



20 March 2015

Issues for people with psychosocial disabilities under Article 24, Right to Education: A Response to the call for submissions by the Committee on the Rights of Persons with Disabilities for its Day of General Discussion on Article 24

WNUSP received specific information from India, Argentina, and the United States. Please see also independent report by Lucila Lopez regarding Argentina.

Summary:

Children who experience trauma, neglect and abuse, and those who have difficulty learning through conventional teaching methods, are not being met with early attention and support that respects the child's integrity and autonomy. Instead they are labeled with psychiatric diagnoses and channeled into medical model mental health services, including forced drugging and institutionalization, which can trap children and young people in a system that sees them as forever limited. Cultural differences as well as trauma and other unmet needs including good nutrition can result in psychosocial disability labels. We do not believe that any child should be labeled with a psychiatric diagnosis. The impact of a life crisis or experience of altered state of consciousness on a person's education, especially when it is met by forced institutionalization, can entail outright exclusion from education, interruption of studies (especially for teenagers and young adults) and segregation into inferior educational programs where the person is not expected to succeed. These disadvantages in turn have a negative impact on the person's ability to earn a living and develop her or his talents in adult life. Some children are tracked early on into the mental health system or the criminal justice system from which it can be difficult to escape. Children's legal capacity and autonomy should be respected so as to allow them to refuse psychiatric drugs and other intrusions on their personal integrity and well-being.

1. Issues of trauma, neglect and abuse are not being dealt with as such and instead children and adolescents are labeled with schizophrenia or other diagnoses when they begin to hear voices, cut themselves, think about suicide or otherwise react to experiences that their developing psyches have not had the tools or support to understand, fully feel, or work out a healthy relationship to. Diagnosis often happens through their being identified in the school system.

In my support work, I regularly see young people in their early twenties who hear voices or who have otherwise dropped out of the social system, with a label of 'schizophrenia'. Going back in history, into their early childhood years, I have always found a severe trauma of having been left alone in the house to fend for themselves, with nearly no social contact or emotional stimulation.

Both parents at work, a child 3 or 4 years old, is often left alone in the home (with perhaps a household help). When parents come home tired, they do not have the energy to connect in a good way with the child, and the household becomes a critical and lonely space for the young child. One young adult I was supporting, said, how parents always came home to further questions of, 'hope you didn't leave the door open', 'lights on', etc. etc. ignoring their lack of involvement but rather expecting a 5 year old to manage the house on her own!! When a young adult or a teen starts hearing voices, school system gives up and they are immediately booked as 'schizophrenic' and started on long term neuroleptics. Their childhood trauma is never even asked about, despite there being strong evidence of such data in the literature.

- Bhargavi Davar, Pune, India

2. Children with psychosocial disabilities may face outright exclusion from the education system. See independent report by Lucila Lopez, detailing the situation of children, young people and adults with mental disabilities in Argentina.

3. The concept of “early intervention” comes to mean early labeling and drugging of children rather than paying attention to situations of abuse and neglect, including child sexual abuse. Children need to be able to turn to adults outside the family for help, and may need help in expressing themselves, in particular a warm, supportive environment that doesn’t judge the child for their emotions or vulnerabilities and doesn’t blame the child for the actions of abusers. In order for this to happen as the rule rather than the exception, laws and policies need to shift to empower children, including potentially by recognizing their legal capacity and framing the guidance provided to them in terms of support, while recognizing their right to be cared for and have their needs met. We would also need to change the institutional culture of both schools and social services, including mental health services, so that they are generally trustworthy, so that their attention to what is going on in children’s lives would be welcome and nurturing and not an intrusion or intensification of abuse. Together with these shifts in laws, attitudes and professional cultures, policies and programs should be developed in communities, with the involvement of teachers as the adults who have most interaction with children outside their own families, to provide early attention to children’s needs to deal with issues of trauma, abuse and neglect.

4. Diagnostic labeling results in children being channeled into medical model psychiatry and being placed on psychiatric drugs. This can have devastating consequences for the children both in childhood and in their future adult lives. Children ordinarily are not recognized as having any right to refuse drugs, and are at the mercy of adults’ decisions. Placing a child on psychotropic drugs has more to do with the needs of adults than the needs of the child.¹

¹ For specific examples of dubious screening, labeling and drugging of children related to the educational system, please see Section IV in report submitted to Committee on Elimination of Racial Discrimination by the Campaign to Repeal Mental Health Laws et al, http://www.chrusp.org/file/289945/RMHL_MOMS_CERDreportUS.docx.

