

MENTAL HEALTH  DEAFNESS, INCLUDING **300** DELEGATES FROM AROUND THE WORLD, MET IN **BELFAST, NORTHERN IRELAND** **16-19** SEPTEMBER **2014** AND AGREED TO THE FOLLOWING:



BELFAST STATEMENT ON MENTAL HEALTH  DEAFNESS

Affirming the right of Deaf, Hard of Hearing, Late Deafened and Deaf-Blind individuals, including adults and children, as per the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), to:

- Equality and non-discrimination;¹
- Accessibility;²
- Equal recognition before the law;³
- Access to justice;⁴
- Liberty and security of the person;⁵
- Freedom from torture or cruel, inhuman or degrading treatment or punishment;⁶
- Freedom from exploitation, violence and abuse;⁷
- Integrity of the person;⁸
- Liberty of movement;⁹
- Independent living and inclusion in community life;¹⁰
- Personal mobility;¹¹
- Freedom of expression and opinion, and access to information;¹²
- Respect for privacy;¹³

Affirming the right of Deaf, Hard of Hearing, Late Deafened and Deaf-Blind individuals, including adults and children, to meaningful, effective and equal access to:

- Education;¹⁴
- Health;¹⁵
- Habilitation & rehabilitation;¹⁶
- Work and employment;¹⁷
- Adequate standard of living and social protection;¹⁸
- Participation in political and public life;¹⁹
- Participation in cultural life, recreation, leisure & sport;²⁰

RECALLING & REAFFIRMING

- The Worcester, South Africa Declaration of the 2005 World Congress on Mental Health and Deafness;
- The Bad Ischl, Austria Declaration of the 2003 European Society for Mental Health and Deafness; and,
- The Universal Declaration on Linguistic Rights, UNESCO World Conference on Linguistic Rights, Barcelona, Spain, 9 June 1996;

RECALLING & REAFFIRMING

- The United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol, particularly General Principles (Article 3) & General Obligations (Article 4); and,
- The United Nations Convention on the Rights of The Child;

The World Congress on Mental Health and Deafness proclaims that Deaf, Hard of Hearing, Late Deafened and Deaf-Blind people, including adults and children, have a right to:

- Dignity, respect and compassion for the linguistic identity of Deaf, Hard of Hearing, Late Deafened and Deaf-Blind people;
- Effective and timely health care, including equal and effective access to mental health services, that accounts for Deaf culture and linguistic identity;
- Equality under national legislation between people with mental health needs and people with physical health needs when it comes to consent and the refusal of consent to interventions;
- Periodic review of treatment;²¹
- Early assessment and treatment;

- Assessment by a qualified worker equipped with social, linguistic and cultural awareness of, and trained in, the needs of Deaf, Hard of Hearing, Late Deafened and Deaf-Blind people;
- Mental health services respecting the needs and wishes of the individual;
- Mental health services that recognise, accept and respect the individual's preferred means of communication including sign language and speech-to-text technology;
- Mental health services that are person-centred, transparent and accountable;
- Mental health services that recognise, accept and respect the role of carers, family and friends;
- Full, equal and effective participation by the individual in the planning of the programme of care; and,
- Communication between the parties in the health care setting in a language modality of the individual's preference.²²

As stated in Section seven of the Congress Resolution at the XVI World Congress of the World Federation of the Deaf (July 2011), the WFD strongly urges the promotion and development of access to mental health services for deaf children, youth, adults and the elderly, and to initiate and encourage research into appropriate and effective mental health models for deaf populations.

The World Congress on Mental Health and Deafness thereby calls on governments, non-government organisations, mental health care providers and other interested stakeholders to:

- Prioritise and promote the right of Deaf, Hard of Hearing, Late Deafened and Deaf-Blind people to recognition of their linguistic and cultural identity as early as possible to preserve and protect their mental health;
- Prioritise and promote the accessibility of mental health services for Deaf, Hard of Hearing, Late Deafened and Deaf-Blind people;
- Prioritise and promote the right to effective communication access in the mental health care setting from an early age;
- Develop evidence-based standards in mental health care practice and early intervention for Deaf, Hard of Hearing, Late Deafened and Deaf-Blind people;
- Develop demonstration projects in the provision of mental health care services planned and directed by Deaf, Hard of Hearing, Late Deafened, and Deaf-Blind people;
- Encourage the sharing of best practices in mental health care services for Deaf, Hard of Hearing, Late Deafened and Deaf-Blind people;
- Repeal laws that discriminate against people with mental health needs by allowing only people with physical health needs to refuse treatment; and
- Promote the development of specialist mental health care services that are culturally and linguistically appropriate and accessible for Deaf, Hard of Hearing, Late Deafened and Deaf-Blind people.




MICHAEL SCHWARTZ


MICHAEL SCHWARTZ


MICHAEL SCHWARTZ


MICHAEL SCHWARTZ

ADOPTED BY ACCLAMATION

THIS DAY OF 2015

BELFAST, NORTHERN IRELAND

¹ UN CRPD Article 5 ⁷ UN CRPD Article 16; ⁹ UN CRPD Article 18 ¹⁴ UN CRPD Article 24 ¹⁹ UN CRPD Article 29 ²² on Linguistic Rights, UNESCO World Congress on Linguistic Rights, Barcelona, Spain.
² UN CRPD Article 9 ¹⁰ UN CRPD Article 19 ¹⁵ UN CRPD Article 25 ²⁰ UN CRPD Article 30
³ UN CRPD Article 12 ¹¹ UN CRPD Article 20 ¹⁶ UN CRPD Article 26 ²¹ UN CRC Article 24
⁴ UN CRPD Article 13 ¹² UN CRPD Article 21 ¹⁷ UN CRPD Article 27 ²² See the June 9, 1996 Universal Declaration
⁵ UN CRPD Article 14 ¹³ UN CRPD Article 22 ¹⁸ UN CRPD Article 28
⁶ UN CRPD Article 15 ¹⁴ UN CRPD Article 23 ¹⁹ UN CRPD Article 29