This report is compiled with input from mental health care users/ members of the Gauteng Consumer Advocacy Movement (GCAM)

INTRODUCTION

Our wellbeing and quality of life as persons with psychosocial disabilities do not merely rely on the health factor but requires a holistic approach that addresses the challenges in all aspects of our lives, including: access to education, employment, social security, housing & accommodation, rehabilitation, community and family life, etc, and to be free from stigma and discrimination.

Stigma and discrimination is the biggest challenge we experience, since it often creates barriers to accessibility of equal opportunities in life and often is the cause that leads to abuse, exploitation, and violation of our basic human rights.

The Gauteng Consumer Advocacy Movement (GCAM), a project of Central Gauteng Mental Health Society (CGMHS), was established in 2006 as a mental health care user driven body that focuses on identifying their needs, exposing and addressing human rights violations, and empowering them to ultimately advocate for themselves and others.

GCAM runs advocacy groups in Gauteng and conduct regular sessions with MHCUs to identify challenges and possible resolutions to these. GCAM further provides input into policies and legislation that involves persons with psychosocial disabilities, to ensure that their rights are respected and protected at all times. GCAM is also involved in the EMPOWER Project of the Movement for Global Mental Health as a communications consultant, assisting developing countries e.g. India, Nepal, Kenya and Zambia in developing communications strategies aimed at up scaling mental health services within these countries.

We are proud that South Africa is a role player in the UNCRPD and acknowledge that persons with psychosocial and intellectual disabilities are entitled to equal rights and opportunities, and realise that stigma and discrimination often creates barriers to accessing these rights and opportunities.

UNCRPD : ARTICLE2 – DEFINITIONS

In 2009 the SA Mental Health Advocacy Movement (SAMHAM) and the Gauteng Consumer Advocacy Movement (GCAM) executive committees voted the preferred term “mental health care user” when describing a person diagnosed with psychosocial (psychiatric) or intellectual disability.

In recent discussions, GCAM chose the preferred term to be used as “psychosocial disability” when referring to persons diagnosed with any form of mental health disorder (both common and severe mental health disorders), as this term is being used globally. It can be argued that the term “mental health care user” may exclude those with a mental health disorder who is not accessing mental health care services.

UNCRPD : ARTICLE 3 – GENERAL PRINCIPLES

a) Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons.

With specific reference to psychosocial disability, the phrase "freedom to make one's own choices" *should be further explored in consideration that when a person is psychotic, he or she may not have the ability to make informed decisions at that point in time, and might require the assistance of a temporary guardian to act on his or her behalf, whether it be a family member, care giver or mental health care worker or mental health professional. In reference to this, the drafting the Assisted-Decision Marking (Act) by the SA Law Reform Commission will prove to be a valuable guide that would address this and at the same time ensure that such an individual's rights are protected and respected, and further promote participation of such an individual in decision-making as far as possible.*

A person who is psychotic and clearly lost touch with reality, and left to their own devises, who refuses treatment or hospitalisation, this individual can be seen as being neglected and "abused" in its own way by witnessing the suffering of that person who experience often frightening symptoms, loneliness and confusion. Isn't the right thing to do to assist that person if that person cannot act in their own best interest and who are further exposed to exploitation and abuse? Even if assisting means to act on that person's behalf even if that person believes that he or she does not need that representation – often persons who are psychotic are in denial that they are ill and cannot defend themselves or protect themselves and their property. At the same time it is important to also consider how the behaviour, e.g. being aggressive or violent, impacts on others where this behaviour is violating their rights.

