



Center for the Human Rights of
Users and Survivors of Psychiatry

Campaign to Support CRPD Absolute Prohibition of Forced Treatment and Involuntary Commitment

Action: Coordinated blog posts launched on 29 March 2016, opening day of Committee on the Rights of Persons with Disabilities 15th session

Participants: Survivors, service (ex-)users, allies, researchers, lawyers, academics, service providers, journalists, concerned citizens of the world....

Content: Write from your heart and mind about any aspect of the absolute prohibition and why it is needed: the harm done by forced drugging; solidarity and building an inclusive society where all people are equal; the legal implications of the CRPD internationally and for domestic law; reception of the CRPD by other human rights mechanisms; potential of absolute prohibition to transform services and supports for people with psychosocial disabilities as we desire them to be; relationship of pathologizing diagnoses to forced treatment and commitment, etc. Don't limit yourself to these examples; what's important is to have many voices from many perspectives expressing the value and necessity of the absolute prohibition.

Reference: Link your argument or statement to [CRPD](#) (especially Articles 12, 14, 15, 17, 19, 25(d), 28), [General Comment No. 1 on Article 12](#), and/or [Guidelines on Article 14](#), and express your support for the CRPD Committee's approach, which can be summed up as a paradigm shift from procedural safeguards (outdated paradigm in mental health laws) to absolute prohibition (new paradigm in CRPD).

***It is also helpful to reference the [Basic Principles and Guidelines](#) put out by the Working Group on Arbitrary Detention, Principle 20 and Guideline 20, which build a bridge from old paradigm to new by instructing judges to apply the absolute prohibition.

Context: The CRPD poses a serious challenge to the status quo of law and the power of organized psychiatry. Two UN treaty bodies have come out into open conflict with the text and authoritative interpretation of the CRPD: the Human Rights Committee (which monitors the International Covenant on Civil and Political Rights) in their [General Comment No. 35](#) (para 19); and the Subcommittee on Prevention of Torture (which conducts visits to places of detention and supervises national prevention mechanisms which do the same) in their document "[Rights \[sic\] of persons institutionalized and medically treated without informed consent](#)". The

SPT's position is the most stark, not only allowing commitment and forced treatment but saying that abolition would violate the right to health and the right to be free from torture and other ill-treatment. In other words they are endorsing the "right to treatment" argument put forward by organized psychiatry. As we know this argument depends on negating the capacity and right of people with psychosocial disabilities to make our own decisions and defend our bodily autonomy, which is guaranteed by CRPD Article 12. Bodily autonomy is fundamental to personhood and to safety, which are both aspects of human rights and necessary conditions for living well.

Background info:

<http://www.madinamerica.com/2015/12/human-rights-updates/>
https://www.youtube.com/results?search_query=tina+minkowitz+crpd

Contact: Tina Minkowitz tminkowitz@earthlink.net