

IMPLEMENTATION OF ARTICLE 19 OF CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES IN VILNIUS MUNICIPALITY WITH THE FOCUS ON PSYCHOSOCIAL DISABILITIES

KARILĖ LEVICKAITĖ

PSICHIKOS SVEIKATOS PERSPEKTYVOS

JURGA MATAITYTĖ-DIRŽIENĖ

VILNIAUS UNIVERSITETAS

Lithuanian social, health care legislation and preparedness of these systems in Vilnius municipality to comply with obligations of Article 19 of UN Convention on the Rights of Persons with Disabilities are analysed in this article. Results show unpreparedness of municipality to ensure human right standards for persons with disabilities.

Key words: *psychosocial disability, deinstitutionalisation, independent living and inclusion into society, Convention on the Rights of Persons with Disabilities.*

INTRODUCTION

The right to live independently is closely linked to fundamental rights such as personal liberty, private and family life and freedom from ill-treatment or punishment, equal recognition before the law, and stems from some of the most fundamental human rights standards, both

within United Nations legal framework¹ and Council of Europe². These standards have been captured in overarching objective of Article 19 of the 2006 UN Convention on the Rights of Persons with Disabilities and Optional Protocol (hereinafter CRPD) as full inclusion and participation in community.

The three key elements of Article 19, CRPD are: (a) choice of how, with whom and where to live, (b) individualised support and availability of services preventing isolation or segregation from the community and (c) making services for the general public accessible to people with disabilities. For full implementation of the right to live in the community, all elements have to be implemented, as well as other rights (UN, 2006) enshrined in CRPD have to be implemented embedding implementation of Article 19.

Thus Article 19 is very broad in scope and covers various interrelated issues. The UN Committee on the Rights of Persons with Disabilities has provided a number of Concluding Observations on Article 19 (International Disability Alliance, 2013) in which the choice of residence of persons with disabilities is repeatedly highlighted as limited by the availability of necessary services. Those living in residential institutions are reported to have no alternative to institutionalisation. Focus on deinstitutionalisation is relevant to Lithuanian context, where traditionally people with disabilities continue to be institutionalised and massively taken under guardianship. In General Comment No. 5 (2017) UN Committee on the Rights of Persons with Disabilities observes still remaining barriers to the implementation of article 19, which are also very relevant to Lithuania: denial of legal capacity; inadequacy of social support and protection schemes; inadequacy of legal frameworks and budget allocations for

¹ Universal Declaration of Human Rights, 1948; International Covenant on Civil and Political Rights, 1966; International Covenant on Economic, Social and Cultural Rights, 1966; Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984; Convention on the Rights of the Child, 1989.

² Convention for the Protection of Human Rights and Fundamental Freedoms, 1950; European Social Charter, revised in 1996; European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, 1987.

individualised support; lack of adequate monitoring mechanism for implementation, and others.

Considering the post-soviet social legacy, focus in this article is on deinstitutionalisation and development of community-based services. Despite CRPD being applied to people with various disabilities, people with psychosocial disabilities were chosen specifically.

REVIEW OF SOCIAL AND HEALTH CARE LEGISLATION AND POLICIES IN LITHUANIA WITH REGARD TO ARTICLE 19 OF CRPD

SOCIAL CARE

Lithuania was among other countries that signed CRPD on the first day it opened for signature, 30 March 2007. The Law on ratification was passed by the Parliament on 27/5/2010. Currently Lithuania has all legal obligations under CRPD.

Function of development, organisation and delivery of social care services at municipal level are envisaged in the Municipal Law (1994). Law on Social Services (2006) assigns the function of organisation of social services to the Ministry of Social Affairs and Labour (further on – Ministry of SAL), governors of counties, and municipalities. Thus the deinstitutionalisation process and development of community-based services are assigned both to central and municipal level. Municipal responsibility is also addressed in Law on the Social Integration of People with Disabilities (1991).

