

Taiwan Mad Alliance is, to our knowledge, the first and currently the only organization of persons with disabilities in Taiwan that is formed and led by persons with psychosocial disabilities. We began organizing in 2021 and were formally registered in 2022. At that time, COVID-19 was spreading across the world. Many psychiatric institutions had already imposed long-term restrictions or bans on inpatients' use of mobile phones. During the pandemic, hospitals further prohibited visits on the ground of infection risk. As a result, psychiatric inpatients were placed under a form of double isolation.

This was not merely an inconvenience in daily life. It affected people's ability to stay in contact with family and friends, seek legal advice, file complaints, gather evidence, and access peer support. It also affected how people in crisis could make sense of their own situation and seek help from the outside world. For this reason, we understood mobile phone bans as part of institutionalizing practices. They were not simply a detail of ward management. They were a way in which closed settings controlled people's access to information, relationships, and help.

For this reason, during Taiwan's second domestic CRPD review, we brought this issue into the review of Taiwan's second CRPD State Report through the parallel report coordinated by Covenants Watch. Fortunately, the International Review Committee that came to Taiwan addressed this issue directly in paragraphs 91 and 92 of the Concluding Observations on Taiwan's second CRPD State Report. The Committee expressed concern that Article 25 of the Mental Health Act allowed psychiatric clinical personnel to restrict inpatients' communication with the outside world on the broad grounds of "the patient's condition or medical need." It recommended that Taiwan allow restrictions on communication only where there is concrete evidence that, without such restriction, serious and imminent harm would be caused to the patient or to specific others.

From the perspective of Taiwan Mad Alliance, even this standard remains too conservative. Other medical institutions do not impose such broad communication restrictions on inpatients. If only users of psychiatric services are presumed to be subject to communication restrictions, that is direct discrimination in itself.

Even so, the Concluding Observations produced institutional effects. They made it impossible for the government to continue treating mobile phone bans as a mere matter of ward management. The government now had to respond to the issue as a matter of CRPD rights and obligations. It therefore commissioned a professional association to develop guidelines on living agreements in psychiatric wards, dealing with issues such as mobile phone use, communication, visits, and restraints. This was a victory in the struggle for rights.

Civil society organizations asked the government to include the views of users of

psychiatric services, organizations of persons with psychosocial disabilities, and other civil society organizations when drafting the guidelines. At first, the government said that these views would be included. Later, however, we learned that the guidelines might be treated as administrative guidance, without public notice and without publication of the draft. Everything seemed to return to the starting point.

This tension also appeared during this year's domestic review of the State Report. Deputy Minister of Health and Welfare Chien-te Lü, who chaired the session, explicitly addressed deinstitutionalization. He said, "Deinstitutionalization under the CRPD is a goal we are striving toward, but we still have to consider practical realities." He then said, "People are lining up to enter institutions."

From the government's perspective, this means that community support remains insufficient, that existing institutions are still needed, and that the government cannot immediately remove institutions. From the perspective of Taiwan Mad Alliance and the independent living movement, however, a waiting list for institutions does not necessarily mean that institutions are the preferred choice. It may also mean that there are not enough personal assistants, housing options, crisis supports, peer supports, and everyday living supports in the community. When support does not exist in the community, institutions become the only option left.

These statements reveal another important function of the CRPD review process. They make visible the different ways in which the government and civil society understand the same CRPD concept. The government recognizes deinstitutionalization as a CRPD goal, but places it within the language of pragmatism, capacity, downsizing, family-like arrangements, and community-based institutions. Civil society then asks: Is this deinstitutionalization, or merely institutional improvement? Are resources being shifted toward community support, or are small institutions being repackaged as community-based services?

The third example concerns one of our partner organizations, New Vitality Independent Living Association, Taipei, a cross-disability organization that has long promoted the independent living movement. In recent years, it also supported an important administrative litigation case. A woman with severe physical disabilities, known as Sister Yu, applied to the New Taipei City Government Social Welfare Department for twenty-four-hour personal assistance each day. The Social Welfare Department approved only sixty hours per month. Sister Yu argued that this number of hours could not support her daily life, self-directed arrangements, or participation in the community, and therefore brought an administrative lawsuit. The court ultimately required the local government to make a new administrative decision.

This judgment was an important outcome of the CRPD review mechanism. The court confirmed that the CRPD has domestic legal effect in Taiwan. The judgment cited

Article 19 of the CRPD, stating that persons with disabilities have the right to choose their place of residence, to choose where and with whom they live, and not to be obliged to live in a particular living arrangement. The judgment also specifically referred to the Concluding Observations on Taiwan's second CRPD State Report.

The International Review Committee had expressed concern that Taiwan relied on financially unstable public welfare lottery return funds to support independent living; that personal assistance services were extremely limited; that there was a lack of coordination across departments; and that the wishes of service users were often ignored. The Committee therefore recommended that Taiwan expand personal assistance, strengthen the control that persons with disabilities have over their own lives, and make funding for independent living part of the formal government budget.

Once these Concluding Observations entered the judgment, they produced legal effects. They helped push local governments away from fixed sixty-hour ceilings. They transformed "insufficient personal assistance" from a welfare resource allocation issue into a rights issue under Article 19 of the CRPD, concerning independent living and deinstitutionalization. Yet, as with all work toward deinstitutionalization, this remains difficult. Although Sister Yu won the administrative litigation, the local Social Welfare Department and Sister Yu are still continuing to negotiate how many hours of personal assistance are sufficient.

These three cases show that our use of CRPD review mechanisms to advance deinstitutionalization is neither completed all at once nor carried out through a single method. The government can be very cunning. It can use the language of rights to pave the way for policies that are, in substance, anti-human rights. For this reason, we also need a wider range of weapons. Fortunately, CRPD review mechanisms offer us a very rich toolbox, whether through the United Nations system or through Taiwan's domestic review mechanism. Thank you to all partners. This is my report today.

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