In regard to persons with intellectual disability, their intellectual capacity often makes it difficult for them to make informed decisions and may not always understand certain terms and information that would affect them, and therefore may require the assistance of a support person to interpret terms and information in a way they can comprehend. This would apply depending on the degree of intellectual disability.

b) Non-discrimination.
To achieve the successful implementation of the UNCRPD, discrimination is one of the major issues to address, and with it, stigma. Discrimination occurs in every aspect of a person with a disability's life, e.g. the open labour market; education system; health and mental health care systems; within communities. Among all the disabilities, psychosocial and intellectual disabilities are most affected.

c) Full and effective participation and inclusion in society.
"Nothing about us without us" – decisions are still being made for us without any consultation with us, specifically persons with psychosocial and intellectual disabilities. It is our lives in the hands of others, others who often do not understand what we are all about, what psychosocial or intellectual disability is, and often believe that we belong in institutions and not in society.

Mental health care users should be included in all decisions made that involve our lives, our health, our treatment and our holistic wellbeing. Mental health care users have a voice through consumer advocacy movements and bodies that are established and that is a rapidly growing sector among the disabled population – to unite and speak with one voice. These movements and bodies must be recognised and supported by Government.

The new Mental Health Care Act 17 of 2002 promotes inclusion in society.

d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity.
We all as human beings are our own person, each having our own set of needs and challenges, and talents, and should be treated as such and respected for who we are. In a diverse world we can learn so much from each other, which can only make us stronger.

e) Equality of opportunity
We should not be perceived as for what disabilities we have but rather for our abilities and considered as equals to be entitled to any opportunity available and within our interest – in employment, business and education, and contribute to the economy and be productive members of society.

f) Accessibility
Accessibility is what enables persons with disabilities to live as independently as possible and be part of society. All aspects of life should be accessible and that further includes access to: proper health care; housing; transport; sports and recreation; information and communication, and legal advise and assistance. With regards to access to information, persons with intellectual disability often find that there is a lack of appropriate written materials or easy to read information, creating a barrier for them to access information and communication as they are entitled to.

UNCRPD : ARTICLE 4 – GENERAL OBLIGATIONS

South Africa has one of the most advanced Constitutions in the world. Most of the issues addressed in the UNCRPD can be found in our Constitution's Human Rights Bill. South Africa has made great strides in protecting and respecting the rights of persons with disabilities, and mental health care user movements and bodies play an important role to provide adequate input and consultation from persons with psychosocial and intellectual disabilities in the drafting of policies and legislation. It is for this reason that Government and policymakers must recognise these movements as instrumental in this respect and accept them as partners.

A major concern raised by members of GCAM was the lack of implementation and monitoring of policies and legislation that involves persons with psychosocial and intellectual disabilities.

Violation of any of the rights stipulated in the UNCRPD and other South African policies and legislation, should be considered a serious offence and perpetrators dealt with as such. A strong monitoring body is required.

UNCRPD : ARTICLE 5 – EQUALITY AND NON-DISCRIMINATION

For persons with disabilities to be perceived as equals in our communities, the attitudes of the communities towards persons with disabilities should change and that once again leads us to the one factor that would bring us to that point – awareness, education and sensitisation of society on the various forms of disabilities; policies and legislation; the rights of persons with disabilities; and the promotion thereof. This should happen with the support of Government.

UNCRPD : ARTICLE 8 – AWARENESS RAISING

Awareness is a vital component to eradicate stigma and discrimination, and replace negative and incorrect perceptions of mental health disorders with acceptance and understanding, and respect for those living with these disabilities and treating us with dignity.

In a needs survey conducted by the Consumer Advocacy Movement (now the Gauteng Consumer Advocacy Movement) in 2008, indicated that the majority of the mental health care users who participated in the survey, live with family (65.8%) and thought it important to educate their families on mental illness, in order to understand and accept them. The outcome of the survey also indicated that mental health care users felt strongly about creating awareness to the general public.

