

Uganda : People with psychosocial disabilities demand “END THE ABUSE!”

Briefing Paper for Members of the CRPD Committee

7 April 2016

1. What is the problem?

People with psychosocial disabilities in Uganda are here in Geneva. We spoke to others last week in Uganda and they appear on our [video](#). They speak with one voice: **END THE ABUSE!**

MDAC and MHU produced [two reports](#) in 2014 that set out the evidence for widespread abuse and neglect. The research, conducted across the country, found that people with psychosocial disabilities are:

- abused by traditional healers.
- abused in psychiatric hospitals.
- abused by their families.

2. Why is this important?

The Ugandan Government have taken limited steps to regulate traditional healers. Abuse such as stuffing people’s noses with herbs, sacrificing chickens, and beating the devil out of people take place regularly. Healers extort vast amounts of money or livestock from family members who are often desperate to find help for their relatives with psychosocial disabilities, and living in poverty.

The Government spends a miniscule 2% of the health budget on mental health. The vast majority of this goes to the big psychiatric hospital in the capital, Butabika. This is a wrong way to spend money because it invests in institutional approach that breeds abuse. The human rights-compliant way to spend money would be to invest in community support services, in line with Article 19 of the Convention.

The Ugandan Government has prepared a Mental Health Bill that legalises abuse by allowing detention, seclusion and restraint. It says nothing about developing community-based services, including access to basic medications and psychotherapeutic services to people with psychosocial disabilities who need and want it. The Government prepared the Bill with limited participation of people with psychosocial disabilities or their representative organisations. Consultation was not done with disabled persons organisations and limited involvement from other civil society organisations. The Bill suffers from their lack of participation.

3. What should the CRPD Committee say in its concluding observations?

Articles 14, 15, 16 and 17

- The Committee urges the Government to withdraw the Mental Health Bill as it legalises abuse, allows for involuntary detention and treatment, and allows for practices such as seclusion, physical, chemical and mechanical restraints. It was also developed without comprehensive participation of disabled persons organizations and civil society, in contravention to Article 4(3) of the Convention. The State should open a comprehensive public process to develop new legislation which complies with the Convention, promotes a community-based services, and leverages funding for community based services so as to increase the State spend on mental health.
- The Committee recommends the State to immediately prohibit seclusion in mental health hospitals and take steps to end other practices such as physical and chemical restraint and forcible treatment, including in respect of practices which disproportionately impact on women and girls with disabilities. These practices are used because of a lack of staff. The Committee reiterates a principle in international human rights law that an actual or perceived lack of resources does not justify torture, inhuman, cruel or degrading treatment or punishment.
- The Committee recommends that the State stop exploitation, violence and abuse by traditional healers, herbalists and witch doctors, in line with its immediate obligations under Article 16 coupled with Article 4(1)(b) to “abolish [...] customs and practices that constitute discrimination against persons with disabilities”

Article 16 with Article 33

- The Committee urges the State Party to task the Ugandan Human Rights Commission to coordinate the Article 33(2) monitoring framework, and provide the Commission with extra and sufficient funding to carry out the role to protect and promote the rights and to monitor the implementation of the Convention. Ensure the participation of persons with disabilities, including those for persons with psychosocial and/or intellectual disabilities. This framework should function with the direct involvement of persons with disabilities and their representative organisations, and have a mandate to visit conventional and traditional service-delivery settings, including herbalists, to prevent of exploitation, violence, abuse and other harmful practices against persons with disabilities.

Article 25

- The Committee recommends the State to ensure in new legislation that all health treatment is provided on the basis of informed consent, particularly in relation to persons with intellectual or psychosocial disabilities. The State should ensure that this

principle applies across the board: in conventional health services, private sector, and by traditional healers / herbalists / witch doctors. The State should provide follow-up information to the Committee on this issue within one year.