After long years of investing into the old, human rights violating, social care system for people with disabilities, first political developments towards deinstitutionalisation started in 2012 (Order on the Guidelines for Deinstitutionalisation, 2012) and with the “Action Plan for 2014–2020” followed in 2014. NGOs declare a gap between political actions and real changes in social care system for people with psychosocial disabilities, which are referred in number of letters (Letter of 10 NGOs, 2013) to

decision makers and public positions published (Izinius, 2014; Ruskus 2014).

The Lithuanian multi-fund Operational Programme (total budget – 7 887 798 520 €), adopted in 2014, brings together several key EU investment funds aimed at helping Lithuania's economic development. 7,99 % of the OP resources are allocated to facilitate the transition from institutional to community-based care and improve access to social housing and quality of health care services for people at risk of poverty or social exclusion. Nevertheless Lithuanian NGOs do not consider the result and output indicators as being sufficient in order to achieve a real change and positive progress towards deinstitutionalisation in Lithuania (Opening Doors for Europe's Children, 2015).

There were 244000 people with disabilities in Lithuania in 2016 (Ministry of SAL, 2016). According to data provided by the Department of Disability Affairs (2018), there were 52 social care homes for people with psychosocial or learning disabilities. 6903 people were living there in 2017. These numbers suggest the proportion of people who are in a need of social care services and are still living in institutions. NGO analysis (Human Rights in Residential Social Care System in Lithuania, 2014) of internal rules and regulations of 14 social care homes suggests persistent attributes of strong institutional culture.

Social services in Law on Social Services (2006) are formulated in a paternalistic way, not targeting independent living and means of personal assistance. Moreover, this Law distinguishes between two types of social services: general and specific, where division of services is based on sets and assignments of services upon assessment of the degree of self-sufficiency, instead of personal choice targeting independent living and inclusion into society. Catalogue of Social Services (2006) after amendments in 2013 and 2014, contains new social services for people with disabilities: group living homes, community centres, day-care centres, and independent living homes. Although new services were introduced, there is no clear distinction of community-based character of those. According to UN Committee on Rights of Persons with Disabilities (2017, p. 4–5): “Neither large-scale institutions with more than a hundred

residents nor smaller group homes with five to eight individuals, nor even individual homes can be called independent living arrangements if they have other defining elements of institutions or institutionalisation <...> such as obligatory sharing of assistants with others and no or limited influence over whom one has to accept assistance from; <...> lack of control over day-to-day decisions; <...> identical activities in the same place for a group of persons under a certain authority; <...>”.

LEGAL CAPACITY

There is a close link between guardianship and institutionalisation, as in Lithuania some adults are placed in long-stay institutions or hospitals by their legally-appointed guardians against their will or through the lack of informed consent. There is a number of judgments by European Court of Human Rights coupling between denial of legal capacity and institutionalisation (Judgment of the ECtHR, 2008; Judgment of the ECtHR, 2012) as well as *D.D. v Lithuania*. Article 19(a) of the CRPD is closely linked to the right to legal capacity, because one needs to be recognised as a person before the law in order to be able to decide one’s “place of residence” and “where and with whom” to live. People with psychosocial disabilities are one of three major groups to be put under plenary guardianship in Lithuania.

Up until 2016, under Lithuanian law people with disabilities could be declared fully incapable and placed under guardianship. Legal amendments that came into force in 1/1/2016, introduced limited capacity concept, as well as provided supported decision-making and advice directives, besides full incapability. Regular review of the status of a person’s guardianship is also anticipated. A strong push for reform came about as a result of the European Court of Human Rights ruling in the case of *D.D. v Lithuania* (2012).

However, after law amendments, regulations are not in line with the provisions of the CRPD which obligate to ensure that not a single person is ever fully deprived of his or her ability to make decisions. Parliament

has left open the possibility of declaring a person incapable “in a particular field” – so the transfer of full decision-making authority still exists.

Despite amendments in legislation, supported decision-making schemes are not developed and have not yet been put into other laws. Law on Social Services does not include either supported-decision making schemes or range of community-based services, adequate housing provisions, which are of crucial importance for both exercising legal capacity and enjoying right to be included into communities.

HEALTHCARE

Deinstitutionalisation is often understood as a subject of social care services, neglecting the healthcare sector, although the need of community-based services for people with psychosocial disabilities is specifically placed on the crossroad of social and health care.