In Section (c) *of this article it states* "To promote awareness of the capabilities and contributions of persons with disabilities". *Many common misperceptions prevail about persons with psychosocial disabilities, they are thought to be: lazy, unpredictable, unsafe to be around, violent, possessed by demons, untreatable, and unable to work.*

These misperceptions often result in the following:

- *Persons with mental illness become unwilling to seek help;*
- *Isolation and difficulty in making friends;*
- *Damage to self esteem and self worth;*
- *Denial of adequate housing, jobs, credit facilities etc;*
- *Their families bear the brunt as they are often shunned as well;*
- *Families are socially isolated and have increased stress levels;*
- *Fewer resources are provided to mental health than any other areas of health.*

The "Walk My Way" consumer advocacy journal published by Central Gauteng Mental Health Society, serves as a voice to persons with psychosocial disability where they share their experiences around their mental illness with the readers, and the journal grants them an opportunity to showcase their talents and abilities through visual and literary arts published in the journal. The success stories featuring in the journal positively impact on other mental health care users and on the communities' perception and attitude towards persons with psychosocial disability. This publication is just to mention one such project where the capabilities and contributions of persons with psychosocial disability are being promoted.

The media, print and broadcasting, including feature films, are often guilty of portraying persons with psychosocial disability in a negative light by focusing on isolated cases of e.g. a person with schizophrenia acting violent, and just that one negative portrayal can do major damage to all the efforts of raising awareness. Therefore, the media should be held responsible to report professionally and accurately, and steer away from sensualisation. Feature film productions should also be obliged to portray mental health disorders accurately.

The media is a very effective medium in which to raise awareness, reaching a large audience, and have the capability of making a significant impact on its' target audiences' perceptions and understanding of topics discussed. In recent time the media has become more open and willing to write about psychosocial disability where in the past the topic was neglected or incorrectly depicted.

Many of the larger corporate companies now also include psychosocial disability and mental health into their wellness programmes involving their employees, allowing them to improve their knowledge on the signs and symptoms of mental health disorders, treatment options and resources available.

To conclude, as a country we are progressing, we are changing attitudes and changing lives. Awareness raising is not only the responsibility of mental health organisations but of everyone, including mental health care users themselves – who through advocacy movements and bodies have a voice to share experiences, after all, we as mental health care users are the "experts' when it comes to knowing our mental health condition, because we live with it every day.

UNCRPD : ARTICLE 12 – EQUAL RECOGNITION BEFORE THE LAW

This article highlights "legal capacity". South Africa is currently in the process of drafting the Assisted-Decision Making document which is linked to this Article.

Point 5: ... State Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

When a mental health care user becomes psychotic and loses touch with reality, a temporary guardian or support person should be appointed (if necessary) until the person is deemed stabilised to the extent where he or she can solely manage his or her own finances. In the case of severe mental illnesses in a psychotic state of mind, the individual might not comprehend the consequences of his or her actions, where he or she might act impulsively and spend money on unnecessary items instead of on necessities, like paying rent and buying food. Such a person will then benefit from having a temporary guardian or financial supervisor. In such a case, safeguards must be established to prevent abuse and exploitation.

UNCRPD : ARTICLE 13 – ACCESS TO JUSTICE

A mental health care user's state of mind must be closely investigated and determined when committed a crime to avoid imprisoning a person who was unstable and not responsible for the crime due to mental illness. Should the individual, at the time of the crime, been unstable or psychotic, the individual should be detained at a psychosocial facility and not prison, where the individual can be observed and treated until he or she is deemed stable.

Prisoners who have a psychosocial disability should have access to treatment and whatever mental health care services required for the duration of their incarceration.

Justice departments (and other public service departments) do not have the necessary training to deal with persons with psychosocial and intellectual disabilities, which is vital as mental health care users at times go through the Justice system and do not receive adequate representation or reasonable accommodation, or consideration or understanding of the person's mental health condition, which can greatly influence or compromise a fair trial.

