A Disability Rights Tribunal for the Asia Pacific

Australian Federation of Disability Organizations & Tokyo Advocacy Law Office
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"Psychosocial Disability and the Asia Pacific"
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Introduction

- speaking on behalf of WNUSP (not AFDO) at the invitation of Yoshi
- brief intro of WNUSP

1. Mental Health Laws in the Asia Pacific

- unlike Australia, many Asia Pacific countries do not have specific mental health laws
- these countries are asking whether they should introduce MH laws to protect the rights of people who experience psychosocial disability – e.g. at the CBR Congress in Bangkok last year
- but MH laws such as we have in Australia do not protect the rights of pwpd but rather take away their rights
- at the CBR Congress I urged those thinking about MH laws for their countries to *not* go down the path we have in Australia
    - e.g. 5,000+ people on CTOs in Victoria (population 5 million), which would equate to 128,000 people in Japan
    - every week in Victoria over 100 people are give ECT without consent – an even lower human rights standard than WHO Mental Health who say it should be prohibited (provide reference) – mention also direct/unmodified ECT (with or without consent) in Asia Pacific countries, such as Thailand
- to protect the rights of pwpd, fight for the full implementation of the CRPD rather than introduce specific MH Laws

2. Medical Colonisation of Psychosocial Disability

- the excessive medicalisation of all aspects of life (not just MH) in many western countries is causing great concern – sometimes called disease-mongering
- medicalisation of MH in Australia (and the west in general) is now virtually complete and causing great harm, not just to individuals but to society as a whole
- this has occurred despite any good scientific evidence to justify diagnosing psychosocial disability as a medical "mental illness" and, in stark contrast, very good evidence that the medical interventions offered are (a) not very effective and (b) often very harmful
- despite this, these medical prejudices are the primary justification offered in order to impose medical interventions on pwpd without their consent
- in combination with society's prejudices that pwpd are dangerous – also not supported by any scientific evidence (provide reference)
- we now have good evidence that the medicalisation of psychosocial disability is actually disabling people, creating/causing disability – reference Whitaker

- despite this, the medical model of psychosocial disability is being aggressively promoted in the developing world, including by some major organisations in Australia
    - Asia Australia Mental Health (Melbourne Uni, St Vincents MH, Nossal)
    - Mental Health First Aid International – born in Melbourne, now with programs in Hong King, Singapore, Japan, Cambodia and Thailand
    - beyondblue – China
    - Nossal (again), in partnership with Basic Needs
- this is the developed west once again colonising the developing east, this time with the very western, very medical model of psychosocial disability
- with it comes widespread psychiatric labelling of psychosocial distress, with all its stigma and discrimination, and widespread (expensive) drugging of many people
- and also widespread human rights violations – incarceration, forced treatment etc – on the basis of this model
- a Tribunal could help resist this colonisation

3. Social Model of Disability, the CRPD and Mental Health Human Rights

- what is required is for mental health to be based on the social model of disability that recognises the social determinants that contribute to disability – including the disabling consequences of the medical model
- must include full implementation of the CRPD, especially the supported decision-making model now mandated by the CRPD
- and also, of course, the CRPD's full protection of the human rights of people with psychosocial disability *on an equal basis with others* in society

4. Conclusions – Reconciliation, and Apology, and a Tribunal

- Dr Janet Wallcraft is a pioneering psychiatric survivor academic in the UK
- at a recent conference in Manchester, she called for a public apology for the wrongs done to us in the name of psychiatric treatment
- as the first, essential step towards reconciliation, which must also include reparations and compensation for past wrongs before we can move forward in genuine partnership
- Janet mentioned South Africa's post-apartheid Truth and Reconciliation Commission as one example of the kind of process that is required
- this scenario is familiar to us in Australia with the Stolen Generation where gross human rights violations occurred against Indigenous Australians by a privileged elite in partnership with a prejudiced majority on the basis of nothing more than the arrogant assumption that it was "for their own good"
- the same arrogant assumption that psychiatric force is "for their own good" lies at the heart of Australia's mental health system and the current medical colonisation of psychosocial disability
- the perpetrators of psychiatric human rights abuses are usually well-intentioned - just like the perpetrators of the Stolen Generation were – but as the UN Special Rapporteur on Torture has observed, good intentions are no excuse for human rights abuses
- Janet Wallcraft concluded here talk in Manchester by saying:

"Now that our human rights are (belatedly) internationally recognised, I think the time is right for us to ask for an apology from our governments and professional psychiatric bodies for a list of wrongs."

"I suggest that the apology should be negotiated internationally – through our representatives at EC and UN level."

A Disability Rights Tribunal for the Asia Pacific could play an important role in the region to achieve what Janet and people with psychosocial disabilities all over the world are calling for.