



General Assembly

Distr.: General
5 September 2018

English and French only

Human Rights Council

Thirty-ninth session

10-28 September 2018

Agenda item 3

**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Joint written statement* submitted by the Fundacion Vida - Grupo Ecologico Verde and the Verein zur Forderung der Volkerverständigung, non-governmental organizations in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[23 August 2018]

* Issued as received, in the language(s) of submission only.



Statement of support for the need of a human rights approach to disability including mental health**

We the undersigned non-governmental organizations and groups, specialized in human rights or rights-based approaches to the field of mental health,

Reaffirm our belief in and support of the fundamental viewpoints and rights laid out in the Universal Declaration of Human Rights and by all relevant international human rights treaties, in particular, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities,

Further support that the full realization of human rights and fundamental freedoms for all contributes to the efforts to implement the Sustainable Development Goals, while recognizing that, inter alia, discrimination, stigma, corruption, violence and abuse are major obstacles in this regard,

And our belief in that all human rights are universal, indivisible, interrelated, interdependent and mutually reinforcing,

Recalling the general principles reflected in the Convention on the Rights of Persons with Disabilities, namely respect for inherent dignity, individual autonomy and independence,

Reaffirming the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and emphasizing that mental health is an integral part of that right,

Noting that right to the highest attainable standard of health contains freedoms include the right to be free from non-consensual medical treatment, medical experiments and research or forced sterilization, and to be free from torture and other cruel, inhuman or degrading treatment or punishment,

Reaffirming the right of everyone – without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status – to be guaranteed the full enjoyment of their human rights and fundamental freedoms, without discrimination of any kind,

Having noted and confirm the need for a human rights-based approach to disability which is widely lacking in the field of mental health – which in fact largely still is subjected to old-fashioned stereotypes in contrast to the actual consideration of human rights, something which has been described as “unlawful use of the law to dominate and discriminate, and its conversion into a threat to the enjoyment of rights,”

Want to acknowledge and express support of the HRC, the OHCHR and the United Nations High Commissioner for Human Rights, and other United Nations agencies such as the WHO and the member states who are spearheading and supporting the drive for an actual implementation of human rights in mental health,

We the undersigned particularly note and support the findings and recommendations formulated in the report “Mental Health and Human Rights” of the United Nations High Commissioner for Human Rights (A/HRC/39/36), which laid out that:

- i. States should re-examine the biomedical approach to mental health, which maintains the imbalance of power between practitioners and users of mental health services, through a collective process that includes all stakeholders.
- ii. States should ensure that all health care and services, including all mental health care and services, are based on the free and informed consent of the individual concerned, and that legal provisions and policies permitting the use of coercion and forced interventions, including involuntary hospitalization and institutionalization, the use of restraints, psychosurgery, forced medication, and other forced measures aimed at correcting or fixing an actual or perceived impairment, including those allowing for consent or authorization by a third party, are repealed.

- iii. States should implement people-centred and human rights-based support and services, including on mental health, which are community-based, participatory and contextually and culturally respectful and which enable and facilitate participation in society.
- iv. States should strengthen data-collection efforts and undertake and invest in evidence-based and participatory research, inclusive of users of these services and of persons with psychosocial disabilities, in order to: identify the multiple and intersecting forms of discrimination operating in the context of mental health and evaluate the impact of services; and design and make available accessible and affordable non-coercive spaces, support and respite, respectful of the individual's free and informed consent.
- v. States should revise and adopt legislation to combat stigma and discrimination against users of mental health services, persons with mental health conditions and persons with psychosocial disabilities.
- vi. States should ensure that users of mental health services and persons with psychosocial disabilities have access to justice, including through maintaining their legal capacity within proceedings to challenge human rights violations in mental health contexts, and ensure that redress and reparation is provided for the individual while addressing systemic change through legal and policy reform and capacity-building.
- vii. States should design and implement policies and programmes addressing the underlying determinants of mental health — among others, multiple and intersecting forms of discrimination, the right to social protection, and every aspect of the root causes of mental health including physical health.
- viii. States should adopt immediate steps towards deinstitutionalization, by developing action plans in a participatory manner, and using the maximum of their available resources, including through international cooperation.
- ix. All States parties to the Convention on the Rights of Persons with Disabilities should undertake a review of their obligations before adopting legislation or instruments that may contradict their obligations to uphold the rights of persons with disabilities.