Case study (case dealt with by GCAM):
Young male studied teaching at university, diagnosed with schizophrenia, relapsed, paranoia caused altercation with another female student who reported the incident to the university. The university expelled the MHCU. At home the MHCU, living with his mother who had no insight into his mental illness, became aggressive and smashed out windows, the mother called the SAPS who arrested him for malicious damage to property. He was convicted and imprisoned, while at no point was his mental illness considered as the cause for his actions nor was he treated as such. After some months he was

placed on house-arrest and community work with disabled persons. He was wrongly convicted and should have been admitted to a specialized psychiatric hospital for treatment. After intervention by GCAM the university reinstated him to complete his studies but with the condition that he will never be allowed to work with vulnerable groups/ children – suggesting the misperception that persons with mental illness are dangerous. The most important was for him to complete his studies and the condition was accepted for the time being. Another concern is him having a criminal record and still will enter the open labour market where the record will limit success in obtaining employment.

UNCRPD : ARTICLE 14 – LIBERTY AND SECURITY OF PERSON

States parties shall ensure that Persons with Disabilities ...

- Enjoy the right to liberty and security of person
- Are not deprived of their liberty unlawfully or arbitrarily and that the existence of a disability shall in no case justify a deprivation of liberty.

This Article can be interpreted that no person can be admitted to a health facility and be deprived of their liberty on the basis of psychosocial/ intellectual disability. Which means that persons with such a disability can refuse treatment, hospitalisation and that involuntary admission as stipulated in the Mental Health Care Act 17 of 2002, violates the right to liberty.

GCAM is in favour of involuntary admission.

Mental health organisations and facilities of treatment should not be seen as depriving people of their liberty but rather lead them to obtaining their liberty. We acknowledge that there are times when we as mental health care users relapse and become mentally unstable and therefore not capable of acting in our own best interest, especially when it comes to treatment and the various ways of obtaining the necessary treatment, which may include involuntary admission. We also acknowledge that at times some of us might become verbally and/or physically abusive and/or threatening, and it is then the responsibility of the State to protect those around us and protecting us from harming ourselves.

Deinstitutionalisation should occur with the necessary infrastructures in place to move mental health care users from hospital settings to communities. Facilities should be established to be the in-between-phase, such as psychosocial rehabilitation centres, assisted living facilities, and group homes.

Psychosocial rehabilitation is a stepping stone to the transition from institutionalisation to independence. Mental illness often deprives one of the abilities and skills you had before the onset of your mental illness and PSR programmes assist in regaining those abilities and skills, and gain optimal level of functioning.

Mental health organisations and facilities should not be seen as depriving people of their liberty but rather lead them to obtaining their liberty.

UNCRPD : ARTICLE 15 – FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

In the needs survey conducted by the Gauteng Consumer Advocacy Movement, as previously referred to, mental health care users were asked what means of calming and restraint they prefer when acting violent or aggressive, and the majority of the participants preferred sedation (65.8%) as a means of calming and restraint, others preferred physical restraints (9.8%) and some chose isolation or seclusion (6.3%), where the remainder stated unsure.

Although some mental health care users preferred physical restraint and it might be necessary in some cases where the individual first needs to be physically restraint in order to administer chemical restraint or sedation, it can be perceived as cruel but should be allowed as an absolute last resort and only when it will ultimately benefit the mental health care user and not be used merely as a means to punish the individual or with negative intentions.

No person should be tortured or treated in a cruel, inhuman and degrading way or punished in any way, or abused physically or emotionally, whether it be in health facilities, the community, workplace or family, and such cases should be investigated and the perpetrators should be prosecuted. We are pleased that the new Mental Health Care Act 17 of 2002 makes provision in this regard.

UNCRPD : ARTICLE 16 – FREEDOM FROM EXPLOITATION, VIOLENCE AND ABUSE

When referring to the term "abuse", it should include emotional abuse inflicted on the person and consider it as harsh as any other physical form of abuse.

Preventative measures should be taken where other, often family members exploit the person with disability for their disability grants or other disability payout benefits. The individuals' finances can be monitored or overviewed by a mental health care worker, e.g. social worker, should suspicion arise that the individual is being financially exploited or exploited in any other manner, an investigation should be conducted and perpetrators prosecuted .

