

## Book Review

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*Disability Law and Policy: An Analysis of the UN Convention.*

Edited by Charles O'Mahony and Gerard Quinn (pp. 600;  
ISBN 978 1 905536 90 0). Clarus Press: Dublin, 2017.

In March 2007, Ireland signed the United Nations' Convention on the Rights of Persons with Disabilities (CRPD) which aims 'to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity'. At time of writing (July 2017), Ireland has yet to ratify the convention despite having signed it more than a decade ago.

This volume of essays, edited by Dr Charles O'Mahony and Professor Gerard Quinn of the National University of Ireland Galway, aims to present a multi-disciplinary examination of the CRPD, noting that there are approximately one billion persons with disabilities in the world, amounting to 15% of the planet's human population: the world's 'largest minority'.

The book comprises seven parts, relating to 'disability and intersectionality'; 'legal capacity'; 'mental health law and disability'; the 'right to independent living'; the 'right to inclusive education'; 'employment and persons with disabilities'; and 'comparative and regional perspectives'.

There is much that is very useful in this volume. There are especially compelling essays by Eilionóir Flynn on 'gender, disability and access to justice'; Mary Keys on Article 12 of the CRPD and the European Convention on Human Rights; Bernadette McSherry on "'new" rights for mental health laws?'; and Fiona Morrissey on 'advance directives: supporting legal capacity in mental health care'.

There are, however, significant omissions. For example, the volume fails to engage sufficiently with the idea that human rights-based approaches are not universally agreed to be the best ways to fulfil certain economic and social needs, and can command transactions costs that sharply limit usefulness. The limited impact of the CRPD over the past decade suggests that this is an area in need of greater interrogation.

Regrettably, much of the discourse on this topic to date has been highly theoretical, located at a considerable distance from the hard situations that commonly present in clinical practice and social care. This is, of

course, a broad problem with the literature in general, as a great deal of the material written about the CRPD (and, arguably, the CRPD itself) shows a distinct lack of awareness of clinical realities (especially in mental health) and variable regard for democratically generated laws (such as mental health legislation).

Article 14 of the CRPD states 'that the existence of a disability shall in no case justify a deprivation of liberty'. All mental health legislation that permits involuntary admission and treatment on the basis of mental illness is considered by some to violate this requirement. As a result, full compliance with the CRPD might well require removal of mental illness from involuntary admission criteria. This seems highly unlikely to occur.

What is more likely to happen is that Ireland will ratify the CRPD despite clearly violating it in many respects, just as the United Kingdom does. Ireland will then commit to working incrementally with evolving interpretations of the Convention over the coming years, with the result that change will be delayed, limited and, in certain areas, probably non-existent.

This would be a great disappointment. The CRPD is important because it places significant pressure on governments to meet the real needs of people with 'disabilities' including not only medical needs, but also needs relating to housing, employment, education, social engagement, etc. These are all key issues for people with mental illness, so many of whom experience homelessness, imprisonment and other forms of social exclusion at the hands of broader society (rather than psychiatrists). Indeed, for the great majority of people with mental illness, the most pressing human rights issue is access to health and social care rather than protection from it.

Some of these perspectives are duly reflected in some of the contributions to this book. It is, however, vital that future discussion of the CRPD demonstrates substantial engagement with the realities of clinical and social care. If it does not, the CRPD will simply be regarded as irrelevant by both policy-makers and practitioners, and its potential benefits will never be realised, to the genuine detriment of all.

### Conflicts of Interest

None.

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