

**GUIDELINES ON  
DEINSTITUTIONALIZATION, INCLUDING  
EMERGENCIES SITUATIONS**

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PERSONS WITH DISABILITIES**

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Luoghi e forme dell'istituzionalizzazione

I wish to emphasize that these Guidelines on DI have been, together with General Comment No. 1 on Article 12, one of the two most mentioned documents of the Committee by persons with disabilities organizations worldwide, which means that they are of enormous importance and that this fact will surely make the wave of energy for DI. The appropriation of this important document by persons with disabilities will have to force States Parties to implement them without delay, to redirect resources to community supports, to make a real census of PWDs segregated in institutions, and to get down to work with DI

Core articles are 12 (equality before the law) and 13 (access to justice);

The laws of the States Parties to the Convention must be aligned with these articles, eliminating the concepts of guardianship and granting persons with disabilities the right to exercise their autonomy, so that the other rights of the Convention are fulfilled;

In order to be able to live independently and be included in the community (art. 19), equality before the law is a prerequisite; Not to be segregated without consent in a psychiatric hospital where they are often subjected to inhuman and degrading treatment and punishment.

Failure to implement both Article 19: the right to live independently and to be included in the community, its OG No. 5, and Article 12, which were exacerbated during the pandemic, with high rates of infection and death among persons with disabilities segregated in institutions.

Wars also show how people with disabilities, especially those in confinement, are being left behind.

There is an urgent need to establish a working group on deinstitutionalization in 2020. The first task is to consult with the civil society of persons with psychosocial and intellectual disabilities in the development of the Guidelines on Deinstitutionalization.

Following the mandate of Article 4.3 and its General Comment No. 7, consultation in seven regions of the world.

Valuable inputs resulted in the first draft, each new draft was put to the consideration of the civil society of persons with disabilities.

More than two and a half years of work culminated in the approval of the Guidelines by the Plenary of the Committee on 9 September 2022.

The Guidelines complement General Comment No 5 (2017) on Article 19 and the guidelines on Article 14.

They explain the different types of institution and services that do not comply with the provisions of Article 19, including "respite" centres, transitional homes, day centres and more.

They stress that states parties must put an end to all forms of institutionalization of isolation and segregation in public and private institutions because they violate articles 12, 13, 14, 15-17, 19 and 25 of the Convention.

# **Make it clear that this is a process, not an unplanned action**

It should be led by persons with disabilities based on their dignity and diversity, not by the heads of institutions or the government;

It should provide for respect for the right to legal capacity of persons with disabilities throughout the process, ensuring that the choice about where and with whom to live is real and effective;

Adopt an intersectional approach throughout the process: gender and age, other characteristics that form individual identities while protecting against forms of discrimination.

Establish a range of quality, individualized, community-based services available to all, regardless of the intensity of support needs.

Individualized support services; Assistive technology;  
Income support;

They must respect the decision-making of people with disabilities, including the provision of personal assistance and a range of other supports at home and in the community, as well as support networks.



Peer support, self-advocacy and support circles, informal forms of support always respecting the autonomy, will and preferences of persons with disabilities, while ensuring that these supports are led by them.

Reduce the power of medical and other professionals; linking persons with disabilities to pre-existing general services.

Ensure accessibility to all general services, making reasonable accommodations; ensuring that people leaving institutions have access to the general structures of public services;

Allocation of funds and resources; States parties should invest in services that comply with the Convention and exclude further investment in the maintenance and expansion of institutions;

Legislation. Modify, abolish and prohibit all practices that restrict or violate the right to an independent life and to be included in the community;

States parties could not use the lack of legal reform as an excuse for inaction;

Adopt legislative measures for deinstitutionalization strategies, including (1) the right to legal capacity; (2) access to justice; (3) the liberty and security of the person; and (4) equality and non-discrimination.

Review primary, secondary, and other sources of law in areas such as family, health, and social protection laws.

Statistics. Collect clear information on the situation of persons with disabilities in institutions, map current community-based services; identify new community-based support structures;

Adopt broad and specific deinstitutionalization strategies and plans, ensuring high-level leadership within the State and effective coordination between all levels of government, with persons with disabilities and the organizations that represent them.

Provide adequate time for institutionalized people to make decisions, respect them as survivors with preparatory actions that help their inclusion in the community;

Remove relevant personal documentation and remove negative markers related to their previous status as detainees;

Conduct extensive awareness-raising activities for all to avoid discrimination;

Prepare public officials, including police, law enforcement, and justice professionals, to ensure the safety and inclusion of persons with disabilities in the community.

## Living independently in the community

Promote accessibility, personal mobility, privacy, integrity, and freedom from violations in the community;

Guarantee access to health care, avoiding the medical model, and establish pathways to work, employment, adequate housing and education.

Deinstitutionalization in situations of risk and humanitarian emergencies, including conflict situations.

Comprehensive plans with preparedness, response, and recovery programs; Clear timelines, adequate resources, budget, staff, and clearly designated responsibilities.

Avoid discrimination such as classifying access to health care on the basis of disability;

Prioritize deinstitutionalization in the context of emergencies; special attention to the protection of women and girls with disabilities from multiple discrimination;

Prevent the reintegration of persons with disabilities after emergencies or the cessation of hostilities.

Recognizing the historical and serious violations of the rights of persons with disabilities in institutions, comprehensive measures should be taken to establish mechanisms for reparation and restorative justice, formal apologies, forms of financial and non-financial compensation, restitution, habilitation and rehabilitation, and guarantees of non-repetition;

Establish Truth Commissions;

Provide compensation and prosecution of those responsible for violations;



Collect disaggregated statistical, research and administrative data for the planning, implementation, monitoring and evaluation of deinstitutionalization processes;

Have independent oversight mechanisms and facilitate independent oversight activities by civil society;

Allow free and independent investigation of human rights conditions and violations in public and private institutions;

Facilitate the continuous monitoring of institutions during emergencies, and the participation of persons with disabilities

International cooperation and investment should be in line with Article 19 and these ID Guides; transparent processes, preventing investment in institutions; Broad participation and inclusion of persons with disabilities in the design, implementation and monitoring of international cooperation.

Regional integration organizations should play an important role in promoting deinstitutionalization; Donors, recipients, and regional integration organizations should avoid malpractices, such as promoting a medical model approach or coercive mental health laws.

We now have:

Article 12 and its General Comment No. 1

Article 19

Its General Comment No. 5,

Article 14, its guidelines and

The Guidelines for Deinstitutionalization, including in Emergency Situations.

A set of tools available to States parties to immediately begin the process of restoring to persons with psychosocial and intellectual disabilities their dignity as human beings, their autonomy and their ability to decide for themselves in decisions that concern them.

**Tante Grazie**

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