

COVID-19 and persons with psychosocial disabilities

Pan African Network of Persons with Psychosocial Disabilities

Redesfera Latinoamericana de la Diversidad Psicosocial

TCI Asia Pacific (Transforming communities for Inclusion of persons with psychosocial disabilities, Asia Pacific)

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

Center for the Human Rights of Users and Survivors of Psychiatry (CHRUSP)

World Network of Users and Survivors of Psychiatry (WNUSP)

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We, persons with psychosocial disabilities from regional and international organizations across the world, are concerned about the vulnerability of persons with psychosocial disabilities to COVID-19 infection and deaths. ‘Persons with psychosocial disabilities’ refers to a historically discriminated and marginalised group that includes users and ex-users of psychiatry, victims-survivors of psychiatric violence, mad people, voice-hearers, and people with psychosocial diversity.

People with psychosocial disabilities may be at **increased risk of contracting coronavirus** as a result of:

- their being placed and/or deprived of their liberty in psychiatric units and institutions, social care institutions, vagrancy homes, unregulated and informal 'shelters', jails, prisons, and correctional facilities, where they are unable to exercise social distancing as per their will and preferences;
- the inherent risk of infection in these environments, exacerbated by their being overcrowded and unsanitary, and places where ill-treatment tends to occur;
- barriers in accessing health information, including lack of information in plain language and communication support;
- barriers in implementing preventive hygiene measures due to poverty, unequal access to resources within households and homelessness;
- mistreatment and abuse;
- lack of social support networks and inclusive communities; and
- the systemic discrimination against persons with psychosocial disabilities, especially of women, children, older persons, LGBTQIA+ persons, indigenous persons, persons of diverse race, colour, descent, caste, national or ethnic origin, persons of different religious affiliations, persons with other disabilities, and other groups otherwise facing multiple and intersectional discrimination.

People with psychosocial disabilities may also be at **increased risk of developing more severe symptoms and dying** due to:

- poor nutrition, healthcare and sanitary conditions in psychiatric units and institutions, social care institutions, group homes and prisons;
- weakened immune systems due to poor nutrition, neglect, institutionalization and homelessness, including in children and older persons with psychosocial disabilities;
- long-term consequences of physical, psychological and sexual violence and abuse, particularly against women with psychosocial disabilities;
- reluctance to access the health system due to experiences of discrimination, dismissiveness, neglect, violence and traumatization in that system;
- underlying health conditions such as diabetes and hypertension caused or exacerbated by psychiatric drugs, often administered against people's will or under coerced consent; and
- barriers in accessing healthcare and lack of health insurance coverage.

States have the responsibility under international law to respect and ensure the human rights of people with psychosocial disabilities on an equal basis with others. This responsibility is heightened during a national and global emergency, such as the COVID-19 pandemic. The vulnerabilities highlighted during the pandemic as a result of structural discrimination, discriminatory legislation, and practices of exclusion and violence both in communities and in medical and social care settings, must be taken into account and remedied both during the emergency and afterwards.

We remind states that the **Convention on the Rights of Persons with Disabilities** requires states to abolish involuntary admissions and treatment in mental health settings and to release those detained and treated against their will under such regimes. This obligation is not suspended during the COVID-19 pandemic, as discriminatory detention is never justified, nor is the administration of mind-altering treatments against a person's will.

We call on national and local governments to implement the following measures:

Institutional settings

- Drastically reduce the number of people in psychiatric units and institutions, and institute a moratorium on involuntary admissions. Ensure that no one is compelled to remain in such settings against their will, where they are at greater risk of infection, more severe illness, and death.
- Urgently implement sanitary and preventive measures to avoid infections in psychiatric units and institutions, social care institutions and group homes, including environmental cleaning and disinfection, air circulation, regular hand hygiene and free access to sanitary supplies such as soap, hand sanitizer, toilet paper, and paper towels. People should not have to go to a centralised place to get sanitary supplies. Staff must be required to comply with all sanitary and preventive measures.
- Stop the use of seclusion, restraints, non-consensual medication, and any restriction on using the lavatories in psychiatric units and institutions. In addition to being contrary to people's dignity and integrity, these practices inevitably generate unsanitary conditions and cause severe stress and physical deterioration, resulting in weakened immunity.
- Provide people in psychiatric units, institutions and group homes with access to the latest information about COVID-19, and enable them to keep in touch with their friends and family. People should not be banned from leaving their rooms or having contact with the outside world as a way to prevent infections. While preventive measures to avoid infections from visitors are needed, blanket policies barring visitors are disproportional and can expose people to further abuse and neglect. Alternative means of

keeping in contact, such as telephone and Internet, must be allowed without restriction.