Lithuanian Law on Mental Health Care (1995) still bears guardianship concept and does not include supported decision-making schemes. There are no regular guardianship review protocols prepared, and, more importantly, no supported decision-making schemes developed. The same law also describes involuntary placement where a significant risk of serious harm to oneself or others exists.

In 2007 Lithuanian Parliament adopted national Mental Health Strategy that covers a wide range of modern mental health principles, which should embed community-based services and deinstitutionalisation. Years after adoption there is substantial criticism from the NGOs on its poor implementation results (Appeal on Mental Health System Care Lithuania, 2013). A scientific study published by Vilnius University in 2013 concludes that the main principles of the Mental Health Strategy were not implemented and many EU Structural Funds opportunities were missed (Puras et al., 2013).

There are 107 Mental Health Care centres set up at primary care level in all municipalities. This pool of services is an important resource for people with psychosocial disabilities for receiving specialised services

in the communities. On one hand this means geographically available mental health services for people with disabilities, but on the other hand this chain is criticised by NGOs due to excessive medicalisation and a lack of psychosocial services (Mental Health Perspectives, 2015).

There are 4 mental hospitals and 20 wards in general hospitals for treatment of mental disorders with 1716 beds in total (Health Information Centre of Hygiene Institute, 2015). It should be noted that some wards at general hospitals are functioning in separate buildings physically, though are managed at central level.

Procedure of Psychosocial rehabilitation services for people with psychosocial disabilities (Order of the Minister of Health, 2012) was approved providing 1 million euros per year for this kind of services according to State Mental Health Care Centre, thus expanding possibilities for people with psychosocial disabilities to get specialised community-based services.

There are many discrepancies on the various topics in the data provided by the state and the NGOs. Such discrepancies could be analysed by understanding how the above-mentioned services correspond to obligations under the Article 19 of CRPD and its main principles at grassroots level, thus could feed in into development of research indicators. **General objective of the research** was: to measure level of preparedness of the social and health care system to comply with Article 19 of CRPD at Vilnius municipality level with the focus on persons psychosocial disabilities.

METHODOLOGY

KEY CONCEPTS

Key concepts of the Article 19 CRPD need to be defined and explained. European Network on Independent Living (ENIL) states independent living does not mean being independent from other persons, but having the freedom of choice and control over one's own life and lifestyle. ENIL

defines *independent living, personal assistance, deinstitutionalisation and community-based services* as key concepts related to Article 19, CRPD (ENIL, 2012).

European Coalition for Community Living (2009) defines not only community-based services, but also *good community-based services*, which are organised on the basis of the key principles, emphasising client-centred and user-led approaches, family participation, social model of disability, seeking for good quality of life and ensuring that these principles are expressed in the day-to-day assistance.

Regional Office for Europe of the UN Office of the High Commissioner for Human Rights defines *Institutional care* (Parker, 2011) emphasising that the size of the building is only one of a number of factors that create a culture of institutionalisation, while others include rigidity of routine, such as fixed timetables for waking, eating and activity, irrespective of individuals' personal preferences or needs.

The concept of *total institutions* proposed by E. Goffman (1961) refers to the way of residence and day-to-day living, common for various establishments like care homes, prisons, psychiatric hospitals, etc., bearing the common feature of *institutional culture*, which could be defined by five main features: depersonalisation, rigidity of routine, block treatment, social distance and paternalism (European Commission, 2009).

Considering Lithuanian context, concepts of *community-based services* and *institutional care* refer both to children deprived of parental care and people with disabilities. These concepts are formulated in the Action Plan for the Transition from Institutional Care to the Provision of Services in Families and the Community for the Disabled and Children Deprived of Parental Care 2014–2020 (2014), but they bear more descriptive rather than legislative character. Independent living and personal assistance are not mentioned in this document.

Defined key concepts should reflect at the implementation level. Thus various indicators on implementation of Article 19 were developed to measure level of preparedness of the social and health care system in Vilnius municipality.

