

**Submission by Center for the Human Rights of Users and Survivors of Psychiatry (CHRUSP) and the Campaign to Support CRPD Absolute Prohibition of Commitment and Forced Treatment (Absolute Prohibition Campaign)[[1]](#endnote-1)\***

**Comprehensive Submission Responding to Draft General Comment 7**

**Introduction**

Here we address the text of the draft General Comment and incorporate our Submission I from 10 April.

We highlight the principles of DPO/OPD leadership and the parity and specific expertise of constituencies as the pillars of effective and meaningful participation. These principles enabled DPOs/OPDs and the international community to create the CRPD, and are essential to successful implementation and monitoring. All aspects of the General Comment must respect persons with actual or perceived psychosocial disabilities/persons disabled by psychosocial norms and associated practices, on a par with other PWDs.

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7. **DPO/OPD leadership**
8. The recognition of DPO/OPD expertise cannot depend on judgments about ability; unity among DPOs/OPDs arises only out of mutual respect for diversity. Revise the final sentences of paragraph 2:

*The inclusion of DPOs/OPDs into the Ad Hoc Committee’s deliberations manifested the negotiating parties’ respect for DPOs/OPDs’ expertise. DPOs/OPDs organized civil society participation based on the principles of DPO/OPD leadership and parity of constituencies; thus they were able to unite as one corpus and meaningfully represent PWDs in the dialogue.*

1. Add paragraph 2bis to address barriers in current phase:

*Since the CRPD entered into force, some DPOs/OPDs have experienced diminished participation as other civil society actors – including academics, service providers, NGOs that fail to meet DPO/OPD criteria, and philanthropic foundations – exercise influence through institutionalized sources of power and prestige that were muted in the drafting and negotiation process. The practice of DPOs/OPDs in forming united federations varies widely between countries; the Ad Hoc Committee’s principles and practices have not always successfully transferred to the implementation and monitoring period. This General Comment provides guidance in response to emerging barriers.*

1. Add a paragraph to address international cooperation between DPOs/OPDs:

*International cooperation is essential to the creation of a community of practice among DPOs/OPDs, both within a self-organized constituency and to promote mutual understanding and synergy among constituencies. States parties should – through means that respect DPOs/OPDs’ independence and freedom of association – facilitate relations between local or national DPOs/OPDs and those in other countries, including their membership in regional and global DPOs/OPDs. States should view national and international DPOs/OPDs, and all PWD-led human rights initiatives and projects, as the primary resources for knowledge and capacity-building in areas including law reform, accessibility, independent living, and viable supports and services.*

1. **Systemic barriers to participation**
2. Add to the barriers enumerated in paragraph 6: *legal, economic, social*.
3. Paragraph 9’s second two sentences should indicate that only *some* States parties have adopted required measures and procedures.
4. Revise paragraph 11(b) to: *Laws, policies and practices that directly or indirectly prevent PWDs on the basis of certain types of actual or perceived impairment* and continue with the text.
5. Add to end of 11(c) or separately: *the lack of effective mechanisms to involve civil society generally in public decision-making.*
6. We propose a new section on barriers faced by those who experience intensified discrimination or intersectional discrimination, and propose this text to be included:

*People with actual or perceived psychosocial disabilities face barriers to participation in consultations relating to implementation and monitoring of the CRPD, at national and international levels, due to direct, indirect and structural discrimination. This includes stereotyping, retaliation, scapegoating, usurpation, systematic subordination, and equivocation about their legitimacy as a constituency of PWDs.*

*In a political environment dominated by threat, people with actual or perceived psychosocial disabilities and their representative organizations face intimidating barriers to speaking out openly and honestly to bear witness to human rights violations and demand an end to them. These include threats of medical retaliation: forced re-hospitalization; depot injection instead of pills, reinforced guardianship; political retaliation: the exclusion of DPOs/OPDs from required consultations; social retaliation: the fear of losing disability benefits and housing assistance, and special dispensation from job seeking, if not compliant; and the fear of not being able to prove the existence of a disability unless one submits to the medical status quo. Threats may or may not be formulated explicitly, and stem from a threat-based relationship with the doctor. This relationship, together with the combination of coercion and benefits, serves to indoctrinate individuals into a worldview wherein conferring the status of real or perceived psychosocial disability is seen as a special favor. Those who belong to organizations ruled by doctors as protectors must be silent. Such indoctrination infantilizes them; they are seen as incapable and therefore devoid of responsibility.*

1. **Scope and nature of DPOs/OPDs**
2. The defining characteristics of DPOs/OPDs must be clearly stated, and references to state obligations regarding participation and recognition should be placed elsewhere.

