

To the UN Committee on the Rights of Persons with Disabilities
Suggestions Regarding a List of Issues in Relation to the Initial CRPD Report of Canada
By the Mad Canada Shadow Report Group

Articles 1, 2, 3, 4: Purpose, Definitions, Principles, Obligations

1. Please inform the Committee when Canada will comply with foundational principles in the CRPD by revoking its Reservations, Understandings and Declarations as well as signing the Optional Protocol.
2. Please inform the Committee of measures to review federal, provincial and territorial legislation, especially mental health legislation, and public policies for aligning it with the Convention, and to ensure that discussions in parliament and legislative assemblies on draft laws include the human rights approach to psychosocial disability as set out in the CRPD (art. 4).
3. Please provide information on mechanisms put in place at the federal, provincial, territorial and municipal levels to facilitate consumer and survivor representative structures in order to establish full participation in the implementation and monitoring of the Convention.
4. What administrative, financial, and/or legislative measures is Canada taking to consult with individuals with psychosocial disabilities and/or their representative organizations?
5. Please provide information about the situation of Indigenous persons with psychosocial disabilities and indicate what measures have been taken to ensure that Canadian psychosocial disability legislation and policies do not impede them.

Article 5: Equality and non-discrimination

6. Please provide information on the means by which Canada identifies and repeals legislation allowing for non-consensual interventions on persons with psychosocial disabilities.¹

Article 6: Women with disabilities

7. Is Canada training health care professionals to prevent the use of psychiatric diagnoses as a justification for depriving women of their right to give birth and care for their children?
8. How will the government legally protect women from having psychiatric labels used against them in assault, custody, or other legal disputes?
9. How will Canada ensure that Indigenous women with psychosocial disabilities are not prevented from exercising full development, advancement, and participation in all facets of Canadian society?
10. What specific measures are in place to address the disproportionate levels of systemic

¹ The UN CRPD Committee in its Guidelines on Article 14 says that forced treatment, as well as the use of restraints, is inconsistent with the prohibition of torture and other ill-treatment in article 15. Also refer to General Comment 1, paragraph 42, indicating that forced treatment is ill-treatment or torture.

violence against women, and specifically Indigenous women and women with disabilities, as well as the special vulnerabilities of women with psychosocial disabilities?

Article 7: Children with disabilities

11. Please provide details on how Canada accommodates and fully meets the needs of children with psychosocial disabilities, including autism and multiple disabilities, while addressing such problems as the overmedication of youth in schools, youth homes, and other facilities.

12. Please provide details on how issues concerning Indigenous children with psychosocial disabilities will be addressed, especially in relation to suicide, self-harm, adoption, psychiatric diagnoses, treatments, and detention.

Article 8: Awareness-raising

13. Please provide details of any measure taken to promote awareness of CRPD-based human rights beyond the medical model in the training and education of mental health practitioners, including therapists, social workers and general practitioners.²

14. Please provide plans to promote a CRPD-compliant human rights model for addressing psychosocial distress and difference ("mental health") through mass media campaigns. Are any initiatives in this regard planned or implemented in close consultation with organizations of persons with psychosocial disabilities? Are any plans being made to provide, or restore, funding of such organizations?

15. Please describe communications measures that would help Canadians to prevent discrimination based on psychiatric labelling (e.g., micro-aggressions, employment barriers, incarceration, and eugenics). Bio-psychiatric diagnoses are known to increase the stigma they supposedly combat when they are used to explain behavioural differences and distresses in persons with psychosocial disabilities.³

Article 10: Right to life

16. Please indicate what the Canadian government is doing to prevent loss of life, reduction of life expectancy, iatrogenic disablement, shortened life span, diagnostic categorization of lived experience resulting in blunted affect and reduced participation, imposition of living arrangements, and other common documented results arising from coercive treatment and civil commitment.

Article 12: Equal recognition before the law

17. Please indicate how Canada will relinquish its opposition to Article 12 allowing for universal enjoyment of the right to decide what is done with one's body and mind, including

² Please refer to the CRPD Committee's training documents, to Guidelines on Article 14, and General Comment 1.

³ Read, J., Haslam, N., Sayce, L., and Davies, E. (November 2006). "Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach." *Acta Psychiatrica Scandinavica* 114 (5): 303–318. Retrieved 18 July 2016.

the imposition of treatment in the service of criminal or civil constraints.

Article 13: Access to justice

18. Please advise whether Legal Aid is provided in all provinces and territories for persons with psychosocial disabilities who may be unable to represent themselves or may be unable to afford the cost of legal representation for all legal issues (e.g., family law, human rights, guardianship, involuntary treatment and commitment, tenancy, employment, etc.).

19. Please provide details of any legislative and other measure put in place to ensure that persons with disabilities who have been deprived of their liberty in the context of psychiatric and/or criminal proceedings, especially Indigenous and racialized people who are overrepresented in correctional and psychiatric systems, benefit from the same procedural guarantees as all other persons and are provided with the required reasonable accommodations. Please note that "not criminally responsible" findings are contrary to CRPD principles, as evidenced in Kenya's Concluding Observations.