INDICATORS

There are no unified indicators developed for measuring the level of implementation of Article 19, hence four documents were chosen as a background for developing the indicators for this research on the basis of following criteria: up to 10 years old, applicable in post-soviet countries, developed by different bodies, focusing on transition to community-based services.

Open Society Foundation developed the Checklist (2011) on implementation of Article 19 in 2011, in which 10 areas are addressed. The 10 areas, particularly important in Lithuanian context, are related to political obligations and a lack of reflection on grassroots level.

Indicators and guiding questions following core components of Article 19 are suggested by Council of Europe (2012). It addresses all aspects of Article 19 including important issues, such as segregation, discrimination in community and others. Indicators here are very broadly selected.

EU Agency for Fundamental Rights (2015) suggests human rights indicators to enable the assessment transition to community-based services as part of Article 19, relevant to measuring progress in the implementation of fundamental rights: structural; process; and outcome indicators which correspond with three areas where the implementation of fundamental rights can be measured and evaluated: commitment; effort; results (UN, 2008). This structure gives possibility to tackle the issue at different levels of implementation.

MDAC has published the report (2014) on the right to community living for people with mental disabilities in Bulgaria in 2014, where important indicators are defined, which is helpful for analysis of collected data.

Other significant qualitative elements like: existence of institutional culture, prevalence of client-centred approaches or concept of community-based services are not captured by mentioned indicators, thus leaving the gap for provision of biased data. Therefore, feedback from NGOs was collected considering their reflections regarding services available for people with psychosocial disabilities in Vilnius municipality.

Quantitative and qualitative data was collected from:

- Websites of Vilnius Municipality, Ministries of Social Affairs and Labour, Health, national NGOs; International and national reports, research and studies;
- Interviewed representatives of Vilnius Municipality Social Care Department;
- Questionnaire disseminated among 7 NGOs representing people with disabilities and/or providing services for them in Vilnius city.

SOCIAL AND HEALTH CARE INFRASTRUCTURE IN VILNIUS MUNICIPALITY AND COMPLIANCE WITH ARTICLE 19 CRPD

STRUCTURAL LEVEL

CRPD: “19(a) Community living and choice. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement.”

Indicator: people with psychosocial disabilities are not required to live in institutions.

Measures: numbers of people with disabilities/psychosocial disabilities living in institutions in general and in Vilnius municipality in particular. Policies and programmes developed with regard to deinstitutionalisation in Vilnius Municipality.

There are discrepancies in numbers due to different values (number of diagnosis vs number of children with diagnosis, etc.). According to data provided by Ministry of SAL there were 26922 adults and 2137 children with disabilities in Vilnius municipality in 2016. According to NGO Family assistance and information office, there are about 3500 adults with psychosocial disabilities in Vilnius municipality.

Moreover, formal recognition of disability in Lithuanian legal framework does not correspond with definition of disability in CRDP, which is broader. Thus, unambiguous and reliable data is not available.

According to the data provided by representatives of Vilnius municipality there are residential social care services provided for 950 people with disabilities representing various target groups. There is no division by type of disabilities, thus data about people with psychosocial disabilities living in residential care institutions is not available.

Only one specific plan with regard to deinstitutionalisation has been adopted recently: Children Care Reform Action Plan for 2015-2020, which envisages reorganisation of social care homes for children left without parental care, but does not include any specific schemes for children with disabilities. There are two strategic documents in Vilnius municipality, where development of community-based services for people with disabilities are mentioned with references on CRPD: Vilnius City Strategic Plan for 2010-2020, Vilnius City Mental Health Strategy for 2011-2015. These documents bear declarative character as they lack measurable outputs and results. Specification of services and measurable indicators are foreseen in Vilnius Municipality Plan of Social Services which is adopted on yearly basis. Despite lack of deinstitutionalisation strategy, the effort to scale up community-based services in this Plan, was emphasised by representatives of municipality Social Care Department during the interview. Among targets of provision and development of social services, there are several mentioning independent living and inclusion into community, but not heading at fulfilling it.

CRPD: “19 (b) Access to individualised support services. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.”

Indicator: there is a moratorium on new admissions to social care institutions.

Measure: limits or a moratorium on new admissions to institutions.

