**Some contributions from Liberation members about the government’s progress with the Convention**

**Taking a human rights versus a medical model approach (Article 1)**

‘The government’s not doing that. Fundamentally, they’re talking about doing it, but on the ground there’s not much evidence of it. There’s a lot of rhetoric, but it’s the medical model that’s happening.’

‘There’s a basic, underlying problem. Our starting point about equality and human rights is still viewed through the lens of impairment and medically.’

‘Services see people as their impairments, or their health conditions.’

‘The government’s approach is patriarchal – about looking after us.’

‘They’re sticking with the medical model. They put people in boxes.’

The Human Rights Act and the Equality Act are not compatible with the CRDP. Yet the government’s even talking of replacing the Human Rights Act with its own Bill of Rights. Erosion of human rights will continue under this government.’

‘Government inaction is disgusting.’

**DDPO involvement (Article 4.3)**

**‘**I doubt it. The whole of the Mental Health Act White Paper, they put psychiatry in charge of that.’

’We need to uphold the CRDP and can only do that through an alliance between people with lived experience and other DPOs. But the fundamental issue is that the government wilfully cuts our funding instead of extending it into the infrastructure of DPOs. And there are barriers to DPOs setting up as charities etc – funding, bureaucracy.’

‘When the government develops laws and policies, it must closely consult and involve us. It doesn’t.’

‘The representation of DPOs needs looking at. There are big issues around the government’s use of charities – people speaking for us instead of involving organisations of us.’

‘There needs to be a fundamental shift in knowledge and awareness-raising about the CRDP. More people with lived experience need to be used to formulate policy.’

**Multiple discrimination (Articles 5 and 6)**

‘When will institutional racism, disablism be stopped?’

I don’t see much evidence about multiple discrimination being tackled. There’s a lot of talk about people being racist, but otherwise no.’

‘I’m black, disabled, male and a long-term user of mental health services. I’d be perceived as a triple threat. I have three identities. I go in as a mental health service user, so I have to drop my race, my disability - I’m in a wheelchair. Although we talk about being a whole person, that’s not what we receive. We are seen through the lens of siloed thinking. There are massive implications of this for mental wellbeing. You have to see the whole person.’

‘There’s a disconnect in government thinking. The government has said there’s no institutional racism, but now it’s acknowledged there is in sport.’

‘Exposure to chronic, social and economic disadvantages has a major effect on physical and mental wellbeing. That partly explains racial disparities here.’

‘The government’s track record on LGBTQI+ issues is shameful.’

‘People also don’t understand that we’re also fluid in our identities’. That adds issues.’

‘If you’re older, you’re seen as worthless, a drain, unless you’re still economically active that is.’

‘Building back better after Covid needs to mean leaving no-one behind.’

**An end to substitute decision-making, detention in psychiatric hospitals and forced treatment (Articles 12 and 14)**

‘These are just discrimination.’

‘They think you don’t know what’s good for you. It’s like you’re a child.’

‘They take people in mental distress and turn that into people who are incapable of knowing what’s good for them, which is nonsense.’

‘Criminals can’t be locked up for something they might do, or be forced to take drugs they don’t want. Are distressed people worse than criminals?’

‘Being forcibly detained is treating coercion as if it’s care and the White Paper just tweaks what’s already there in the Mental Health Act. It doesn’t give us the fundamental human rights we deserve. We’re human beings!’

‘I think that the terminology mental health does not help us. These words bring up the thought of people who are a danger to themselves and others and need to be locked up and controlled by drugs in case they do something. Instead, they need to think of people being in a crisis which they need help to deal with in a safe environment of their choosing and kept safe until the crisis passes.’

‘This country has a long history of institutionalising people just because they’re seen as different.’

People need to answer the question: I am sane. How would I feel if this was done to me?’

‘The worst thing I felt was you had no power and they could do what they liked to you.’

‘I was only in for eight days and I was totally traumatised.’

‘They’re killing off your internals. Why aren’t you warned that psychiatric drugs can be addictive? There’ve been drives to do that with other drugs like codeine. Instead, they play around with the word addiction, say psychiatric drugs are not addictive because they don’t cause a craving, but they need to clarify that you’ll suffer withdrawal symptoms when you try to come off them.’

‘Even in normal medical history, there’s a long history of doing things because it was fashionable, like removing people’s tonsils. Psychiatric drugs are still used because they are seen as helpful, even though there’s a lot of evidence now that they’re harmful.’

‘It’s a terrible thing that drugs are forced on people, even if they have made an advance choice document against it.’

**Freedom from discrimination, degrading treatment and abuse**

‘The worst part is how people are being maltreated and abused in the name of mental health. General psychiatry is coercive and abusive.’

‘When women are raped on psychiatric wards, it’s not reported. You don’t want to cause trouble, because, if you do, things will be worse for you.’

‘I alerted the safeguarding team around the hate crime my son was facing. When will we disabled mothers of colour be valued and heard?’

‘There’s been a massive increase in disability hate crime. Government rhetoric hasn’t helped. It’s opened the door to othering us.’

**Independent living in the community with equal access to health services, an adequate standard of living, leisure opportunities, education, voluntary work and employment (Article 19)**

‘The government has weaponised the word vulnerable for mental health service users, older people, people with learning difficulties, other Disabled people, to mean we must be looked after, cared for, even when we go to bed decided for us.’

‘Our children with disabilities are not valued, right from the start their human rights to life are abused and throughout life we have to struggle.’

‘My son who had s procedure done in day surgery was allowed to walk out of recovery without me being present, although I requested to be there. As he masks his autism well, no consideration was taken, just like the time he was allowed to walk out of resus without any care or support, also from acute care while being on oxygen therapy and a nebuliser.’

‘Chronic disparities have implications for how you deal with anxiety and stress. We try to go on for as long as we can, but we’re locked in poverty, poor housing and unemployment. Feelings of stress can themselves lead to an early death. When the last piece is pulled out, you collapse.’

‘Look at social care. It’s going backwards. Most LAs have introduced charges and these fundamentally disadvantage Disabled people.’

‘In the benefit system, mental health is treated as different. If you can’t leave the house because of overwhelming psychological distress, you’re given fewer points than if you can’t leave it because you can’t walk far.’

‘We have a degrading life because of inadequate resources.’

‘The government has cut, cut, cut during the last 10 years.’

‘The government needs to invest in people and communities.’

‘You need to use section 1 of the Care Act for promoting wellbeing because it’s an existing mechanism. You need to build the infrastructure like you would a house. A strong house needs a sturdy foundation. You need to maintain it and repair it when there’s a crisis like Covid. You need prevention and early intervention.’

‘There needs to be more money like for grass roots things.’

‘Private mental health hospitals are keeping people there because it’s a cash flow issue.’

‘The government needs to invest in awareness of independent living. I’d love to see an Independent Living Bill.’

Dorothy Gould

29th November 2021.