20. Given the need for independent advocacy by organizations not receiving mental health funding, will the government work with the Department of Justice and/or other bodies to establish advocacy services with input from persons with psychosocial disabilities?

Article 14: Liberty and security of the person

21. Please inform the Committee of measures to review federal, provincial, and territorial mental health legislation and public policies in order to discontinue involuntary treatment and committal. Also, what legislative measures are being taken to ensure free and informed consent as set out in Article 14?

22. Please explain how persons with psychosocial disabilities will be streamed out of prisons after being put there for the purpose of care. Rather than simply being coerced into psychiatric treatments, will they be offered non-coercive services, including safe, affordable housing, employment assistance and self-help alternatives?

23. Please indicate how people in forensic psychiatric facilities (especially youth, Indigenous, and racialized people) will be protected from rights abuses like those that led to the death of Ashley Smith.

Article 15: Freedom from Torture or cruel, inhuman or degrading treatment or punishment

24. Please provide details on administrative and other protocols in place to provide legally sound, substantive proof that people are giving informed consent to treatment, as well as medical or scientific experimentation.

25. Please explain how Canada will implement measures to prevent the continuation of placing persons with psychosocial disabilities in coercive environments for the purpose of subjecting them to non-consensual or coercive treatments. This occurs even with the use of therapeutic contracts that assume no power differentials in therapeutic care. Often, people who ask for treatment or services can only get them through coercive systems.

26. Please indicate how the government will collect and act upon indications from mental health organizations, and from organizations of persons with psychosocial disabilities, that certain therapeutic interventions are harmful, restrictive, and/or ineffective.

27. How will information be provided to the public and to health practitioners regarding iatrogenic harm (medically induced illness or disablement) or adverse effects from medications, electroconvulsive therapy, and other therapies? If iatrogenesis isn't addressed, how can Canada ensure free and informed consent, and avoid "soft" coercions such as outpatient committal?

28. Please describe how Canada will address discrimination based on the physical disablement of persons with psychosocial disabilities (e.g., tremor due to tardive disorders). These effects are often attributed to mental illness, creating a cycle of dependency and disablement. What measures are being taken to identify iatrogenesis as a physical problem rather than "all in the mind"?

Article 16: Freedom from exploitation, violence and abuse

29. Please explain what measures are in place to gather the testimony of survivors of violence and abuse in the context of mental health care, in order to understand and effectively assist survivors, especially those with differences that have been targeted, such as people from LGB2TTIQQ communities.

30. Please describe methods of monitoring and ensuring human rights adherence in mental health treatment facilities, including transition services for transgender people, and of ensuring consultation with and leadership by persons with psychosocial disabilities.

31. Please provide information on violence against persons with psychosocial disabilities (for example, immigrants who are assaulted or killed by police), and on mechanisms for providing redress for victims and their communities. These mechanisms should accommodate differences such as gender, sexuality, culture and age.

32. Please explain how mental health service providers are being educated to recognize and report exploitation, violence, and abuse of persons with psychosocial disabilities in context of psychiatric services and therapeutic services.

33. Please inform the Committee whether all services and programs designed to serve persons with psychosocial disabilities are effectively monitored by independent authorities, specifying who the independent authorities are, and how they can effectively monitor services and programs such as forensic psychiatric facilities or psychotherapy sessions.

34. Please inform the Committee as to what kind of policies and legislation are in place to ensure that instances of exploitation, violence and abuse are identified, investigated, and prosecuted. This includes bribes (such as offering housing in exchange for compliance) or ignoring complaints of patients who have been assaulted by staff.

Article 18: Liberty of movement and nationality

35. Please state what measures are in place to ensure there is no loss of voluntary, CRPD-compliant services for persons with psychosocial disabilities when moving within a province or territory, or moving from one province or territory to another within Canada (e.g., educational accommodation standards, income support levels, medical costs, rehabilitation, homecare, etc.).

Article 19: Living independently and being included in the community

36. Please provide details on what will be done to eliminate legal measures that constrain persons with psychosocial disabilities, such as mandated treatment in the community (i.e., Community Treatment Orders) and civil commitment, resulting in reduced participation in community activities, political and public life.

37. Please explain how Canada will strive to protect the autonomy of elders, youth and other citizens, by training service providers to avoid the use of overmedication and chemical restraints in managing and controlling persons on wards, in care homes, in schools and elsewhere.

38. Are there any plans to introduce independent living benefits for persons with psychosocial disabilities, including budgets for personal assistance?

39. How will Canada prevent the use of stringent behavioural and therapeutic conditions imposed in exchange for housing for people with psychosocial disabilities, including addictions? For example, can they ensure that databases like HIFIS are not being used to monitor behaviour and compliance in housing programs managed by public service providers?

Article 21: Freedom of expression and opinion, and access to information

40. Please provide details on how information will be gathered, reproduced and distributed to the public to allow for more free and informed decisions (e.g., by way of more critical information) regarding standard psychological and psychiatric interventions and treatments, and how persons with psychosocial disabilities can lead such projects.