My aunt decided to put my grand nephew, her great grand nephew on psychotropic drugs. He was acting out angry behaviors. The school diagnosed him and she was trying to decide whether or not to give him the drugs. I shared my personal experience with her but she still decided to go ahead. She said he was calmer now, he is behaving how the teacher need a six year old at the time to sit still and my aunt who raised her children, her grand children, sister's children and now her great grand niece and nephew, needed him to sit still. I write about this remembering the pain of growing up in that environment, not being able to do anything right around the adults who were taking care of me and getting severe beatings from them, sometimes even for a misunderstanding. I couldn't speak up to them, and when I did I wasn't heard, it was considered rude and I had to know my place.

Knowing the human experience, by knowing the back-story you could see how drugs are not what this child needed, he wanted to be with his mother. He had lived with my aunt from a baby, my niece was not ready to settle into being a young mother. However by the time he was about three or four she had another child. He wanted to know why mommy has his sister and don't want him. Then he had my mother his grandmother whispering in his ears, that his grand auntie, her sister is not "mommy" as he called her from he was a baby. Then he had his grand mother, on his mother side, telling him that her daughter is his mother. The child was pretty confused and angry about not being able to be with his mother.

I also knew someone who had a family member with a young child eight years old who was on psychotropic drugs for anxiety. The background is that the child was living in a home with a mother who hoarded things, the whole house was cluttered, and there were complaints of dirty dishes, nowhere to walk, the parents arguing and the child urinating on himself at school. The answer was to drug the child.

- Corrine Taylor, Connecticut, USA

Recently the Honorary Advisory Council on Mental Health and Addiction composed of representatives of state and non-governmental organizations issued a recommendation that teachers do not complete forms relating to the mental health of children / as in schools, also limiting the indications for medication document ADHD.

The National Mental Health law provides for the mainstreamed work with all ministries in order to implement policies for full implementation of the Act.

The Honorary Advisory Council is composed of civil organizations, many of them family, a single user: APUSSAM, one member Alan Robinson is secretary of CCH and so far they have been particularly formulate policies that prevent the medicalization of children and diagnostic reports arising from teachers at school.

- Lucila Lopez, Social Psychologist Defender of the rights of people with mental

and psychosocial disabilities, User and survivor of psychiatry, Member of
WNUSP, Ciudad Autónoma de Buenos Aires, Argentina

5. Children who have difficulty learning in the conventional ways are often not well served despite the existence of official policies and programs that mandate individualized attention. Often such children do better in unconventional programs that allow them to fully explore their creativity and also need one-on-one attention and support in order to master reading, writing or mathematics. It should be stressed that homeschooling options and other creative alternatives to the regular school system should be encouraged and should be equally available to children with disabilities as to others. These alternatives should not be put in the same category as segregated settings; they can in fact really allow children to develop unique talents and excel.

Not all kids want inclusive education here. Education here is being criticised at every level not just those with disabilities. Many mothers are homeschooling and it has nothing to do with the child having a mental illness. There are also individuals from other countries setting up alternative learning where instead of the 5 hours stretch of learning they are advocating that children should spend 6 hours doing everything they love - music art nature activities gardening cooking and spend 2 hours being taught other serious subjects.

Neuropsychology studies are recognizing that no child learns anything substantial after 30 minutes. The human mind stops paying attention even after 20 minutes and needs to be given a distraction...which has nothing to do with hyperactivity or restlessness.

What I've noticed in myself my restlessness is what let's me sit longer more than others. In neurothinking it's called diffused thinking to focus thinking or in lay terms.....letting the mind wonder and then bringing it back to focus is more beneficial in the long run.

Education is an issue all over and kids can't be given a label just because they can't pay attention to something that actually doesn't make sense.

- Reshma Valliappan, Mental Health Advocate - The Red Door, Pune, India

I'm very concerned about allowing teachers to evaluate children for mental illness diagnosis. I shared with you my story with my eldest son who was reading at three years old and I was not on psychotropic drugs when I was pregnant with him like I was with my third child who was labeled and diagnosed for his social difficulties and learning difficulties. I say social and learning difficulties because when you put him in the right circumstances he excels. His dancing, listening to music, and acting skills are great. When he played the viola he was the only one on the stage that did not need to read the notes in front of him. He had memorized it from days of practicing and rehearsals. So I feel that if he had gotten the one-on-one that he needed for math and reading he could have excelled the same. He

gets bored with it and adults including myself got frustrated. I left it up to the school to do the work.