As DPOs/OPDs increasingly professionalize, PWDs often find themselves marginalized. Non-disabled persons often take up senior staff positions, as – due to the discrimination experienced by PWDs in education and employment, or because of the nature of their impairment – they are likely to have better credentials and more work experience. PWDs may also be passed over because they are deemed less productive or consistent workers.

Disabled persons may become mere figureheads or marginal participants in the organization’s work, while staff, in the name of efficiency, retain decision-making power. PWDs, who are seen as less competent workers are not treated as equals, much less leaders, within the organization. Efficiency must not override democratic participation or the necessity for experiential expertise.

Replace subparagraphs (i)-(iii) of paragraph 14(a) and the introductory sentence ‘Disabled persons organizations … characteristic aspects’ with:

*DPOs/OPDs are organized to advocate for the rights of their defined constituency and not primarily to provide services or referrals to services. They are independent and free from control by governments, service providers and other organizations.*

*DPOs/OPDs may represent one or more constituencies based on actual or perceived impairment, or be open to all PWDs. They may either represent their constituency in all its diversity (e.g., sex, race, age) or be based on other transversal identities (women with disabilities, indigenous people with disabilities, etc.). They may be national, local, regional or international in scope, and may be formally registered or informal.*

*For an organization to be considered a DPO/OPD, members of the PWD constituency represented must occupy the role of Executive Director and a majority of other important decision-making roles, including senior staff; must be prioritized in affirmative-action hiring practices; and must be provided with all needed accommodations to enable them to work within the organization. Members who are not on staff should be enabled to participate equally in the organization’s work. Boards of Directors must have a majority of members from the organization’s constituency/constituencies and should exercise significant oversight of all aspects of the organization’s operations. States’ parties should ensure that no law or policy disqualifies any group of PWDs directly or indirectly from Board or staff positions.*

1. We remain concerned about the definition of organizations of self-advocates We insist that there be no mention of persons with actual or perceived psychosocial disabilities in paragraph 14(d) if it is retained. We question the identification of any constituencies with a form of organization that may not meet the criteria of a true DPO/OPD. In place of paragraph 14(d) we suggest: *the right of any individual or self-organized DPO/OPD to access and utilize support, which may be extensive, in order to exercise the right to participation. All persons who advocate for their own rights are self-advocates; thus the designation would pertain to all DPO/OPD leaders who are themselves PWDs.*
2. We have a similar concern about designating as DPOs/OPDs organizations composed of the parents of disabled children. While these organizations often play an active role in promoting their children’s rights, Article 4.3 emphasizes the participation of children themselves, through their own representative organizations. The General Comment should address *the representation of children by their own DPOs/OPDs (which may be cross-disability, constituency-based or transversal)*, and should not classify organizations of parents of minor children as DPOs/OPDs but rather as havingasupporting role.
3. Too often it is assumed implicitly that organizations of women with disabilities are cross-disability. In paragraph 14(f) add:

*Organizations of women with disabilities include both cross-disability and single-constituency organizations; e.g., an organization of women survivors of psychiatry.*

1. We propose a new paragraph under paragraph 14 to address independent advocates and grassroots organizing.

***Independent advocates who are persons with actual or perceived disabilities*** *and ad-hoc, informal groups of such advocates mobilized for a particular purpose, play a necessary role in supplementing national DPOs/OPDs. They may represent a constituency in an umbrella coalition if there is no national DPO/OPD, and have the right to participate in open consultations.*

1. In paragraph 15, say *controlled and led* rather than ‘controlled/led,’ as both control and leadership are necessary. Also merge the concept of advocacy with service, to encompass non-DPO/OPD advocacy organizations; i.e., *provide service to and/or advocate for PWDs*, and add at the end of that sentence, *regardless of whether these persons are considered clients or members.*  Also, delete ‘and their members’ from the next-to-last sentence, and add the concept of control in the last sentence: *composed of, controlled and led.*
2. Rewrite paragraph 16 as:

*A distinction should also be made between DPOs/OPDs and civil-society organizations (CSOs). Not all CSOs are DPOs/OPDs. CSOs include NGOs (which may or may not be DPOs/OPDs) and other bodies, such as research organizations/institutes and organizations of service providers, families and other stakeholders outside of public and/or State entities. Under the principle of participation and leadership of those whose human rights are at stake, such entities do not have the priority accorded to DPOs/OPDs in implementation and monitoring of the Convention.*

1. Paragraph 75(i) should replace ‘or groups of PWDs’ with *and independent PWD advocates and informal groups of such advocates,* and should omit ‘including parents and families of PWDs in their supportive role.’
2. **Umbrella coalition of DPOs/OPDs**
3. It is more appropriate to call for an *umbrella coalition*, rather than an umbrella organization, of DPOs/OPDs. Creating a single legal entity to represent all DPOs/OPDs diminishes the independence and power of member organizations, especially those subjected to horizontal discrimination within the disability community. The criteria below draw on the highly successful approach of the International Disability Caucus in the Ad Hoc Committee.

Substitute the following for paragraph 14(b) and place it separately as paragraph 14bis, as the umbrella is not a DPO/OPD proper:

***An umbrella coalition of persons with disabilities*** *is a coalition of DPOs/OPDs, whose membership is open to all DPOs/OPDs that promote their right within a State party, including single-constituency and cross-disability organizations; those based on transversal identities* – e.g., *women with disabilities, older PWDs, indigenous PWDs; and those based on any combination of the above (such as indigenous women with actual or perceived psychosocial disabilities).*

*An umbrella coalition must be open to all self-organized DPOs/OPDs and accord them full membership, irrespective of ability to pay a fee. It must be organized and operate on the principles of DPO/OPD leadership and the parity and specific expertise of constituencies. Each constituency has the final say on policy regarding its own rights. The umbrella coalition either cannot take a position, or must develop a position satisfactory to all, when conflicts arise on matters of concern to multiple constituencies. The output of an umbrella coalition should incorporate the contributions of all members through a deliberative participatory process subject to the approval of all PWD constituencies concerned. Spokesperson roles and funded participation opportunities must be distributed fairly among those whose rights are at stake.*

*DPOs/OPDs must not be required to join an umbrella coalition in order to exercise their right to participate in consultations. Each individual PWD and self-organized PWD constituency has the right to participate and to organize in their chosen manner.*

*Umbrella coalition staff, if there are any, should facilitate the logistics of the coalition’s work and should not be empowered to make decisions or to represent the coalition to external actors. Those whose rights are at stake, representing member organizations, should represent the coalition in all external relations and consultations. Multiple representatives are ordinarily needed to effectively represent the diverse constituencies whose rights are stake and to contribute their respective expertise.*

1. In Paragraph 14(c), change ‘umbrella organization’ and ‘umbrella DPO’ to *umbrella coalition, and* omit ‘which each represent one or more related disabilities’ and the sentence regarding the number of possible umbrella coalitions.
2. Insert after paragraph 16:

*The Committee notes with concern cases where umbrella coalitions of DPOs/OPDs are undermined by the presence of service provider- and/or family member-led organizations; e.g., when these organizations are treated as representatives of a PWD constituency or hold voting rights. Umbrella coalitions may choose to admit non-DPOs/OPDs committed to DPO/OPD leadership; admittance of non-DPOs/OPDs should be subject to approval by the relevant constituency or constituencies and cannot be as of right. Any coalition or federation participating in CRPD implementation or monitoring activities must meet the criteria for an umbrella coalition of DPOs/OPDs and enable the full and equal participation of all member PWD constituencies in order to be accepted as a joint representative body [see our amendments to paragraph 14(b)/14bis below].*

1. Paragraph 41 conflates the question of support for the establishment of an umbrella coalition with the role of DPOs/OPDs in national monitoring. It should focus on States’ obligation to *facilitate the participation of DPOs/OPDs in national monitoring through the establishment of consultation mechanisms open to all DPOs/OPDs and independent PWD advocates*. It is not the state’s role to prescribe the relations among DPOs/OPDs as a pre-condition for participation. The obligation to support the establishment of DPOs/OPDs and umbrella coalitions should be moved elsewhere and rephrased:

*States parties should, through appropriate means that respect the freedom of association and the independence of civil society, support the establishment of individual DPOs/OPDs and of representative umbrella coalitions that meet the criteria in paragraph 14bis, to promote the ability of DPOs/OPDs to effectively coordinate their participation in national implementation and monitoring processes, and to facilitate the participation of independent PWD advocates.*

1. Revise paragraph 75(d):

*To support the establishment of an umbrella coalition of DPOs/OPDs, which is open to all single DPOs/OPDs of PWDs, whether single-constituency or cross-disability, and which works on the basis of parity of constituencies and respect for the leadership of each constituency on its own issues, to ensure the inclusion and full participation of persons with all kinds of disabilities in the monitoring process.*

1. **Scope and nature of participation**
2. We propose a new paragraph 12bis:

*States parties must take into account that consultation of PWDs should be conducted in a manner that allows them to exercise ‘considerable influence’ over relevant policies, as indicated in Rule 17 of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, a non-binding predecessor document to the Convention. As States’ obligations are equally applicable to all PWDs under Article 1, all constituencies of PWDs whose interests are affected in a particular matter must be consulted on a basis of parity regarding both process and outcome, subject to the possibility of affirmative action for those subjected to multiple and intensified discrimination.*

1. **Article 4.3**
2. The phrase ‘due consideration and weight’ recalls obligations related to children’s participation in decision-making, and is not appropriate for adults with disabilities. Replace paragraph 21’s final sentence with:

*Their respective views must be centered and prioritized, and they must be duly informed of the outcome of the process, and in particular of the findings, considerations and reasoning of decisions, together with justifications under the CRPD and its jurisprudence, including a detailed explanation of how the respective views of DPOs/OPDs were considered and on what basis they were accepted or rejected.*

1. Paragraph 22 should uphold and elaborate on the obligation to directly consult disabled children, which is explicitly stated in the text, and should differentiate between organizations of disabled children and those of their parents.
2. In paragraph 23, following ‘to participate in society’, add:

*and combat discrimination and prejudice that impedes such participation;*

 and following ‘stigma’ add *and retaliation.*

1. **Article 33.3**
2. To avoid confusion, Section II.C title should be *Scope of article 33.3,* following the format of II.B. This section’s content is reiterated more precisely within paragraphs 71-73. As 33.3 is part of the primary content, those paragraphs should be transferred to Section C and combined with the relevant elements of paragraphs 26 and 27 on participation of individuals not affiliated with DPOs/OPDs, the role of DPOs/OPDs in the national monitoring mechanism or its board, and with paragraph 28 on funding and accessibility.

DPOs/OPDs are independent actors that have a direct relationship with international mechanisms, to which they contribute both expertise and first-hand information. We respectfully reject the notion that NHRIs have a role in bridging DPOs/OPDs with the international system for the promotion and protection of human rights, and request that this clause be omitted from both paragraph 27 and paragraph 72. Replace that text with:

*NHRIs should collaborate with DPOs/OPDs and support the independent role of civil society, and particularly DPOs/OPDs, in engaging with national and international mechanisms.*

In paragraph 27 we agree with the bracketed text on inclusion of DPOs/OPDs in NHRIs and their boards. Add *with parity among the different constituencies.*

1. **Obligations**
2. We propose adding to paragraph 31:

*They should also ensure that the format and means of participation in meetings are accessible for all PWDs, including autistic persons and persons with actual or perceived psychosocial disabilities.*

1. Paragraph 33 should avoid the implication that DPOs/OPDs are under any obligation to compromise their advocacy positions or independence in order to conform with States parties on any matter. The two bracketed sections should be replaced with:

*States must engage and consult with DPOs/OPDs in a process that is transparent and fair, and sincerely seeks to learn about the situations confronting PWDs and develop remedies in line with their obligations under the Convention.*