Many members of the Gauteng Consumer Advocacy Movement (GCAM) provided thought on protective workshops for persons with disabilities, saying that they are not being adequately paid for their work at some of these workshops and feel that they are being financially exploited because of their disability, and feel they should be treated equally as others who work in the same industry, e.g. factory workers.

UNCRPD : ARTICLE 18 – LIBERTY OF MOVEMENT AND NATIONALITY

No one should be denied access to any country based on their disability – that institutes discrimination.

UNCRPD : ARTICLE 19 – LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY

In the case where mental health care users require assisted living or supervision, such facilities should be situated within the community and if possible, as close to the person with disability's family or loved ones. Community-living should be emphasised.

UNCRPD : ARTICLE 21 – FREEDOM OF EXPRESSION AND OPINION, AND ACCCESS TO INFORMATION

Following a session conducted with GCAM executive committee in 2012, the following challenges were identified:

- *Lack of access to information – MHCUs & family members, specifically from rural areas and proverished communities who do not have and cannot afford computers and internet access to research information about mental illness & treatment options, and specifically in hospitals and psychiatric facilities, MHCUs do not have the opportunity to use the internet as a resource.*

- *MHCUs are often not adequately informed about their mental health condition and treatment prescribed – this impact on their ability to more effectively manage their mental health disorder. This is linked to the lack of professional staff at community mental health clinics and hospitals, and time constraints linked to high number of patients at these facilities.*

Mental health care users should be heard when expressing their needs and requests to address their needs, and when speaking as one voice through advocacy movements or bodies, and their issues of concern not to be ignored.

UNCRPD : ARTICLE 24 – EDUCATION

Reasonable accommodation should apply for persons with psychosocial disability in the education setting, as it would in the workplace, to ensure that they are able to perform at their optimal level of functioning.

Children with disabilities should be included in mainstream schooling and higher education accessible to high school graduates, on an equal basis as others.

Education on psychosocial disability, mental illness and mental health, and other disabilities should form part of the school curriculum, not only for reason to raise awareness, but to identify possible disorders among school students which will allow for early intervention and positive prognosis, and for the reason to build a generation that will be accepting and understanding of persons with disabilities and appreciate their diversity.

We are pleased to see that learnership programmes are now offered to persons with psychosocial and intellectual disabilities, and creating opportunities for employment.

UNCRPD : ARTICLE 25 – HEALTH

Following a session conducted with GCAM executive committee in 2012, the following challenges were identified:

- *MHCUs not given the opportunity to participate in their treatment plan, and often their mental health condition and available treatment options are not discussed with them.*
- *Community psychiatric clinics more often act as pharmacies - dispensing medication. There's lack of follow-up as personnel levels are well below the norms for the population.*
- *Specialist psychiatric services only available in academic and psychiatric hospitals. Many MHCUs are turned away from hospitals even when admission is warranted due to a lack of beds/personnel and adequate seclusion facilities.*
- *Many MHCUs are discharged prematurely only to be re-admitted.*
- *Dire shortage of psychiatrists and trained mental health care workers across the health system. Legislation states that a MHCU must be seen/ assessed or referred at every health care establishment by trained mental health care practitioners. Staff is not sufficiently trained.*
- *Distinct lack of psychiatric medication at community psychiatric care, especially over the period December to February towards the end of the financial year. MHCUs often go without medication for long periods, resulting in relapse and a lengthy recovery process, and often lead to dismissal from work.*
- *Newer medications which proved to be effective and with less side-effects are not available on EDL.*
- *Inefficient systems at psychiatric clinics and hospitals to deal with the high number of patients, resulting in long waiting periods.*

- *SAPS are often unwilling to assist aggressive mental health care users and their families in transporting them to hospital when an involuntary admission is indicated, even though this role is clearly stipulated in the MHCA 17 of 2002.*
- *Emergency admissions to hospitals are not treated as such and mental health care users are often discharged back into the community while they are still psychotic which puts them and the ccommunity at risk.*
- *DOH not recognising the role of support persons for individuals with intellectual disability or MHCUs with diminished capacity in making informed decisions/ assisted decision-making.*

Mental health care users should participate in their treatment plan and be consulted in the treatment options available to them. Only if a person is deemed unstable, psychotic and not able to make an informed decision due to his or her mental illness, can the health professional provide treatment without consent from the individual or obtain consent from the family or caregiver, but once stabilised should the health professional discuss the treatment plan and options to the patient. Our Mental Health Care Act 17 of 2002 addresses this in terms of assisted and involuntary admission.

