**Speech for Ms De Bruijn-Wezeman at the OHCHR Intersessional Consultation: Mental Health and Human Rights**

Ladies and gentlemen,

It is an honour for me to address you today at the intersessional consultation on mental health and human rights on behalf of the Committee on Social Affairs, Health and Sustainable Development of the Parliamentary Assembly of the Council of Europe.

Our Committee considers issues relating to, inter alia, social rights and policies and public health, having special regard to the situation of the more vulnerable groups in society.

I am the rapporteur for the report on deinstitutionalisation of persons with disabilities, which is foreseen to be debated by the Parliamentary Assembly in early 2022. This report is a follow-up to my last report on “ending coercion in mental health: the need for a human rights-based approach”, which led to the unanimous adoption of Resolution 2158 in 2019, and which was also supported by our organisation’s Commissioner on Human Rights.

All human beings are born free and equal in dignity and rights. For a long time, however, persons with disabilities were viewed as passive objects of care. A growing understanding of disability and movements pushing for equal rights has enabled a shift to a human rights-based approach to disability. Persons with disabilities must no longer be viewed as passive objects of care, but rather subjects with rights.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) was adopted in 2006 and represented a milestone in acknowledging the fundamental rights of all persons with disabilities, with no exception.

We have accomplished many things since the adoption of the CRPD, but there is still a long way to go to ensure that the fundamental rights of persons with disabilities are respected and upheld.

It is regrettable that 15 years after the adoption of the CRPD, we have not yet eliminated discrimination based on impairment, in particular involuntary placement and involuntary treatment within mental health care services, which affect the most fundamental rights of a human being, including the right to integrity and the right to liberty.

States Parties to the Convention must review their legislations and administrative measures to ensure that the fundamental rights of persons with disabilities are respected and upheld, including by recognising the legal capacity of persons with disabilities in line with article 12.

It is of paramount importance that states actively include persons with disabilities and their organisations when reviewing legislation and policies that affect them.

The CRPD should be considered the minimum standard when reviewing and developing legislation concerning persons with disabilities.

Deinstitutionalisation is a key stepping-stone to ending coercion in mental health. The process requires a long-term strategy that ensures that good quality care is available in community settings. As institutionalised persons are being reintegrated into society, there is need for comprehensive social services and individualised support in the deinstitutionalisation process in order to support these persons, and in many cases their families or other carers. Such support must be accompanied by specific access to services outside institutions, enabling people to obtain care, work, social assistance, housing, etc., thus also addressing the social determinants of health.

States Parties to the Convention must ensure that their legislation on this matter is in accordance with the CRPD and in particular article 19 on the right to live in the community, which provides the conditions for the full development of the personality and capability of persons with disabilities. If the process of deinstitutionalisation is not managed properly, and without due consideration of the special needs of each person concerned, this can have unfortunate consequences. The lack of support and monitoring can lead to abuse and violence, or a return to institutions.

As you may know, the DH-BIO, a specialised intergovernmental bioethics Committee of the Council of Europe, has put forward a draft additional protocol to the Oviedo Convention, which would have the effect of legalising involuntary measures in mental health. At the Parliamentary Assembly we strongly oppose this proposal, and so does our own human rights commissioner. I reiterate my message that the additional protocol would be in stark contrast to the CRPD and the fundamental rights of persons with disabilities. Together with my parliamentary colleagues, I will continue to work against its adoption.

Persons with disabilities have special needs, but the same rights as you and me. I believe it is important to have in mind also that these persons are some of the most vulnerable in our society, as was highlighted by the Covid-19 pandemic in which they are disproportionately affected.

I look forward to the fruitful discussions on how we can continue our work to ensure that the human rights and dignity of the persons concerned are upheld. Thank you for your attention.