- Corrine Taylor, Connecticut, USA

6. Cultural and linguistic differences, and issues of health and nutrition, also can result in disability labels, particularly learning disability and psychosocial disability or mental illness, being applied to children.

A boy from a slum here was perceived to be having a learning disability because he couldn't his 'r' and 't'. Teachers don't understand that the local language here that these kids speak all the time don't have the rolling of the tongue or the flip to pronounce certain English words.

One can only imagine what's happening all over the world with kids. There's a high amount of Monosodium Glutamate in packaged food all over the globe especially developed and developing countries. Schools don't bother on food diets as sodium is the bigger culprit than sugar is. Corn starch is another main issue both causing sudden surge in hyperactivity with a lethargy and low and dehydration which is not replaced by water. Children are prone to many of these food toxins. My nieces are all stopped from eating Pringles [a brand-name potato chip] and so am I. My neuro who practiced in Canada mentioned the same with food including the different sauces used in Chinese cooking. We only think it's healthy.

- Reshma Valliappan, Mental Health Advocate - The Red Door, Pune, India

7. Inter-generational trauma is known to be a significant force in people's lives. The traumas of one generation can impact on the next making parenting more challenging. This can have an impact on children's education, particularly children with disabilities. Psychiatric drugging of parents who are trying to cope with their own histories of trauma can make it difficult or impossible for them to advocate effectively for their children with learning differences or learning disabilities to get their educational needs met.

My son was given a computer and a program to use for writing because it was hard to understand his handwriting in high school. It was technical assistance we were told, but no one was available to give him the one-on-one training for him to learn it well enough to use the program. He still struggles with writing paragraphs in school as well as others being able to understand his writing. Unfortunately I was numb on psych drugs and only periodically got off the couch to ask the school what they were doing. At which time they would have an Individual Education Plan (IEP) and made great plans, but when I would ask my son if he was getting any assistance he said no. The school would say he would need to come to them for help. I would say we came to you for help that is why the IEP was created can't someone assist him to participate that is what we are asking for. It was a total run around and again I would go back to being numb on psych drugs and on the couch. A situation that I was never comfortable with and worked hard to make changes why I am free from psychotropic drugs and psychiatry. I am now

working to live, I have many years of negative behaviors to correct with my finances and diet, but as I continue to learn and change my children also are growing to see the possibilities and that I wasn't just dreaming but we could take action to live a well life.

- Corrine Taylor, Connecticut, USA

8. The extremely high rate of drugging children in the US should not be viewed as only a rich country problem; actually the fierce campaigns for globalization of mental health make it likely that these and other abuses by the psychiatric industry will increasingly penetrate low- and middle-income countries.

Concerning children it is clear that many kids in US are being drugged for the smallest thing and ADHD is being the easiest label given.

As we look at cross cultural influences on our mindsets where here we say the West has influenced us and our ways the reverse is equally true. There certainly are mixed races and cultures and religions in schools in US too and no doubt it is a very natural part of any child to be influenced by the cultural or religious beliefs no matter how absurd or urban it is because this is what kids do.

If a child here can be influenced by what is Hollywood it is no different that Bollywood has made its way into the lives of many Americans too along with spiritual, religious, dietary beliefs and lifestyles.

It's important that the entire world be considered here because we are all influenced by each other's way at minute unconscious levels. I say unconscious because we are speaking of the psyche which is getting labelled and diagnosed.

- Reshma Valliappan, Mental Health Advocate – The Red Door, Pune, India

9. Children with learning difficulties deserve a chance to succeed and should never be excluded from programs where they could develop their talents and interests. The educational system, both in policies and practices, needs to pay attention to how well it is serving children with disabilities and meeting their individual needs for extra attention, support and accommodations.²

When the USA passed the Elementary and Secondary Education Act in 1965, it tied federal funding for schools to tests that the students took in an attempt to make those schools more accountable for their student's education. Another wave of education reform during the 1980's increased the role of tests in holding school staff responsible for measurable education results. This resulted in much pressure on school staff to increase test scores.

² This submission does not endorse the No Child Left Behind Act, which is controversial with respect to all children because of the role that standardized tests play in determining the content and nature of their education. However, children with disabilities should not be left out of testing, so that their success is equally measured as that of other students.