**Állampolgári Bizottság az Emberi Jogokért Alapítvány (HUNGARY), Állampolgári Bizottság az Emberi Jogokért Közép-Európa Alapítvány (HUNGARY), ASD Filippide - Siracusa (ITALY), Asoc. Colombianos por el Mundo (SPAIN), Asociacion FOARE (SPAIN), Association UMDPL (UKRAINE), Bulgarian Helsinki Committee (BULGARIA), Bürgerkommission für Menschenrechte (AUSTRIA), CCHR Israel - עמותת מגן לזכויות אנוש (ISRAEL), CCHR Russia - Гражданская комиссия по правам человека (RUSSIA), CCHR Switzerland (SWITZERLAND), Citizens Commission on Human Rights Belgium (BELGIUM), Citizens Commission on Human Rights Europe (DENMARK), Citizens Commission on Human Rights United Kingdom (GREAT BRITAIN), Citizens' Watch (RUSSIA), Comision Ciudadana de Derechos Humanos (SPAIN), Commission des Citoyens pour les Droits de l'Homme (FRANCE), Cooperativa Sociale Agape - Ragusa (ITALY), Corporacion Vida SILOE (SPAIN), Department European Neighbourhood and Integration Policy, Ludwig Boltzmann Institute of Human Rights - BIM (AUSTRIA), Fundación para la Mejora de la Vida, la Cultura y la Sociedad (SPAIN), Galebevægelsen Sønderjylland (Danish madness movement, regional) (DENMARK), Habeas Corpus (CZECH REPUBLIC), Helsinki Association Armenia (ARMENIA), Helsinki Citizens' Assembly-Vanadzor (ARMENIA), Helsinki Committee of Armenia (ARMENIA), Helsinki Foundation for Human Rights (POLAND), Human Rights Center of Azerbaijan (AZERBAIJAN), Human Rights Monitoring Institute (LITHUANIA), Human Rights Movement "Bir Duino-Kyrgyzstan"/ FIDH (KYRGYZSTAN), Kansalaisten Ihmisoikeuskomissio (FINLAND), Kazakhstan International Bureau for Human Rights and the Rule of Law (KAZAKHSTAN), Kommission für Verstöße der Psychiatrie (GERMANY), Kommittén för Mänskliga Rättigheter (KMR) (SWEDEN), Legal policy research Center (KAZAKHSTAN), Liga lidských práv / League of Human Rights (CZECH REPUBLIC), Macedonian Helsinki Committee (MACEDONIA), Medborgernes Menneskerettighedskommission (DENMARK), Mládež za lidská práva, z.s. (CZECH REPUBLIC), Nederlands Comité voor de Rechten van de Mens (NETHERLANDS), Občanská komise za lidská práva (CZECH REPUBLIC), Pro bono alliance (CZECH REPUBLIC), Protection of Rights without Borders (ARMENIA), Public Association «Dignity» (KAZAKHSTAN), Public Verdict Foundation (RUSSIA), SOP Svaz pacientů ČR (Czech Association of Patients) (CZECH REPUBLIC), SOS Tutelles-Curatelles (SWITZERLAND), Telefono Viola Sicilia (ITALY), The Netherlands Helsinki Committee (NETHERLANDS), Unie příznivců Tradiční čínské medicíny (Union of Proponents of Traditional Medicine) (CZECH REPUBLIC), Vzdelanie a Prosperita, o.z. (SLOVAKIA), Women of the Don (RUSSIA), NGOs without consultative status, also share the views expressed in this statement.