



**Center for the Human Rights of
Users and Survivors of Psychiatry**

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Normative Standards on Equality and Non-discrimination, and on Violence, Neglect and Abuse, 9th Session of the Open Ended Working Group on Ageing

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Normative standards for the rights of older persons need to be transversally inclusive of all older persons. This means both a provision protecting against multiple and intersectional discrimination, and ensuring that nothing in the standards will exclude any subsector of older persons from equal enjoyment of human rights. Norms should be stated unequivocally with no exceptions, for example the rights to legal capacity and independent living in the community need to be articulated inclusively without the possibility of institutionalization or substitute decision-making to be used as a last resort, which would exclude a sector of older persons from those rights.

Normative standards should incorporate the concept of substantive equality along with formal equality.

One dimension of substantive equality relevant to older persons is equal and equitable claim on the resources of society, family and community.

Another dimension is the elimination of discriminatory barriers to enjoyment of a fulfilling life. For example, mandatory retirement as well as unimaginative and managerial approaches to a person's care and support needs constitute such barriers.

A third relevant dimension of equality is that we should not accept the imposition of conditions of life on older persons that we reject as inhumane for younger persons; again thinking about institutionalization in particular.

These dimensions of equality should be incorporated as both rights and principles in binding normative standards. In this meeting, we have extensively discussed autonomy and independence, which should likewise be incorporated as a right and a principle.

With regard to violence, neglect and abuse:

We need to include all forms of exploitation in this category, including financial exploitation and theft of resources, which is widely documented. Other forms of exploitation include the exploitation of older persons as unpaid and underpaid workers.

We need to conceptualize guardianship and institutionalization as forms of abuse.

There must be no chemical restraints used on older persons, and no use of neuroleptic drugs or electroshock whether for sedation or to treat psychosocial distress or disturbance. These destructive treatment modalities are widely used on older people experiencing such distress, who are given varying diagnoses including psychosis and depression, in addition to dementia. Electroshock is widely used on older women in particular. The Special Rapporteur on Health has recommended a shift from medical to psychosocial interventions in mental health; there is no reason to accept destructive treatments for any subsector of older people or to medicalize diagnoses that result in psychosocial disabilities or cognitive disabilities. All older persons need caring human support at all stages, and instances of aggression and conflict need to be managed socially rather than resorting to chemical sedation.

As people with psychosocial disabilities age, they are vulnerable to discrimination in both the mental health system and services for older persons. Unless they are extraordinarily resilient and resourceful, they will be written off as needing only to be held in custodial institutions and drugged until they die. This relates to the question of resource equity as well as the lifelong discrimination and abuses they have confronted in the mental health system. Again we insist, human rights must leave no one behind.

The binding norms of a new convention should incorporate obligations of action as well as obligations of result to ensure that older people with psychosocial disabilities are given the support they need and the freedom from unwanted interventions.

We reiterate our support for a binding convention on the rights of older persons, who are ourselves and the future of all human beings. Thank you.