The No Child Left Behind Act of 2001 made some fundamental changes in how students test results from a school were analyzed. Prior to NCLB, it was common for states to exclude a relatively large percentage of students from testing because they had limited English ability, they moved to an area recently, or they were diagnosed with a disability. Thanks to that act, schools faced consequences if they excluded more than 5% of their students from testing.

Based on my experience in special education during the 1980's I believe that including students with disabilities in the standardized testing process has the potential to greatly benefit this population. I was diagnosed with dyslexia when I was 5 years old, because my teacher noticed that I could not spell well. Due to that diagnosis, I was excluded from a gifted and talented school program and sent to a separate special education class for English when I was 6. That class did not address spelling. When I asked my special education teacher why I was there for English instead of working on my spelling, she dismissed my complaint.

Three decades later, I am a professional writer. I gained the ability to communicate fluently with the written word by practicing my craft and teaching myself. My primary school failed its obligation to teach me to write and was able to do so without repercussions, because the test scores from diagnosed children were not counted. Now that learning disabled students are tested along with their mainstream peers, schools must address their educational needs. This is not a panacea for educating learning disabled students, but it definitely helps.

- Joseph Dunsay, former teacher and current writer, Rivers Edge, USA

When my son was getting ready to graduate from high school I was told there was a life skills program he could do after high school until he turned twenty-one. He wouldn't have to come back to the high school but he would get his diploma at the end of completing the life skills program after he turned twenty-one. I was going to tell my son that he would have something to do after high school but that same day after the IEP meeting the school social worker got to my son before he came home and told my son that he wouldn't graduate if he did the program. My son who I know very well could not get rid of this idea that he wasn't graduating after the social worker told him that. I was hoping to tell him myself in a positive way when he got home that day, but she got to him before I did, all part of the No Child Left Behind law.

After high school that first year my son had nothing to do and became bored. He said he was depressed, he didn't have any creative avenues in the community to attend that we didn't have to pay for and I wasn't working at the time. I had just started working, getting off of disability, and a small child support income at the time. I took him to see a therapist and asked for therapy only. I was told he would need to take drugs also only after that one day of visit. I knew before in the past he had seen a therapist who talked with him over the issues he was having for about three months then said he didn't need any more therapy because he worked

on the task the therapist assigned and understood what was happening. I was looking for someone else to support him like that instead of his mother trying to encourage him all the time that things would get better. I wasn't using psychotropic drugs any more, I was working at a behavioral health clinic as peer support and saw behind the scenes. I was learning and seeing firsthand that people have hopes and dreams just like I did but weren't being respected. I knew better than letting my son get on those drugs because of what I became aware of and also what they did to me, procrastination, numbness, waiting to live while dying slowly, high cholesterol, high blood pressure and diabetes at a much early age about twenty to thirty years earlier than my parents.

So with a no drug way of living now I had to start being more involved in my son's life without judgment but being supportive. I stepped back from saying what he should or should not be doing. I realized that I had weathered the storm with my own pain and it was separate from his and he would have to weather the storm with his pain of getting bullied at school. I was there to listen, support and participate. He decided to enter the local community college and he signed up for groups and classes that he was interested in. And from that he learned about another group that he could join in the community outside of the school community. He joined a youth group of people with diverse backgrounds. He attends regularly in the community meeting people his own age and interest and adults that truly care about his wellbeing He goes on trips to learn and outings for fun. He joined the dance club, choir and other activities at school. He attends dance classes that he learns about and keeps up with on his own, because he is interested. He has volunteered one summer for a local theater company where he made friends and was able to go back and perform this past year for their yearly talent show. He is signed up for the Bureau of Rehabilitation Services (BRS) and has done On-job-training and summer jobs and look forward to working during the summer again.

However, with the low grade point average of not being able to pass the math and English classes his financial aid may come to an end and then there will be no schooling for him again. He will still have dancing, his support group, and family. I am hoping that BRS will be able to be more supportive in finding him suitable work for him to do that he may excel in.

If I could afford it or know how I would sign him up for a theater arts school. When I finished high school, I was aware I had very little English or grammar writing skills or support to get into college, I like math so I went to electronics school. I was top three out of over thirty students when the first report came out. However, I was a teenage mother living under constant stress so after a while studying became difficult for me so I dropped out. I have limited resources and know how and that is why I am writing today to tell our story. There is too much, not knowing. This is the reason why I spent so many years in the mental health system and I am aware there are people still not knowing.