41. Please indicate how critical information about treatments will be protected from being obfuscated by powerful stakeholders, including pharmaceuticals and psychiatric organizations.

42. Please explain how Canada will promote an equity and human rights model in line with the CRPD and Article 14 Guidelines for appreciating and understanding and accommodating distress and psychosocial differences, rather than imposing a biomedical model that perpetuates stigma.

Article 22: Respect for privacy

43. Given the sensitive and confidential nature of psychological counselling, how does Canada ensure that the medical privacy rights of persons with psychosocial disabilities are respected such that health care and other services are not predicated on sharing psychiatric or counselling information.

Article 23: Respect for home and the family

44. Please provide details of any measure taken to enable persons with psychosocial disabilities to form families and to become parents on an equal basis with others.

Article 24: Education

45. How are persons with psychosocial disabilities facilitated, encouraged and supported in pursuing advanced education, despite the debilitating effects of psychiatric treatment, labelling and prognostication?

46. How are persons with psychosocial disabilities being helped to educate each other and the public about the effects of psychiatric treatment and about alternatives?

47. How will Canada remedy barriers to education such as denying disability-based education grants if a disabled student cannot find employment to pay back student loans?

Article 25: Health

48. Please indicate how non-coercive and holistic services will be made available to Canadians in a timely manner, through public health coverage, in place of coercive and forced interventions, for example in regard to people with substance abuse issues, multiple diagnoses, and multiple disabilities.

49. Please show that Canada is committed to giving people involved in the psychiatric and/or criminal justice systems access to non-coercive services and treatments, especially in relation to substance abuse issues.

50. Please inform the Committee whether mainstream physical health services are accessible and free of discrimination based on psychiatric diagnoses.

51. Please explain how Canada will provide choice in treatments and prevent coercive biomedical treatments for psychosocial difference and distress, and in particular the framing of emotional and social problems as "mental health issues" requiring invasive interventions.

Article 26: Habilitation and rehabilitation

52. Please explain how Canadian mental health services will begin the process of helping and rehabilitating people with iatrogenic impairments resulting from bio-psychiatric and other treatments (e.g., memory loss from ECT, diffused attention from neuroleptics, and suicidal or aggressive abreaactions to antidepressants).

Article 27: Work and employment

53. What is Canada doing to abolish sheltered workshops?

54. How does Canada rehabilitate persons with iatrogenic injuries from psychiatric treatment to become employable and supported in seeking gainful employment?

55. What efforts has Canada made to promote the self-employment of persons with psychosocial disabilities?

56. How is Canada addressing the substandard accommodations for persons with psychosocial disabilities in advanced education and employment training?

57. What is the rate of employment and income for persons with psychosocial disabilities in private industry and the public service?

Article 28: Adequate standard of living and social protection

58. How is Canada meeting the needs of war veterans with psychosocial disabilities in regard to income, social protection, and peer to peer disability networks?

59. How is Canada addressing the disproportionate rates of suicide, addictions and psychosocial disabilities amongst Indigenous people in the three Territories and rural Canada?

Article 29: Participation in political and public life

60. Please show that Canada is committed to giving persons with psychosocial disabilities, including those being detained or constrained, access to political processes that affect them, as well as providing them with assistance in self-representation as a community.

Article 30: Participation in cultural life, recreation, leisure and sport

61. Please indicate how arts council funding in Canada is committed to giving persons with psychosocial disabilities access to cultural production, not only for the purpose of exploring life experiences attributed to "mental health issues," but also, and especially, for examining human rights issues resulting from their incarceration and forced treatment.

Article 31: Statistics and Data Collection

62. Please inform the Committee of the number of persons with psychosocial disabilities currently institutionalized or deprived of their liberty under psychiatric and criminal proceedings, according to age, gender, and race.

63. Please indicate how Canada plans to obtain statistical data on coerced and forced interventions, such as: isolation; mandatory treatment in the community; the use of restraints, including chemical restraints; and the use of treatments with links to iatrogenesis, and especially electroconvulsive therapy and neuroleptic treatment, so that these abuses can be stopped, as per Article 14.

64. Please provide information on how statistics on coercive and forced treatment, as well as psychiatric diagnostic data, will be collected, shared with the public, and used in the establishment of free and informed consent, non-coercive and holistic treatments, and human rights monitoring in line with CRPD, General Comment 1, and Article 14 Guidelines in psychiatric, forensic, correctional, educational and other systems.

65. Does Canada plan to keep statistics on: women and girls sexually harassed/abused by psychiatric staff; women and girls psychiatrically incarcerated and/or forced to take psychiatric drugs due to non-conformist gender roles/behaviour; children psychiatrically incarcerated and/or forced to take psychiatric drugs due to psychiatric pathologization of normal childhood behaviour; suicides caused by psychiatric labelling/treatment; and Indigenous people kept from using traditional healing methods in lieu of psychiatric treatment?