

Legislation allowing psychiatric hospitalization and community treatment or outpatient committal orders must be abolished.

People like me get locked up by friends, relatives, employers, landlords and others. Police are summoned, and we are handcuffed, forced into ambulances, and taken to the hospital. There, we are stripped naked, put in hospital gowns, shackled, injected with dangerous drugs, and locked into solitary-confinement cells. Some of us are subjected to electroshock treatment. Only when we become helpless and submissive can we begin to earn such privileges as wearing clothes, participating in group activities, and, eventually, being discharged.

Even then, our physical freedom – not to mention our access to housing, employment and other basic needs – may depend on treatment compliance. Right now, too many of my friends are being coerced into taking drugs that cause grave physical harms, cognitive problems and emotional suffering. Refusal means re-hospitalization and forced drugging. Psychiatric labels and treatments are cruel, degrading and arbitrary. No other branch of medicine keeps trying, unsuccessfully, to prove that the diseases it purports to treat actually exist.

Outpatient committal turns our own communities, homes and brains into inescapable prisons. It denies the reality of social ills – of problems between people – by blaming them on supposed chemical imbalances in individuals' brains.

Canada's ratification of the CRPD is a joke, given its refusal to be bound by Article 12, which is meant to protect our right to make decisions about our own health care, including the right to refuse treatment.

Psychiatry and its drugs are big business, providing powerful tools for social control and convenient explanations for strange behaviour. But this does not excuse our suffering and deprivation of liberty, or the fact that those who stay on the drugs long-term, as we are all told to do, have a shorter life expectancy and a much lower quality of life than those who do not.

Around the world, many alternatives to psychiatric interventions have been created and practiced. Even people in the most extreme states have found real help in small, non-institutional settings that prioritize patience, kindness, listening, dignity and respect, rather than attempts to "fix" us.

As required by the CRPD, countries must invest in such alternatives, and in a wide variety of independent organizations composed exclusively of survivors of psychiatric treatment. They must also invest in accessible opportunities for good nutrition, employment, housing, education, creative expression, physical activity, and practices such as yoga, tai chi, meditation, and breathing techniques – always emphasizing the right to privacy, freedom from prejudice, and access to people we choose, with whom to engage in activities and get help that we choose, in places we choose. Such investments would improve the lives, not only of those labelled mentally ill, but of everyone.

Over.