I see young adults hanging out at mental health centers, I am sure there are coping skills that could be learned, and talk therapy that could work, but what if these young creative human beings could get support away from psychiatric diagnosis and fear of them dying, but supported with love moving towards a well life after suffering traumatic experiences.

- Corrine Taylor, Connecticut, USA

10. Teenagers and young people may experience life crisis or altered consciousness, or conflicts related to self-expression and non-conformity, or to confrontation with racism, sexism and other discrimination, in the period of transition from childhood to adulthood. These teenagers and young adults often experience interruption of their education when they are forcibly institutionalized or otherwise inducted into a mental health service system that is built around limited expectations for the person's future. Forced institutionalization and all the violence associated with it including forced medication, solitary confinement etc., creates trauma in the young person's life that is itself disruptive to secondary and/or higher education. The result can be failure to graduate from secondary school or graduation with an inferior qualification, ability to begin or to complete higher education, absences and gaps that can raise questions for future employers or institutions of higher education, and general diminishment of both educational opportunities and work opportunities (comprising both self-development as under Article 30.2 and gaining a living through employment or entrepreneurship as under Article 27), as well as the enjoyment of an adequate standard of living (Article 28), on an equal basis with others. The psychiatrizing of children and young people can also be intertwined with law enforcement and criminal justice involvement – responding to behavior that is not inherently harmful and should not be criminalized – which poses an even greater risk to the child's future.³

3) Psychiatric institutionalization of children

19. Young people who have not committed any crime are nevertheless routinely incarcerated against their will in institutions. As well as being inherently unjust and discriminatory, very often these detentions are arbitrary, based on the type (if any) of health insurance (public or private). Young people are often unable to freely communicate with the outside world. They are often victims of sexual, physical, psychological, emotional abuse or neglect; in the U.S. “about 80% of 21 year old that were abused as children met criteria for at least one psychological disorder.” In the U.S., rape and abuse often occur in youth psychiatric facilities. Institutions are often overcrowded, poorly maintained, and do not allow for the privacy crucial for personhood. Institutionalization of children in mental health facilities, and the re-traumatizing abuse that occurs in institutions, violates their rights to liberty and security of the person under UDHR Articles 2, 3 and 5, ICCPR Articles 2, 7 and 9, and CAT Articles 2 and 16, as well as CRPD Articles 7, 14 and 23.

³ See Part III: Story of Cynthia and Siddharta Fisher, in report submitted to Committee on Elimination of Racial Discrimination by the Campaign to Repeal Mental Health Laws et al, http://www.chrusp.org/file/289945/RMHL_MOMS_CERDreportUS.docx.

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21. Institutionalization results in violations of many other rights, including freedom from slavery and forced labor, and the right to an education. Young people all too often are treated as prisoners – some believe they are treated as slaves (Parents in Action). The needs of young people in institutions for rest and leisure are rarely accommodated on their own terms. Opportunities for fresh air are limited by the willingness and availability of the staff of the institutions and are often used as bargaining chips for compliance with treatment. Children in psychiatric institutions are denied a decent education as they are immediately filed into special education classes and awarded a high school “Individualized Education Plan Diploma” which symbolizes a certificate of attendance. Children in institutions are also denied the opportunity to learn another language, sex education, and preparation for higher education and future life.

- Excerpt from Joint Disability Stakeholders Report for Universal Periodic Review of the United States, 2010

11. Youth as a status strips individuals of rights associated with legal capacity. The impact is especially egregious when coupled with psychosocial disability or other disability labels. The Committee should continue to develop its jurisprudence in this regard, as in the Concluding Observations on Denmark (para 21).

2) Youth as a status that strips individuals with disabilities of legal rights

15. Young people are seen as having limited to no ability to make their own medical choices. In some states, such as New York, young people appear to have the right to be involved with their treatment decisions at 16 years old. In practice, they may only give informed consent to participate in treatment – they do not have the right to refuse treatment. Not only is the right to informed consent withheld from children, but their guardians are often not given full information about treatment options.

16. Parents routinely lose custody of their children to foster care systems for either not complying with suggested courses of treatment (medical neglect) or not having enough money or insurance to pay for suggested treatments. Foster care has been described as “an institutionalized system of injustice” by the advocacy group Parents in Action.

17. Parents are often threatened with having their children taken away from them, and denied the right to choose what type of education their children shall experience. Even when their children are living in the community, parents are being denied supports and accommodations to aid their children in fully developing.

- Excerpts from Joint Disability Stakeholders Report for Universal Periodic Review of the United States