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**Written Submission**

**to the UN Committee on the Rights of Persons with Disabilities**

**on the Draft Guidelines on Deinstitutionalization,**

**including in emergencies**

Submitted by:

**a man diagnosed with “bipolar disorder”**

With the support of

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I am a man diagnosed with bipolar disorder. I was many times hospitalised.

Total institutions are the same as prisons. I think, it is good to close them and transform them into community services as they did in Italy. But my concern is that it won’t go like that and people living in institutions will be sent to other institutions in other countries. I think this can be a big trap.

The transition into living in the community from institutions should be supported with a proper amount of money that will help the users to live independently with support. Also, some money should be allocated for developing services in the community because it is really important that users are not left alone or without support in the community.

In Slovenia, there are a lot of communities that are against the resettlement of people with mental health problems or other kinds of disabilities in the community, but I think everything will be resolved once users from the institutions start to live in the community. I wouldn’t worry much about it.

The money that users would get, as the Guidelines suggest because they were traumatized from the experience they got in the institution is a good idea. I am worried a bit about it. I think it is a good idea but the thing that bothers me the most is how high would be the amount of money and would the user get it in one piece. The last part worries me the most – I think it is necessary that the users don’t get the money in one transaction. Because when you are living in an institution (for a long time) you are not used to it to plan your life from the financial and long-term point of view. You just spend it as soon as possible. I think the money should be split in smaller amount that user receive each month.

I also think people with mental health problems should get financial support to open a private business because it is very hard to get a job especially if that means you can lose your status and the benefits.

One of the important things in the deinstitutionalisation strategy should be how to avoid the ghettoisation of people with disabilities and for them to be able to afford an apartment.

I think, there is a lot written in the Guidelines about total institutions but less about psychiatric hospitals. They also need to be addressed if we want to support the users who are living now in the community. Also, psychiatric hospitals should be transformed into crisis centres during deinstitutionalisation. People should be accepted there for a maximum of 10 days. Crisis Centres should also work mostly on the field – in the homes of the persons in the crisis.

I think more telephone lines should also be available for people with disabilities to talk with others. When I tried the lines, getting a person on the other side was hard.

Preparing to leave the institution, paragraph 95: Who is an ex-detainee? I think the use of word is not correct.

People with disabilities should get vouchers for psychotherapy or recreation immediately when they leave the institution/psychiatry or are diagnosed.

In the whole document, the word disability is used. I think we need some kind of qualification what is a disability. I don’t think I am disabled.

Overall, good guidelines. I think it is important that data about my disability are not available for everyone, but it is really very good that they are protected.

**NOTE: The views presented in this submission are of the person interviewed and do not necessarily reflect the opinions of Validity that made it possible for the person concerned to participate in the consultation process.**