Patients or clients should also be properly and accurately informed on their diagnosis, treatment and rehabilitation in order to empower them to understand and deal with their diagnosis which in turn will grant them the ability to manage their illness more easily and avoid frequent relapsing.

A large percentage of persons with psychosocial disability in South Africa are unemployed, many on a social disability grant and belong to or can afford to belong to a medical aid scheme, are dependant on Government clinics and hospitals for their treatment. A satisfactory standard of mental health care should be maintained at all times at all levels, and this is often compromised by: staff shortages at these facilities; budget cuts on salaries of mental health care workers and professionals; newer medications not available at clinic level; shortage of medication at facilities; in some instances patients complain that they are being treated with no respect or dignity by health professionals; over-population of patients or clients attending clinics; etc.

Government should allocate more funding to mental health care, specifically, since mental health impacts on all of us and more funding can ensure that mental health care and the needs of mental health care users are adequately fulfilled. Adequate funds should be granted to NGO's who work in the mental health field and do most of the ground work to improve the lives of those with psychosocial disability.

Medical aid schemes should accept and consider psychosocial disability the same as any other physical illness and not acquire increased fees for persons with psychosocial disability or not covering psychiatry.

UNCRPD :ARTICLE 26 – HABILITATION AND REHABILITATION

Following a session conducted with GCAM executive committee in 2012, the following challenges were identified:

- *Lack of (affordable) community residential facilities/ psychosocial rehabilitation facilities – especially to those who are being discharged from psychiatric hospitals and have nowhere to go and where relatives refuse to take them in, and also for the mental health care users to participate in a programme that facilitates reintegration into society.*
- *Lack of community support systems while reintegration of mental health care users should be the focus and so by law.*

- *NGO's providing vital services to mental health care users are under-funded and Government funding received does not make provision for maintaining and upgrading of facilities.*

Rehabilitation programmes should be easily accessible and affordable to persons with disabilities. Currently that is not the case in South Africa – with deinstitutionalisation, the thousands of patients in psychiatric hospitals are to be moved to the community and as previously mentioned, there is a lack of infrastructure to institute the transition and to add to the problem, communities are ill-equip to deal with this. Without the infrastructure in place, e.g. residential facilities, group homes, psychosocial rehabilitation facilities, etc many end up on the streets with no where to go – their families have abandoned them.

UNCRPD : ARTICLE 27 – WORK AND EMPLOYMENT

According to the Needs Survey (2008) conducted by GCAM with 144 mental health care users from the central Gauteng region who are members of GCAM:
82.6% was unemployed. From those who were employed in the open labour market, 33.3% said that their employer was unaware of their mental health status;
16.8% receives an income from employment in open labour market;
42.7% only receives disability grant or pension fund;
30.8% receives income from disability grant & protective workshop payment;
1.4% only receives an income from a protective workshop;
3.5% is financially supported by family.

Article 27 recognises ... the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. *Furthermore this Article addresses the following – specific issues:*

a) Prohibit discrimination on the basis of disability ...

   Persons with psychosocial disability are most discriminated against and stigmatised, specifically when disclosing one's psychosocial disability when attempting to obtain employment. Potential employers seem often reluctant to employ a person with a mental health disorder and it is difficult to prove discrimination on the basis of disability (psychosocial) in order to report such a case.

