

**Psychosocial disability**

The preferred terminology of “persons with psychosocial disabilities” should be used wherever relevant in legislation, to refer to persons who may define themselves in various ways: as users or consumers of mental health services; survivors of psychiatry; people who experience mood swings, fear, voices or visions; mad; people experiencing mental health problems, issues or crises. The term “psychosocial disability” is meant to express the following:

* a social rather than medical model of conditions and experiences labeled as “mental illness”.
* a recognition that both internal and external factors in a person’s life situation can affect a person’s need for support or accommodation beyond the ordinary.
* a recognition that punitive, pathologizing and paternalistic responses to a wide range of social, emotional, mental and spiritual conditions and experiences, not necessarily experienced as impairments, are disabling.
* a recognition that forced hospitalization or institutionalization, forced drugging, electroshock and psychosurgery, restraints, straitjackets, isolation, degrading practices such as forced nakedness or wearing of institutional clothing, are forms of violence and discrimination based on disability, and also cause physical and psychic injury resulting in secondary disability.
* inclusion of persons who do not identify as persons with disability but have been treated as such, e.g. by being labeled as mentally ill or with any specific psychiatric diagnosis.

It does not mean:

* an affiliation with psychosocial rehabilitation.
* acceptance of any label that an individual may not identify with.
* a category to be used in addition to “mental illness” or “mental disorder”.
* a belief in psychosocial “impairment”.

CRPD Article 1 refers to

“those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

In this context, the reference to persons with “mental” impairments includes persons with psychosocial disabilities. However, for the reasons given above, national legislation implementing the CRPD should use the preferred terminology of “persons with psychosocial disabilities,” which is in keeping with the social model of disability reflected throughout the CRPD, and the recognition that disability is an evolving concept as provided in CRPD preambular paragraph (e).

Given the fact that persons with psychosocial disabilities are included under CRPD Article 1, a provision that is linked to the purpose of the Convention and thus not subject to reservations of any kind, all legislation applicable generally to persons with disabilities must include this group, including anti-discrimination legislation (including reasonable accommodation); eligibility for subsidies, programs and services; and recognition of organizations of persons with disabilities for consultation purposes as required by CRPD Article 4.3.

**NOTE: This position paper originally appeared as section 2.q in the IDA CRPD Forum Contribution to the OHCHR thematic study to enhance awareness and understanding of the CRPD, focusing on legal measures key for the ratification and effective implementation of the Convention, August 15, 2008**