1. Paragraph 33 should clarify what it means to recognize that DPO/OPD representatives may be volunteers. We propose an obligation to *ensure that consultation times and places are feasible for people who work at other jobs or do not have funding for travel. Telephone or internet meetings should be an option.*
2. Omit Paragraph 34 (which largely repeats the content of paragraphs 21 and 35), or rephrase: *DPOs/OPDs’ views must be* *centered and prioritized* (not ‘given due weight’). Omit the bracketed text, which fails to prioritize DPO/OPD views over others. Rephrase the last sentence as indicated above for the same language in paragraph 21.
3. Paragraph 35 must omit the second-to-last sentence or replace ‘other stakeholders’ with *DPOs/OPDs.*
4. Change Paragraph 38, second sentence, to:

*States parties must ensure that consultation processes are fully accessible – e.g., providing sign language interpreters, Braille and Easy Read – and must provide appropriate non-conditional support, funding and reasonable accommodation as needed (see GC6), to ensure the participation of representatives of all* *PWDs in the consultation processes, as indicated in paragraph 36 above.*

1. Paragraph 39’s first sentence should refer to *supplementary data on* *the situation of PWDs with respect to the exercise and enjoyment of human rights; and on how to remove actual or potential barriers in the physical, legal and societal environment.*
2. Paragraph 40 should elaborate on the purpose of consultation with service users:

*To fulfil their primary responsibility for service provision, States’ parties should explore partnerships with DPOs/OPDs to gain input from service users. This input should be decisive in setting policy, establishing programs and making decisions about which services to provide and how best to deliver them.*

1. Paragraph 44 should distinguish between funds for participation and funds for service providers as follows:

*Funds for effective participation should not flow through service providers; rather, they should be given directly to existing and potential DPOs/OPDs focusing primarily on advocacy.*

1. Paragraph 45 should add:

*In order to enable existing and potential DPOs/OPDs to function optimally as representative organizations, States should provide access to information and training on good governance practices, and on how to ensure participation and diversity internally, through appropriate means that respect DPOs/OPDs’ independence and freedom of association.*

1. Paragraph 54 is unclear. The principle of non-discrimination in consultation procedures bears no particular relation to the establishment of DPOs/OPDs specifically of young persons; and the reference to early intervention is inappropriate in discussing participation and should be removed. Rephrase and amplify the valuable point made in the first sentence thus:

*Any existing consultation procedure should neither exclude PWDs nor discriminate based on disability. PWDs have interests and concerns in all areas of life and have a right to participate equally with other sectors.*

1. Rephrase and amplify Paragraph 57, second sentence, regarding positive images of PWDs, thus:

*particularly persons with albinism, persons with actual or perceived psychosocial disabilities, persons with intellectual disabilities, and deafblind persons, as human rights holders exercising their rights and contributing to positive changes in society.*

1. In paragraph 57’s second sentence, it is problematic to center gender in this context, unless an explicit argument is made that gender stereotypes are central to all oppression. Refer instead to *disability stereotypes, combined with gender and other stereotypes*.
2. Paragraph 64 should refer to *PWDs, including children with disabilities, and when appropriate, the families of children with disabilities.* CRPD deliberately and necessarily centers PWDs as rights holders, despite the supportive roles that families often play.
3. Add a paragraph on States’ obligations to *consult with DPOs/OPDs in preparing their reports for the Committee* and to *support, with all appropriate means* – *respecting the independence of DPOs/OPDs and their freedom of association, and on a basis of parity of constituencies* – *the opportunity for DPOs/OPDs to engage in parallel reporting and otherwise communicate with international human rights mechanisms.*
4. **Parity and specific expertise of constituencies**
5. Use the term *constituencies* rather than the discriminatory wording ‘impairment groups’. It is our experience of common forms of discrimination, rather than impairment, that forms the basis for the self-organized constituency of persons with actual or perceived psychosocial disabilities. (See our Submission I.) Furthermore, persons with actual or perceived psychosocial disabilities should never be merged into a single group with persons with intellectual disabilities.
6. The terminology LGBTI collapses distinct groups and communities. Lesbians often organize separately and play a distinct role in feminist movements. Gay men, bisexual persons, transgender persons and intersex persons are also discrete groups, and do not always organize as one unit. Paragraphs 36 and 53 should spell out the separate identities.
7. Add Paragraph 18bis, which is self-explanatory:

*Some processes will pertain to one or more particular constituencies of PWDs; in such cases they and their particular representative DPOs/OPDs, rather than umbrella coalitions, are to be consulted at the national, regional and international levels. In designing policies to abolish detention and coercion in mental health services, it is the DPOs/OPDs of persons with actual or perceived psychosocial disabilities, and not the umbrella coalition, which must be consulted in order to fulfil the obligation towards those whose rights and interests are at stake, and in order to provide the requisite expertise based on accumulated knowledge.*

1. We propose adding to paragraph 20 an example of consultation on matters of general concern that should include DPOs/OPDs:

*For example, criminal justice policies and the design and implementation of restorative justice measures should be devised in consultation with persons with actual or perceived psychosocial disabilities, as there are linkages with issues of criminal responsibility and disability-based detention that affect this population, whose knowledge is essential to an inclusive and non-discriminatory outcome.*

1. The enumeration of diverse groups in paragraph 36 should be broadened and adjusted as follows to reflect the separateness of distinct groups:

*States’ parties must closely consult with and actively involve DPOs/OPDs that represent the vast diversity among PWDs and in society – including but not limited to persons with actual or perceived psychosocial disabilities; persons with intellectual disabilities; autistic persons; persons with albinism; persons with leprosy; persons with hearing and visual impairments; culturally Deaf persons; persons with physical impairments; persons with HIV/AIDS; persons with neurological and genetic conditions; persons with chronic physical illnesses and chronic pain; women; children; refugees and asylum-seekers; stateless persons; lesbians; gay men; bisexual persons; transgender persons; intersex persons;* *Roma and Sinti and other ethnic minority group members; members of indigenous and rural communities; and persons requiring high levels of support – through their DPOs/OPDs, and other actors must not obstruct the exercise of this right.*

1. Paragraph 43, in reference to training DPOs/OPDs in a human rights model of disability, should add:

*and on the normative standards of the CRPD, highlighting those of greatest interest to each constituency, with more in-depth training made available as needed.*

1. Reframe paragraph 46 to address both organizational and substantive policy needs of those exposed to multiple and intensified discrimination:

*Article 33.3, read in conjunction with article 4.3, requires State’s parties to provide DPOs/OPDs* – *including organizations of women with disabilities and of children with disabilities, and including organizations of persons with actual or perceived psychosocial disabilities; persons with intellectual disabilities; older persons; indigenous persons; and migrants, refugees and asylum-seekers with disabilities – with appropriate non-conditional and sufficient funding and resources to enable full and effective participation in the national monitoring framework, as well as in the process of drafting, development and implementation of laws and policies concerning all PWDs, including those most relevant to persons subjected to multiple or intensified discrimination.*

1. Paragraph 47 should add:

*They should ensure that all constituencies have parity in access to funding opportunities, including by providing training and capacity-building in organizational governance and finance, where necessary, to allow DPOs/OPDs to successfully compete for grants and other aid.*

1. Paragraph 52 should add:

*Reform processes intended to abolish discriminatory laws must prioritize the leadership of relevant DPOs/OPDs and provide them with the normative standards of the CRPD, including the General Comments and Guidelines issued by this Committee.*

1. Add to paragraph 55:

*Organizations of women with disabilities may be cross-disability or single- constituency; e.g., women with actual or perceived psychosocial disabilities. The diversity of constituencies and separate histories of their social movements must be recognized so that all women with disabilities have equal opportunities for participation.*

1. Add in paragraph 60, after first sentence:

*It is essential to involve DPOs/OPDs of persons with actual or perceived psychosocial disabilities; autistic persons; persons with intellectual disabilities; and older persons in the reform of laws, policies and practices relating to legal capacity, in line with General Comment No. 1.*

1. Revise paragraph 60’s next-to-last sentence to refer to *including persons with intellectual disabilities and persons with actual or perceived psychosocial disabilities and older PWDs*. Omit the reference to disabled children, whose relationship to legal capacity remains distinct from adults’. Revise the paragraph’s last sentence to:

*States must ensure the availability of supported-decision-making arrangements to enable participation in policymaking and consultations that respect the person’s autonomy, will and preferences.*

1. Paragraph 61, first sentence, should explicitly name *the maintenance of regimes of detention and forced treatment based on a person’s actual or perceived psychosocial disability* as the primary form of disability-based detention. Revise the last sentence to:

