**Statement to the Opening of the 22nd Session of the Committee on the Rights of Persons with Disabilities**

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Greetings to everyone.

CHRUSP will present a thematic briefing on September 18 and would like to introduce the theme now. The title is ‘**Support in Psychosocial Crisis Situations Based on Articles 12 and 19: A Social-model Conceptual Framework for Policy to Replace Forced Psychiatry**’.

Why do we need such a framework? After all, it is well established that CRPD Articles 12 and 14 prohibit the regime of forced treatment and detention in mental health settings. General Comment No. 1 identifies forced treatment as a ‘substitute decision-making regime’ alongside guardianship and conservatorship. The Guidelines on Article 14 identify detention on the basis of actual or perceived impairment, whether alone or in combination with factors such as ‘danger to self or others’ or ‘need for care and treatment’, as arbitrary detention. What more needs to be done?

We need a social-model approach to support in crisis situations to complete the paradigm shift from substitution to support, as it pertains to people with psychosocial disabilities. For people with psychosocial disabilities, crisis situations are the occasions when we most need support in making decisions and support to maintain ourselves in the community and avoid isolation. The fact that crisis is temporary, and that it can occur in the life of any person including those with no prior experience of psychosocial disability, means that these supports may differ in some respects from those used in longer-term situations.

For several years I have advocated that pilot projects should be conducted specifically to address support in making decisions in crisis situations – not to make decisions regarding mental health treatment but to make sense of what is going on in the crisis itself. We also may need support with practical tasks and to be provided with safe and comfortable shelter. I need to know that no one will hurt me in the vulnerable state that I’m in, and I might also be frightened of my own thoughts and feelings and want the comfort of human connection.

Reframing safety from the point of view of the person concerned completes a second paradigm shift – from coercive measures based on ‘danger to self and others’, to support to maintain safety according to the person’s will and preferences. De-escalation of interpersonal conflicts should be promoted and police involvement should be avoided; however, if the person in crisis is either a victim or author of harm, police responses must be non-discriminatory and accommodate the disability.

There is much more to discuss, and I look forward to coming back to this topic at the briefing on September 18. Thank you.