Intervention for Panel 2, November 15 Consultation

Tina Minkowitz, Center for the Human Rights of Users and Survivors of Psychiatry

1. The absolute prohibition of involuntary hospitalization and involuntary treatment in the mental health system requires the repeal of provisions in areas of law such as mental health, health, family, legal capacity, and criminal procedure. The concept of medical necessity or emergency cannot justify involuntary measures in mental health, for any duration. Policies that require any person to accept mental health treatment to be eligible for social services, health care, employment, education, licensing, housing, or parole must be prohibited for state or non-state providers.
2. As I write in Reimagining Crisis Support, legal capacity reform and deinstitutionalization create pathways to abolish involuntary mental health interventions. Support for decision-making and for living independently, including in times of personal crisis, underpin social model policy that de-medicalizes and de-judicializes the supports needed by people with psychosocial disabilities. Combining legal capacity, a right to independent living supports and affordable housing, and repeal of involuntary hospitalization and treatment, is the path to including people with psychosocial disabilities on an equal basis as others in CRPD implementation and in society. This can never be achieved through mental health legislation.
3. CRPD implementation requires the repeal of incompetency to stand trial and insanity defense and the security measures or forensic psychiatric commitment that accompanies them, and the complementary promotion of innovative justice based in inclusive community practices. This should be pursued in a framework of decarceration since unjust policing practices and the criminalization of survival disproportionately impact persons with disabilities.