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Interview with Oliver Lewis, Executive Director of the Mental Disability Advocacy Center

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Interview with Oliver Lewis, Executive Director of the Mental Disability Advocacy Center

Human Rights Brief: Please describe your background, and how you came to be involved in the field of disability rights in general, and mental health advocacy in particular?

Oliver Lewis: The Freudian answer is that my mother is a psychiatrist for people with intellectual disabilities, and as a kid I spent some of the summer vacations in Brentry Hospital, a mental asylum in Bristol which was built in 1898 and closed in 2000. I used to sit in the occupational therapy department and ‘play’ with the ‘patients’. As a child I saw the de-institutionalization process, and saw how people inside the system can play a key role in transitioning to a more humane system.

Years later, I studied law at the London School of Economics, where I met Professor Jill Peay (she had just arrived at LSE and I was in her first criminal law class). Jill has researched at the interface between mental health and law and I found all of this fascinating. People tend to think that this ‘mental health law’ is narrow and obscure, but it’s not at all. The rights of people with disabilities cut across so many legal areas: constitutional and administrative law, family law, social security law, health law, criminal law, property law, contracts and torts, international human rights law, public international law. Not to mention other domains such as public policy, political and moral philosophy and sociology.

HRB: Please provide a brief overview of the mission and vision of the Mental Disability Advocacy Center (MDAC).

O.L.: MDAC was set up ten years ago to advance the rights of children and adults with intellectual disabilities or psycho-social disabilities. We achieve this through three organisational objectives:

1. Creating a body of progressive jurisprudence;
2. Instigating law reform;
3. Empowering people with disabilities and promoting participatory politics.

We’re an advocacy organisation and work with disabled people’s NGOs, to carry out hard-edged advocacy such as strategic litigation, parliamentary and governmental advocacy. We also work at the UN and European and African regional levels in various ways to advance the international legal and policy frameworks.

HRB: Your website mentions six human rights areas that MDAC works on. In your view, is there one in particular that presents a unique set of challenges?



O.L.: MDAC works on these areas because they represent six of the most ingrained areas of human rights violations, so they’re all quite challenging! If I picked one that is particularly challenging, it would be the right to legal capacity. This sits at the core of what we do, because essentially we’re battling against centuries of history where people have been labelled as incompetent and useless. Medicine and law have conspired to label people and then taken their autonomy, their money, their homes. They have been legally transported into remote institutions where they are injected with chemicals to keep them quiet. This is done in the person’s ‘best interests’, under the watch of doctors, and with the approval of judges. In a sense, the other human rights areas which we work on flow from this conceptualization of a person with disabilities as sub-human. So we are fighting against segregated schooling, against congregated institutional

warehousing, against torture and ill-treatment, against denial of legal aid and access to justice, against political exclusion.

HRB: At present, are there any particular regional human rights systems — or perhaps any individual countries — that stand out in their approach and deserve recognition for their advances in the field of mental health advocacy?

O.L.: There are numerous examples of promising practice which tend to be initiatives by people with disabilities or their families which are grassroots, under-valued and in policy terms, unevaluated. The trouble about small scale innovations is that they are rarely scaled up by government, because of competing interests: some governments are more than happy to let the initiatives happen but are not willing to invest in scaling them up (despite financial and social benefits), some governments are more concerned about unions than people with disabilities, some devolve responsibility to municipalities which can be more interested in local employment figures than they are in the right to live in the community. And many governments are not providing financial investments even into monitoring human rights implementation: let alone adequately fulfilling their human rights obligations. No country is perfect. People often point to Sweden or Canada as examples of fantastic laws and practices. Undoubtedly what happens in those countries is measurably better than what happens in other places, but talk to people with disabilities, talk to people from ethnic minorities, talk to transgender people from those countries: things are not all rosy and we must guard against generalities of ‘good country’ and ‘bad country’!

HRB: Referring to the Convention on the Rights of Persons with Disabilities (CRPD), are there any places where you feel it falls short of offering the sort of promotion and protection MDAC considers significant and necessary?

O.L.: The CRPD is a human rights text. As such it is a result of intense negotiation and ultimately of horse-trading and political compromise. The CRPD really does express rights in a fresh and different way, and innovates by, for example, establishing national implementation and monitoring mechanisms. That said, a number of provisions which have given rise to intense debate. For example some people argue that Article 14 read together with Articles 12 and 25(d) of the CRPD mean that no-one can ever be subject to forced psychiatric interventions (medication usually injected, electroshock, or physical restraints and seclusion). Others justify such treatment for people lacking capacity to make healthcare decisions need to have access to healthcare on an equal basis with others, whether they have disabilities or not, and one might assess ‘capacity’. Given that nothing will change if the medical fraternity digs in its heels, I think the UN Committee on the Rights of Persons with Disabilities should reach out to the psychiatric community, and bring them into the discourse and provide clearer guidance. There are logistical and political hurdles to overcome, but it is possible.

HRB: Your article in this issue of the *Brief* ends with a call to action for people to get involved. If you were addressing those of our readers who are contemplating a career in disability rights, what might you suggest?

O.L.: There are lots of things you can do: volunteer at a local disability organisation, be active at the political level, do a course to get up to speed with international developments, come to MDAC’s summer school or come and intern with us or another NGO!

Lindsay Roberts and Christopher Tansey, J.D. candidates at the American University Washington College of Law, conducted this interview via email for the Human Rights Brief.