Statement by Torsten Hjelmar

for

Discussion of Session II: Highlighting key aspects of legal reform based on the CRPD

of the

Consultation on mental health and human rights

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Dear Excellencies, friends, and partners,

Let me first thank the Human Rights Council and the Office of the High Commissioner on Human Rights for calling and organizing this important consultation, and for all here for caring and contributing to proving solutions to these difficult questions of human rights-based approaches to mental health.

As we all know most mental health-related legislation around the world is outdated and continues to deny or restrict the rights of persons with mental health conditions or psychosocial disabilities. I have seen it in many countries in Europe, and through numerous conversations and communications with legislators and experts involved in drafting legal texts.

What I have noticed is that one can**not** always expect that even highly educated specialists and experts, even in the field of human rights or bioethics, in fact understand the word and/or spirit of the CRPD. I have found misunderstoods, false data and misconceptions, that may prevent or actually block the full understanding or acceptance of the data and spirit of the CRPD. I'll illustrate with a couple of recent examples:

In one case, a national expert stated "the use of involuntary commitment and treatment is not in conflict with the CRPD, as the CRPD talks about the human rights of people with disabilities, and not about people with acute mental disorders."

A similar viewpoint I found with another leading international expert and government official, that "Disease is a state, acute or chronic, that can either be cured or at least alleviated. Disability is often a stable condition of a person that usually is not needed to be cured." And for this reason, she claimed legislation regulating coercive practices in psychiatry is not in conflict with the CRPD.

It did not appear to these experts and law makers that disability is a lived experience, of barriers that are excluding those who experience such from enjoying the same rights as others. That it can be a short-term experience, or a life-long one, in other words, that it isn't a static condition like it is so clearly viewed in the medical model.

I know this is not a shocking revelation for you, but if one realizes that this barrier to actually full conceptual understanding of the CRPD do exist, it could open the door to a better implementation.

If one for example would produce information and educational material that in simple terms define concepts and illustrate how mental health phenomena can be viewed within the framework of disability it would be extremely valuable and useful for advocates, media, legislators, and even experts. Translations of course would have to get done.

We have to break down the lack of knowledge about the CRPD, but also the understanding of disability in the field of mental health and thus that the CRPD applies.

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