

Statement from the World Network of Users and Survivors of Psychiatry

Your excellency, distinguished delegates, ladies and gentlemen. I represent the World Network of Users and Survivors of Psychiatry. We advocate for an end to forced psychiatry, full legal capacity for all, and for the rights of people with psychosocial disabilities to live in the community. Our organisation was one of the disabled peoples' organisations that drafted and negotiated the Convention on the Rights of Persons with Disabilities.

People with psychosocial disabilities often find ourselves segregated from the rest of society, in institutions or hidden away from society by our families. When we are provided with assistance, it is often in the form of mental health treatment.

In some countries, the government will pay for psychiatric pills but not provide social protection to ensure that people with psychosocial disabilities know that we will have a roof over our heads, when housing difficulties are the reason why we may be experiencing emotional distress in the first place.

In countries where psychiatry is more prevalent, people with psychosocial disabilities may be provided housing only in the form of psychiatric group homes, where they are forced to take drugs, in violation of the CRPD. Often, when people find themselves with no homes or family, they end up staying for years, even decades, in psychiatric institutions, paid for by the government or their families.

In Japan, there are 270,000 people in psychiatric institutions, with 1,700 of them having stayed there for over half a century. In South Korea, "mental health care" is based on institutionalisation with long stays. South Korea's mental health budget is geared towards this, with budget allocation ranging from 45% for depression to 78% for those who are deemed to have schizophrenia. There are many people in the Philippines who are institutionalised in psychiatric facilities because their families do not want them back, and would rather pay for them to be institutionalised.

Across the region, from Indonesia and the Philippines to Japan and South Korea, psychiatrists serve as gatekeepers to opportunities and services, including gaining access to a disability pension. This comes with the threat of forced treatment and loss of liberty. We urge that there be other ways in which people with psychosocial disabilities can gain access to disability pensions.

Families are often oppressive forces in disabled peoples' lives. We are often rejected or abandoned by our families. We therefore recommend that social protection be granted to the individual person with a psychosocial disability rather than to our families or caregivers, whose interests and priorities often differ from ours.

We would like to highlight that while social protection is a socio-economic right which allows for progressive realisation, the right to liberty and freedom from forced treatment is a civil right that states must immediately guarantee. The progressive realisation of social protection for people with psychosocial disabilities should not be a reason for continuing to detain people with psychosocial disabilities who wish to leave institutions.

Detaining us for what professionals often argue is for our 'best interests' cannot, after the CRPD, be used to justify coercive psychiatry. Many people who have been subject to forced psychiatry experience it to be deeply traumatic, and forced treatment and hospitalisation in fact increases the likelihood of suicide completion in long-term studies.

In South Korea, for instance, the suicide rate in 2013 for people discharged from psychiatric hospitals was 710 suicides per 100,000 people. This was 24 times the rate for other people, which was 28.77 suicides per 100,000 people. This statistic shows that a community where people with psychosocial disabilities are not supported is like a hell where we cannot live independently.

We hope to have a world where no one is left behind. Thank you.