situations.
- Support development of safety plans to mobilize support before, during and after crisis. These should be developed along with persons with psychosocial disabilities leading the process.
- Promote supported decision making for persons with psychosocial disabilities and ensure availability of required accommodations for the same.
- Embed and support cultural and traditional ways of well being and healing that are non-coercive, rights based and resonate with local contexts and values.

- Transform communities for inclusion through ongoing awareness and capacity building, moving from charity and medical models to rights-based model of disability.
- Foster partnerships and collaborations between OPDs, communities, other social organizations, local leaders and mainstream service providers to strengthen crisis response capacity.
- Recognize and addressing intersectional identities and ensuring support responses are sensitive to gender, ethnicity, socio-economic status, and other intersecting factors.
- Promote OPD leadership and organizational processes, so that crisis support models are led by those with lived experience, with full participation and control.