- Drastically reduce the population in jails, prisons and correctional facilities, including by releasing those who are in pre-trial, imprisoned for non-violent offences, or scheduled to be released soon, including persons with psychosocial disabilities on an equal basis as others.
- Ensure in each and every case that people deprived of their liberty and those in congregate settings are tested in a timely manner, given their differential vulnerability, and that all such settings implement proper sanitary and preventive measures. When an outbreak occurs in an institutional setting, those affected must be moved to competent healthcare facilities, and the rest should be removed from the infectious environment. Any quarantine efforts must not result in persons being put into more restrictive environments, such as solitary confinement.

Non-discrimination

- Ensure that persons with psychosocial disabilities have equal access to testing, healthcare and public information related to COVID-19. Quality healthcare should be provided to those infected without discrimination of any kind, and regardless of health insurance coverage. Persons with psychosocial disabilities should not be diverted from mainstream hospitals to psychiatric units and institutions for treatment, where healthcare for COVID-19 is often of a lower standard.
- Public restrictions based on public health, and actions of law enforcement and security personnel, must not discriminate in any way against persons with psychosocial disabilities. Psychiatric coercive measures must not be used as any part of the response to COVID-19. Human rights standards and mechanisms offering protection to persons deprived of their liberty and those in congregate settings, including those in psychiatric units and institutions, must remain in effect and not be reduced as part of emergency measures.
- No one should be compelled to take psychiatric drugs or other treatments that inflict suffering and that compromise their health or immune systems. Compulsory treatment orders must be lifted, and no new ones introduced, as required by international law.
- Ensure persons with psychosocial disabilities are not discriminated against in accessing the temporary measures implemented by governments to ensure the continuity of services during the COVID-19 outbreak, including education and social protection programs.

Community support

- Ensure continued access to support for people experiencing distress or unusual states of consciousness during the COVID-19 outbreak, including through call-in and online psychosocial support and peer support, based on respect for individual will and preferences.
- Step up efforts to develop a wide range of community-based services that respond to the needs of persons with psychosocial disabilities and respect people's autonomy, choices, dignity and privacy, including peer support and other alternatives to conventional mental health services.
- Guarantee voluntary access to psychiatric drugs during the COVID-19 outbreak for those who want them, and offer support to anyone who wants to come off their medication or experience home-based withdrawal.
- Prepare and encourage communities to be supportive of one another in an inclusive way, including of persons with psychosocial disabilities, during the COVID-19 outbreak. This is especially important since mandatory quarantine, home confinement and information overload may result in heightened states of distress.
- Provide practical support, such as support with obtaining food and supplies, for people with psychosocial disabilities who may be unable to leave their homes due to quarantine or experience difficulty with leaving home during this period of heightened concerns about contamination.
- Consider flexible mechanisms to authorize people with psychosocial disabilities to be able to leave their homes during mandatory quarantines, for short periods and in a safe way, when they experience particular difficulty with home confinement.
- Adopt additional financial measures to support people with psychosocial disabilities who may need to self-isolate during the COVID-19 outbreak, particularly those who live in poverty, or are unemployed or self-employed.
- Encourage media to report responsibly and accurately about the COVID-19 outbreak and the general population to exercise critical thinking and judgment when reading and sharing information on social media platforms.

Vulnerable groups

- Provide access to domestic violence information and services to support people, including children, experiencing abuse and violence at home. People with psychosocial disabilities, of any age, may experience increased risk of abuse and violence during home quarantine or home isolation.

- Conduct community outreach activities to identify and rescue persons with psychosocial disabilities deprived of their liberty or ill-treated at home or within communities, including by shackling and *pasung*, and provide adequate support to them in a manner that respects their human rights.
- Ensure access by homeless people, including those with psychosocial disabilities, to preventive measures against COVID-19 infection, such as access to well-supplied and clean sanitation facilities, as well as testing and treatment, without discrimination, and in a manner that respects their human rights. Governments must ensure that people with psychosocial disabilities who are homeless during the period of social isolation are not mistreated by authorities, and provided with water, food and shelter on equal basis with others.
- Guarantee the continued provision of harm reduction services, such as needle and syringe programs and opioid substitution therapy, to prevent the spread of COVID-19 among drug users.

Participation

- Consult and actively involve persons with psychosocial disabilities and their representative organizations in the state response to the COVID-19 outbreak.
- Involve persons with disabilities and their representative organizations in the independent monitoring of institutional settings.