*DPOs/OPDs – and in particular those representing persons with actual or perceived psychosocial disabilities, persons with intellectual disabilities, older PWDs, and children with disabilities – must be consulted and involved in the development and implementation of new legislation and policies, and in the formulation of plans to ensure the prompt release of all persons detained against their will under discriminatory regimes based on notions of impairment.*

1. Revise paragraph 62 to:

*The full range of PWDs – including organizations representing persons with actual or perceived psychosocial disabilities and persons with intellectual disabilities, as well as organizations representing women with disabilities, older PWDs and children with disabilities – must be actively involved and consulted at all levels of decision-making.*

1. In paragraph 63 the reference to persons with psychosocial disabilities should be deleted.
2. In paragraph 65, add an obligation to *eliminate indirect discrimination; e.g., hiring policies that penalize periods of unemployment*.
3. In paragraph 66, add, after the reference to those who are unemployed or do not have a fixed income, *those who are homeless or lack stable housing* and *those who have been institutionalized* and *those who have been in jail or prison*.In the final sentence, omit the unclear and misleading phrase ‘the mainstream of disability’.
4. Paragraph 67 should add:

*Laws that make persons ineligible to vote or hold public office based on impairment, or through the removal of legal capacity in violation of Article 12, impede the ability of individuals with disabilities – and, indeed, of entire constituencies affected by such exclusion – to influence public policy on an equal basis with others, and negatively affect their status and effective participation in the consultations required by Articles 4.3 and 33.3.*

1. Paragraph 69 should mention explicitly, after type of impairment, *including persons with actual or perceived psychosocial disabilities*; and should omit the reference to the Washington Group on Disability Statistics, which fails to count this constituency, among others. The Committee may wish to indicate explicitly:

*Article 31 must be read in conjunction with the Convention’s purpose to promote, protect and ensure the rights of all PWDs, and with preamble paragraph (e), which recognizes that disability is an evolving concept. Until such time as the Washington Group materials count all PWDs – including persons with actual or perceived psychosocial disabilities, and others who remain excluded – they cannot be used to implement Article 31 obligations.*

1. Paragraph 70 should make explicit the necessity of consulting DPOs/OPDs *representing the diversity of PWDs as indicated in paragraph 36* regarding international cooperation.
2. Paragraph 73 should explicitly say *all representative* DPOs/OPDs must be consulted (third sentence), and call for procedures to involve PWDs *based on parity of constituencies* (fourth sentence).
3. Paragraph 75chapeau should refer to *women with disabilities, children with disabilities, and constituencies that have faced intensified or multiple discrimination.*
4. Paragraph 75(a) should add *the right not to be deprived of their legal capacity and the right not to be forcibly treated with mind-altering drugs*, as those measures similarly hinder a person’s right to participation.
5. Revise paragraph 75(c) thus:

*Establish permanent consultation mechanisms with DPOs/OPDs, respecting their autonomy and reflecting the diversity of PWDs, including children with disabilities, women with disabilities, and the country’s indigenous population, if such exists; and ensuring representation of all constituencies, including those that may have organized separately and/or remain underrepresented; e.g., persons with actual or perceived psychosocial disabilities, autistic persons, older PWDs, persons with intellectual disabilities, persons with albinism, and deafblind persons.*

1. Paragraph 75(e) should refer inclusively to *all constituencies of PWDs indicated in paragraph 36, including children, women, older persons, and indigenous PWDs.* Similarly revise paragraph 75(h).
1. \* The **Center for the Human Rights of Users and Survivors of Psychiatry (CHRUSP)** works for legal capacity for all, the abolition of committal, forced treatment and substitute decision-making, and the creation of supports that respect individual choices and integrity. CHRUSP is a non-membership DPO led by people with actual or perceived psychosocial disabilities and holds special consultative status with ECOSOC. Website [www.chrusp.org](http://www.chrusp.org).

The **Campaign to Support CRPD Absolute Prohibition of Commitment and Forced Treatment (Absolute Prohibition Campaign)** brings together people persecuted for actual or perceived psychosocial disabilities, and allies who work for the abolition of commitment, forced treatment and substitute decision-making. Website <http://absoluteprohibition.org>.

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