   In South Africa, according to the Employment Equity Act, a certain percentage of the private and Government sectors should comply with employment of persons with disabilities, BUT these sectors rather employ persons with physical or sensory disabilities, excluding those with psychosocial disability. This comes back to stigma and discrimination.

   A resolution to consider is to allocate a certain percentage of disabled employees to those with specifically psychosocial disability, to ensure that they receive equal opportunities of employment to those with visible disabilities.

   Stronger enforcement of Employment Equity must be instituted and maintained.

b) ... Equal opportunities and equal remuneration for work of equal value ...

   This is important to ensure that employees with disabilities are not exploited and "economically abused".

Often, vacancies that are offered to persons with disabilities mainly consist of, e.g. call centre work, which implies that persons with disabilities are not able to enter into employment on management level or other positions that requires a "functional mind" – employers rather look at what the person with a disability cannot do, instead of what he or she can do. Further, employment offered, especially at smaller companies, see this as cheap labour to employ someone with a disability (which is exploitation).

e) ... Assistance in finding, obtaining, maintaining and returning to employment.

We do now see more employment opportunities for persons with psychosocial disability in the open labour market, but, often those potential employers are ill equipped to understand and accept the needs and rights of persons with psychosocial disability and still tend to shy away from the individual's illness – thus, we once again come to the same conclusion: corporate awareness.

Employers should be well educated about their employees' mental health condition and to know the person holistically, for the specific reason to identify early signs of relapse and encourage the employee to act and follow-up with their doctor in order to minimise the time of recovery, meaning less time or no time required off from work.

i) ... Reasonable accommodation ...

Reasonable accommodation to persons with psychosocial disability would vary from person to person, and may include the following:

- *Time off to following for treatment or doctor's appointments, to collect medication;*
- *Additional days for sick leave other than the general days allocated per year (since recovery time may be lengthy in some instances);*
- *Not to work night shifts or operate heavy machinery, due to medication causing drowsiness or sedation;*
- *Or alternatives to accommodate the individual to perform at his or her ultimate level of functioning, e.g. avoiding high levels of stress;*
- *Creating a health working environment.*

UNCRPD : ARTICLE 28 – ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION

Following a session conducted with GCAM executive committee in 2012, the following challenges were identified:

- *SASSA medical practitioners declining disability grants to individuals diagnosed with schizophrenia and bipolar mood disorder (who comply with criteria), stating that mental illness is not a disability.*
- *Mental health care users applying for a disability grant at SASSA offices are often told that they "are too clean" and can work.*
- *General practitioners of SASSA who are not specialised in psychiatry decline disability grants, where the individual should qualify, without adequate consideration of the individual as a whole and his or her case history.*
- *Often psychiatrists at community clinics who are not familiar with the mental health care user (who are diagnosed with severe mental illness) refuses to provide motivation to access a disability grant, and in some cases state that mental illness is not a disability.*

- *Social security grants for persons with disabilities are inadequate especially considering the high costs of living and inflation; lack of access to low cost housing and food programmes.*
- *Social security grants should be packaged with information on low cost housing programmes and food parcels, to ensure that persons with disabilities' standard of living are adequate and sustainable.*
- *Many mental health care users who have had a long period of stabilisation enter into the workplace and then relapse as a result of stress triggering the relapse – on the basis of this, it should be considered before declining a person's disability grant application.*

CONCLUSION

This report is based on actual experiences of mental health care users who are members of the Gauteng Consumer Advocacy Movement (GCAM).

As a mental health care user movement, GCAM, acknowledges the efforts of Government to implement policies and legislation to respect and protect the rights of persons with disabilities. Further we are appreciative of the Ministry of Women, Children and Persons with Disabilities, who represents disabled people.

Even though we as persons with psychosocial and intellectual disabilities still face several challenges that may violate of rights, we are seeing an improvement in South Africa in terms of policies and legislation in place to comply with the UNCRPD. We believe that the elimination of the challenges we face will be a process, and we are committed to be part of that process, with Government and all stakeholders involved.

Compiled by,

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