All human rights for persons with psychosocial and intellectual disabilities

**A Statement by Civil Society towards the Round Table on "Promoting the human rights of persons with mental and intellectual disabilities" at the 9th Session of COSP, New York, June, 2016**

1. The members of the Civil Society Co-ordination Mechanism recognize that the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is the highest applicable standard, overriding all others, to protect and fulfil all the human rights of persons with psychosocial and intellectual disabilities; and to ensure their full inclusion and effective participation in society. The SDGs, and an inclusive world for all by 2030, is an aspiration which enlists *all* persons of the world, including persons with intellectual and psychosocial disabilities.

2. Persons with intellectual and psychosocial disabilities are among the most marginalized, vulnerable and excluded groups in society. There are continuing barriers to our inclusion, namely, discriminatory laws and practices resulting in deprivation of legal capacity and liberty, exposing us to acts of violence, abuse, cruel, inhuman, degrading treatment and torture, on the basis of disability.

3. Member states must comply with the obligation to make a paradigm shift into the social model of disability. Practical guidance issued by Member States and all UN Agencies should ensure that the CRPD is the baseline for *all* policy and implementation changes towards inclusion of persons with intellectual and psychosocial disabilities.

4. We are 'Persons with psychosocial disabilities' and we advocate for this terminology, rather than any other medical references. Also, while persons with psychosocial disability and intellectual disability face similar barriers to the realization of their rights and full inclusion, it is important to acknowledge that psychosocial disability and intellectual disability are distinct from each other.

5. As a result of the traditional, 'impairment' and 'rehabilitation' paradigm, persons with intellectual and psychosocial disabilities everywhere continue to be treated only as subjects of medical and psychiatric treatment, regardless of the person’s wishes. The laws around incapacity and institutionalization have disqualified them from participation in community life and within the Development process.

6. The wisdom to view human rights indivisibly and inherently, across the spectrum of all human rights and as enjoyed by *all* persons with disabilities, has been explicated in multiple country contexts through Concluding Observations of the UNCRPD Committee, their General Comment No. 1 on Article 12, Guidelines on Article 14, by the OHCHR thematic study on Article 19, the Basic Principles and Guidelines of the Working Group on Arbitrary Detention, and a number of other sources.

7. Legal obligations, in the case of Articles 12, 14, 15, 17, 19, and 25, as interpreted by the treaty body, should be understood by Member States to be immediately justiciable. Member States shall *immediately* abolish all forms of deprivation of liberty and legal capacity, all forms of involuntary commitment into institutions, forced treatments, solitary confinement, restraints and shackling, forced medication and ECT, and Community Treatment Orders. Disability caused by ECT and psychiatric drugs, the significant harm to wellbeing caused by forced psychiatric interventions must be recognized, remedied and prevented.

8. Member states must commit to immediately ending the segregation and ill-treatment, violence and torture against persons with intellectual and psychosocial disabilities, by abolishing mental institutions, creating de-institutionalization programs, ensuring the exercise of legal capacity, including choice and the right to free and informed consent for any treatment or placement and enabling community processes in place for inclusion.

9. The CRPD reaffirms that good health is not a precondition for the exercise of human rights. Wellbeing for all, is the enjoyment of personal freedoms and choices, the ability to shape on one's own terms a fulfilling life, including opportunities for meaningful occupation, learning and growth, having fun and leisure, social, spiritual and cultural pursuits, being valued by the community, having peer support systems and chosen circles of care, personal assistance, good nutrition and adequate standard of living, and having opportunities for feeling fit.

10. SDGs provide a universal frame for Development practice and is a commitment made by all countries of the world. Combating inequality and discrimination, (re)establishing and empowering inclusive communities, poverty mitigation, ensuring clean water and sanitation, cultivating good health and well being, fostering peace, addressing gender and other inequalities, ensuring sustainable habitats, climate action, ensuring justice, and building strong organizations will result in better health and wellbeing for all persons with disabilities including persons with intellectual and psychosocial disabilities.

11. In most cultures of the world, the family continues to play a significant, sometimes the only role, in support of persons with intellectual and psychosocial disabilities. States Parties must recognize that if families are not specifically included in policy measures proactively, then people with intellectual disabilities will be completely ignored. With respect to persons with psychosocial disabilities, family and community need to be strengthened in their abilities to act as genuine supporters and allies to persons with psychosocial disabilities so as to function as informed facilitators of inclusive development. Persons with psychosocial disabilities themselves must be given the opportunities and reasonable accommodation to lead in all matters concerning them. Services must be provided to persons with disabilities directly as well as involving families, in line with CRPD requirements such as respect for the person’s autonomy, will and preferences at all times, including measures such as respite care, foster care giving, psychosocial support for families, alternative family arrangements, and arrangements for strong community support systems.

12. Persons with intellectual and psychosocial disabilities must be ensured a wide range of support services, including during humanitarian emergencies and disasters, without being routinely diverted to medical and psychiatric care.

13. Voluntary community-based psychosocial support services, with a diversity of modalities based on individual will and preferences, such as trauma informed counselling, peer to peer support, arts based therapies, alternate / preferred lifestyles, social engagements, access to internet based technologies, culturally accepted indigenous healing, family empowerment and various holistic alternatives must be made widely available. Support services must be in compliance with Article 19 of the CRPD.

14. People with intellectual and psychosocial disabilities must be included in all areas of Development, including political participation, life-long education, work and employment, schemes for improving standard of living and social protection, housing, insurance, family life and relationships, cultural, recreational, leisure, creative, spiritual and sporting arenas. States Parties must ensure that inter-departmental linkages are created to ensure such inclusion, along with reasonable accommodation.

15. We recognize that inclusion of persons with psychosocial and intellectual disabilities in society and development, goes beyond just giving medical treatment and improvement of medical psychiatric personnel and facilities; and that inclusion will happen when all human rights are fulfilled, all stakeholders are involved, where there is a justice environment for all on equal basis, and persons with psychosocial and intellectual disabilities fully participate in all policies and processes that impact them.

16. Self advocacy and self representation is essential for securing the full rights and inclusion of persons with intellectual and psychosocial disabilities. Much work remains to be done to ensure there is full and effective participation of persons with intellectual and psychosocial disabilities in all areas of policy and program development. There must be efforts at all levels to facilitate the mobilization and organization of self advocates and persons with psychosocial disabilities.