

Disabled Peoples' International 8th World Assembly

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Title: The CRSPD - the Convention on the Rights of Some Persons with Disabilities

Presenter: David Webb, Australian Federation of Disability Organisations (AFDO)

David Webb (PhD) is attending the congress as the International Representative of AFDO. He is a former board member of WNUSP and he has represented both AFDO and WNUSP at various UN disability forums, including the CRPD Conference of States Parties and meetings of the CRPD Committee. He has published widely and spoken at numerous international forums on his research into suicide.

Abstract:

Australia ratified the Disability Convention with three declarations, one of which singled out "mental disability" as grounds for imposing medical treatment on a person without their consent. This declaration by itself is a breach of the Convention but it also represents a clear message that some countries do not intend to apply the Convention equally to all people with disabilities. There is a danger that the CRPD may become the CRSPD – the Convention on the Rights of **Some** Persons with Disabilities.

Psychosocial (mental) disability is still a relative newcomer to the global disability movement. Many countries, including some that have ratified the Convention, do not recognise mental health as a disability issue. Others, such as Australia, do recognise psychosocial disability in their anti-discrimination laws but then have separate mental health laws that violate the CRPD by discriminating against people with psychosocial disability.

There is, however, a growing global movement of users and survivors of psychiatry calling for a shift away from the medical model of mental health to a social model of psychosocial disability that is based on the human rights of the Disability Convention. Led by the World Network of Users and Survivors of Psychiatry (WNUSP), people with psychosocial disabilities made a significant contribution to the development of the Convention. The challenge now is to ensure the Convention is implemented throughout the world for **all** people with disabilities.

This challenge faces considerable resistance by the advocates of the medical model of mental health. For instance, the World Health Organisation is leading the colonisation of the developing world with a very western, very medical model of mental health, which brings with it systemic discrimination and human rights violations. Meanwhile in the "developed" world, the excessive medicalisation of mental health is now shown to be contributing to rather than reducing long-term and chronic disability for many people who experience psychosocial distress.

People with psychosocial disabilities around the world ask for the continuing support and solidarity of our disability sisters and brothers to ensure that the CRPD does not become the CRSPD.

Intro

- now that implementation becomes the focus of the CRPD, there is a very real danger that not all PWD will reap the benefits of the CRPD
 - governments will be selective in their implementation – i.e. only do the easy, cheap or popular bits
 - some PWD are likely to be left behind – neglect or deliberate discrimination?
 - at greatest risk are PWPD, intellectual disabilities, plus some other marginalised disabilities such as acquired brain injury etc
 - focus of this talk is PWPD – i.e. my own experience, expertise and credentials – mention WNUSP, ENUSP, PANUSP etc

- Australia has shown its intention to discriminate against some PWPD in its declarations
- although Australia ratified the CRPD in 2008, the rights of pwpd in Australia have gone backwards since then – to be illustrated by Case Study 1
- more globally, the WHO has failed to engage with the CRPD

Case Study 1 – Review of Mental Health Act, Victoria, Australia

Case Study 2 – WHO, psychosocial disability and the CRPD