

**EESC-EDF Civil Society Hearing on the implementation of the
UN Convention on the rights of persons with disabilities, EESC Brussels,
14 September 2016**

Good Morning. My name is Stephanie Wooley and I am speaking on behalf of ENUSP, the European Network of Users, Ex-Users and Survivors of Psychiatry.

ENUSP welcomes the EU's more recent efforts in the fields of accessibility and equality in employment, and would like to suggest that the EU take these efforts further.

We encourage the EU to now tackle more difficult issues - such as justice, legal capacity, liberty - and freedom from what must be considered torture in the name of psychiatry. Here for example, we are referring to the current practices of cage beds used in Eastern Europe or restraints 23 hours a day for months on end in Eastern France.

These complex and fundamental issues will require a change of paradigm in mental health care and the reform of mental health laws which potentially impact 25% of the world population who will experience a mental health problem in their lives. We need the European Union's help to make this change of paradigm a reality and to provide a human rights-based approach to psychiatric and mental health care.

The Concluding Observations of the UN CRPD Committee to the EU have pointed in the right direction, calling on the EU to "ensure the liberty and security of all persons with all types of disabilities in line with the Convention and the Committee's Guidelines on article 14." According to the Guidelines, the Convention provides for an "absolute ban of deprivation of liberty on the basis of actual or perceived impairment". This is strongly connected to article 12 of the Convention providing for equal recognition before the law. The Committee has further stated that "States parties should refrain from the practice of denying legal capacity of persons with disabilities and detaining them in institutions against their will".

This is very clear.

However, in many EU countries, practices of substitute decision making, forced treatment, and forced institutionalization of persons with disabilities are still considered lawful under domestic laws, while they are in fact a violation of human rights under the UN CRPD and are causing severe damage. This is particularly unfortunate when alternatives exist corresponding to the "will and preferences" of those of us concerned, such as the Personal Ombudsman programme in Sweden, crisis centres designed and managed by users and ex-users of services or Open Dialogue methods.

Enjoyment of the right to liberty and security of the person is central to the implementation of article 19 on the right to live independently and be included in the community. The EU should encourage States to design and implement support services and effective deinstitutionalization strategies together with organizations of persons with disabilities and to allocate more financial resources to ensure the quantity and quality of community-based services.

On behalf of ENUSP, I would like to call on the EU:

→ to object against declarations made by EU States Parties on the UN CRPD providing for exceptions to these fundamental human rights, and reiterate that forced treatment, forced institutionalization and substitute decision making are not allowed under the UN CRPD to which they have committed themselves.

→ Although it may not be binding, to declare an EU moratorium on substitute decision making. This would influence all EU Member States to ensure that within the EU, all persons, including all persons with all types of disabilities, can have full enjoyment of all human rights and fundamental freedoms, including legal capacity and liberty on an equal basis with others.

→ to support States in their efforts to reform their legislation and bring it into compliance with the UN CRPD and provide follow-up support for implementation.

Thank you for your attention.