



Brussels, 24 January 2019

Dear Secretariat of the DH-BIO Committee,

On behalf of the EDF delegation, including the European Disability Forum (EDF), the European Network of (Ex)-Users and Survivors of Psychiatry (ENUSP), Mental Health Europe (MHE), Inclusion Europe (IE) and Autism-Europe (AE), please find our recommendations regarding the scope and methodology of the study on good practices in mental healthcare.

Scope of the study

EDF delegation recommends that the study:

- Covers **any practices that prevent and replace the recourse to involuntary measures**, whether to prevent crisis or to address crisis situations when they emerge (hospital and community based, from a variety of providers);¹
- Adopts an **intersectional approach** and give examples of good practices applicable to various groups of users, taking specifically into account the situation of all groups of people who comprise the primary target groups of mental healthcare, particularly persons with psychosocial disabilities (who may self-identify diversely as mental health service users, survivors of psychiatric assault, mad persons, persons with mental health conditions, or in other ways), autistic persons, persons with intellectual disabilities and persons with cognitive disabilities, groups more at risks of involuntary treatments, including , people with additional disabilities including those who are deaf, women, persons from ethnic or racial minorities LGBTI people and older people;
- Complies with the rights enshrined in the most recent human rights international laws, in particular with the **UN Convention on the Rights of Persons with Disabilities**, including its Guidelines on Article 14 and General Comments, taking specifically into account the principles of dignity and autonomy and the right of equal recognition before the law, including:
 - The right to exercise legal capacity in all aspects of life, at all times including in crisis situations, and the right to utilize support in exercising that capacity according to the will and preferences of the person concerned;

¹ We would like to stress the difficulty to assess whether these practices in practice reduce involuntary measures in mental healthcare services, as a decrease or increase of involuntary placement and treatment may be due to a variety of external factors, not all measurable.

- The right to free and informed consent in health care including its corollary the right to refuse treatment;
 - The right to be free from all forms of torture and ill-treatment; and,
 - The right to liberty and to live independently in the community without any deprivation of liberty based on an actual or perceived mental health condition.
- Includes specific **guidelines/recommendations**, drawing from the good practices, on measures to be adopted by States to end involuntary measures in mental healthcare

Methodology

EDF delegation recommends:

- Establishment of a **“scientific” or “advisory” committee**. Experts from our organisations, especially experts who are users and/or survivors of psychiatry, should be a majority of those on this committee.
- Identification and approval of good practices done through the **consultation** of:
 - Users and survivors of psychiatry, and people with psychosocial disabilities and other disability groups that are directly targeted by mental healthcare including autistic people and people with intellectual disabilities;
 - Groups that have a heightened risk of involuntary treatment and placement, including women, persons from ethnic or racial minorities, people with additional disabilities, including deaf and deaf-blind people, LGBTI people and older people;
 - UN experts, such as the Special Rapporteur on the Rights of Persons with Disabilities and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and the UN Committee on the Rights of Persons with Disabilities;
 - WHO representatives leading the “Quality Rights” programme;
- Collect practices **from various European countries**, without requirements in term of length of implementation and number of services users;

We included in annex contacts of organisations and experts we recommend you to involve in the next steps of the study.

Yours sincerely,

European Disability Forum

European Network of (Ex)-Users and Survivors of Psychiatry

Mental Health Europe

Inclusion Europe

Autism-Europe