



Center for the Human Rights of
Users and Survivors of Psychiatry

Indicators for CRPD articles 14 and 15 (partial, related to issues of concern to people with psychosocial disabilities/ users and survivors of psychiatry)

Structural

- Repeal of legislative provisions (which may be found in the fields of mental health, health, legal capacity, criminal procedure, family law, disability law, the civil code, or elsewhere) that permit detention, compulsory treatment, or restrictive measures in medical or social services including mental health services;
- Enactment of legislation to prohibit detention, compulsory treatment and restrictive measures in medical or social services, including in mental health services;
- Availability of habeas corpus, amparo or comparable means to challenge unlawful detention, compulsory treatment and restrictive measures; such courts have authority to apply CRPD to ensure release and cessation of all violations; (review mechanisms for mental health are not adequate because they are based on perpetuation of a system and standards that permit the violations and the staffing and attitudes of those adjudicating reflect this old paradigm);
- Repeal of legislative provisions in the field of criminal procedure or elsewhere that result in an adjudication of incompetence or insanity or that apply security measures based on an actual or perceived impairment or limitation in decision-making skills or criteria such as danger to self or others;
- Implementation of restorative justice measures inclusive of people with disabilities, excluding any measures that require compliance with mental health services.

Process

- Maintenance of database of adverse effects of all medical treatments provided to people with disabilities including all psychiatric treatments;
- Development and utilization of protocols for free and informed consent for

intrusive treatments (including psychiatric drugs, electroshock, and psychosurgery) that accurately reflect the risks, benefits, alternative options including non-medical approaches and choosing no treatment (making use of all available research and databases of adverse effects);

- Training of judges and lawyers, criminal justice personnel, and medical and social service personnel, including mental health personnel, in their obligations under the CRPD including the Committee's General Comments and Guidelines;

- Provision of accurate information to people with disabilities, including users of mental health services, and to the general public, about the rights guaranteed under the CRPD (including the Committee's General Comments and Guidelines) and national laws with respect to freedom from detention, compulsory treatment, and restrictive measures in health and social services including mental health services, and all available mechanisms for complaint and redress;

- Availability of support services specifically to assist people exiting detention, compulsory treatment and restrictive measures in medical and social services including mental health services, which are sensitive to the effects of trauma produced by these practices, gender sensitive, and culturally competent, and include practical support and housing, support in the exercise of legal capacity, and support related to accompaniment and emotional needs;

- Availability of a mechanism whereby people can make complaints about any aspect of medical or social services including mental health services, and achieve resolution conforming to requirements of CRPD.
(in addition to amparo and habeas-type mechanisms to obtain immediate release from coercive measures)

Result

To gather information on extent of violations, since the numbers of the first three measures should be zero to achieve full compliance:

- Statistics on how many people detained against their will in medical or social facilities - how many different individuals, how many times per year, how long (each time), nature of facility (mental health facility, social care institution, locked unit in hospital or rehabilitation facility, segregated mental health unit in prison or jail or other "security" facility);

- Statistics on how many people treated against their will - how many different individuals, how many times per year, how long (each time), nature of treatment (shock, neuroleptics, other psychiatric drugs, psychosurgery, sterilization,

abortion, other);

- Statistics on how many people subjective to restrictive measures in medical facilities or in detention centers - how many different individuals, how many times per year, how long (each time), nature of restrictive measure (mechanical restraints, chemical restraints, solitary confinement, other);

- Statistics on how many complaints were made to monitoring mechanism or courts about instances of detention, compulsory treatment or restrictive measures, and the results;

- Statistics on how many people with psychosocial disabilities are satisfied in their housing and services, according to the following parameters:

- Determination of the nature of services and housing desired by people with actual or perceived psychosocial disabilities, regular assessment of the availability and acceptability of those services, and of the success rate in resolving complaints about them;

To be accomplished by: survey of self-identified mental health service users, ex-users, survivors, people with psychosocial disabilities, people experiencing mental health problems

(nature of desired services: medical, psychiatric, alternative mental health, peer support, traditional cultural practices, other)

(nature of desired housing - nature of desired housing (ordinary tenancy, living with other people, living with others and some services provided, other);

- Statistics on the use of restorative justice measures in criminal cases involving people with disabilities (how many individuals, type of measure, involving compliance with services or not, impact).