**Written Submission on Draft Guidelines on Deinstitutionalization, Including in Emergencies**

04-07-2022

To,

The Committee on the Rights of Persons with Disabilities (CRPD)

Human Rights Treaties Division (HRTD)

Office of the United Nations High Commissioner for Human Rights (OHCHR)

Palais Wilson - 52, rue des Pâquis

CH-1201 Geneva (Switzerland)

Sub: Written Submission on Draft Guidelines on Deinstitutionalization, Including in Emergencies

Japan National Group of Mentally Disabled People（JNGMDP） is a disability organization founded in Japan in 1974 and run by people with psychosocial disabilities.

Since the 1980s, international human rights perspectives have pointed out many problems with Japan's psychiatric care and incarceration policies, but no fundamental solutions have been reached. Many long-term incarcerated persons with psychosocial disabilities have died in institutions. Psychiatric policies are totally incompatible with the Convention on the Rights of Persons with Disabilities. In addition, the participation of persons with disabilities in policy making has not been adequately promoted. First, involuntary hospitalization in mental health facilities based on mental disability should be abolished. Involuntary hospitalization in mental health facilities has not decreased. Half of all new hospitalizations are involuntary. There are few remedies for involuntary hospitalization. There is a system that allows patients to apply for discharge, but less than 1% of these requests are granted.

Abuse in psychiatric facilities is not subject to the reporting requirements of the "Law Concerning Prevention of Abuse of Persons with Disabilities and Support for Independence of Persons with Disabilities. The average length of stay in psychiatric facilities tends to be longer for persons with psychiatric disabilities because they do not receive adequate support services in the community.

Memorable statistics on physical restraints in psychiatric hospitals have doubled in the past decade. Japan ratified the Convention on the Rights of Persons with Disabilities in 2014, but the Convention is far from being fully implemented. It is estimated that approximately 20% of the world's psychiatric hospital beds are located in Japan. One of the major causes of this serious problem is due to structural problems in the medical economy. The policy of incarceration, initiated by discrimination, is prolonged by projects disguised as charity by the medical profession. We are working daily to change this situation.

It is our strong hope that these guidelines will be an effective solution to this difficult situation. Below are our views.

Best Regards,

Japan National Group of Mentally Disabled People（JNGMDP）
jngmdp1974@gmail.com
<https://jngmdp.net/>

person-in-charge : Yuhei Yamada

**Written Submission on Draft Guidelines on Deinstitutionalization, including in Emergencies**

II.

We strongly agree that State parties have a duty to end Institutionalization.

Suggested addition: Ⅱ－6.ｄ
COVID19 has caused several large outbreaks in psychiatric hospitals in Japan. The policy of institutionalization has resulted in numerous deaths. In fact, some Japanese NGOs have reported infection and death rates more than twice that of the general population.

The deinstitutionalization policy has resulted in the selection of lives. It is precisely in emergency situations that we must address deinstitutionalization.

 About 10 years ago, a measure to demolish a hospital and establish a group home on the grounds of a psychiatric hospital was considered. This caused a great deal of controversy in Japan. In order to confirm the meaning of deinstitutionalization, it is very important to have a specific description of facilities and to specify those that are not deinstitutionalized. To prevent a similar situation from repeating itself, we would also like to see it clearly stated that the conversion of facility functions does not constitute deinstitutionalization.(

Ⅳ.

In parallel with the design and implementation of the deinstitutionalization process, Parties should address and eliminate the root and underlying causes of institutionalization, including We very strongly support this.

Suggested addition:Ⅳ
We propose to add the following items

Activities by organizations that prioritize bloated profits from hospital and facility operations

Approximately 90% of Japan's psychiatric hospitals are private. As a result of preferential government policies, many hospitals were built throughout the country. They have gradually become a major political force. At the last meeting of the Mental Health and Welfare Research Association, a representative of a private medical organization spoke for about an hour, urging the government to ignore the previous discussions. This unfairness must stop. States parties to the Convention on the Rights of Persons with Disabilities should recognize that such resistance due to economic and other reasons is a major obstacle to deinstitutionalization.

10－7

　We strongly support the content of this item.

　Forced medical care cannot be allowed in order to promote deinstitutionalization. Living in the community with forced medical care does not constitute deinstitutionalization.

12－6

　We strongly support the content of this item.
It is extremely important to ensure continuity in administrative planning throughout the country. It is necessary to proceed in unison with local administration. It is necessary to have a function that allows administrative agencies in different fields, such as medical care, welfare and health and welfare, to work actively on deinstitutionalization.

15－1

　We strongly support the content of this item.

　A certain number of disabled persons who have been hospitalized for an extended period of time show a strong sense of confusion about returning to the community. Care and support for these individuals who have been in these institutions for a long time and who are reluctant to return to community life will be extremely important. Generous support is needed to specifically address their concerns, such as by creating opportunities for them to experience returning to the community. In doing so, it is important to position human support, including peer support, as critical. It is also important that multiple types and methods of such support be provided. It is also important to create national and international opportunities to share such practices and experiences.

21

　　We strongly support the content of this item.
An agency independent from the government that monitors such efforts is needed.
Japan does not have a human rights monitoring body independent of the government based on the Paris Principles. Monitoring of deinstitutionalization is essential. We strongly request that it be clearly stated that such a monitoring body is indispensable for policy making on deinstitutionalization measures.