Indicator: municipal funding is used to develop community-based services rather than funding residential institutions.

Measures: amount of municipal funding and other funding for institutions.

Amount of municipal and other funding for community-based services.

There is no moratorium on new admissions to residential social care institutions. There’s a waiting list for these services among people with disabilities. On 13 February 2018, there were 6583 places in social care homes for people with disabilities, 10 places were available and 197 people were on the waiting list. According to the Department of Disability Affairs (2018) the number of people living in residential social care institutions is not diminishing, it is rising:

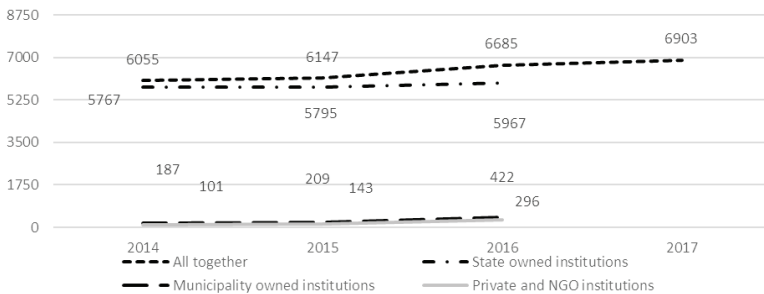


CHART 1. NUMBER OF PERSONS LIVING IN THE RESIDENTIAL CARE INSTITUTIONS BY THE END OF THE YEAR.

Source: Department of Disability Affairs, 2018.

The distinction among institutional care and community-based services is not specified either in the Law on Social Services, or at the implementation level, as both day-care services and long-term social care are provided in the same institution. Thus, services provided in the institutions and in other settings (day-care centres, independent living homes and special schools) as well as specialised services for people with disabilities and old people living in the community, were taken as a breakdown for calculating the budgets provided.

It should also be considered, that at municipal level services for people with disabilities are provided together with old people, so there is no distinction among those two groups regarding the data concerned.

The biggest amounts are provided for people in institutions and other settings. Specialised services for people living in communities, are funded very low: 343 EUR per capita per year compared to 7900 EUR per capita in institutions and 4600 EUR per capita in other settings (Department of Disability Affairs, 2018).

CRPD: “19 (c) Access to general services. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.”

Indicator: people with psychosocial disabilities are guaranteed access to general services provided in the society.

Measure: monitoring of compliance with legal obligations and standards regarding the availability of community services and facilities for the general population to persons with psychosocial disabilities.

There is no monitoring of compliance with legal obligations and standards regarding the availability of community services and facilities for the general population to persons with disabilities. Monitoring is omitted in the recent Monitoring Report on Results of Social Integration of Disabled and UN Convention on the Rights of Persons with Disabilities 2017.

PROCESS LEVEL

CRPD: “19(a) Community living and choice.”

Indicator: the choices of people with psychosocial disabilities about where and with whom they live are recognised.

Measure: the choices of social care are available.

Indicator: community-based services are provided for people with psychosocial disabilities in a way which supports their inclusion in the community.

Measure: new community-based services developed or scaled up since 2010.

Indicator: people with psychosocial disabilities have a personal budget enabling them to choose the support they need.

Measure: availability of personal budgets.

The need for general or specific social care services is determined by the level of self-sufficiency with regard to personal interests. If special services are determined by social workers, the person can only choose those from the variety of institutions. Due to small number of places available, independent living homes are usually not accessible even if preferred. Non-availability of social housing is obvious in numbers: 6809 people were waiting for social housing in 2014 (Vilnius municipality, Social housing). 1036 people with disabilities amongst them, only 3 people with disabilities got social housing in 2013. People can only request administration of social care homes or independent living homes with whom they want to live there. Any of above mentioned possibilities do not meet provisions stipulated in Article 19 of CRPD.

Other settings were developed in Vilnius municipality: independent living homes and multifunctional centres/special schools for children with disabilities. Also 4 day-care centres for people with psychosocial disabilities have been established by the Ministry of Health in Vilnius.

Personal budgets enabling people with mental disabilities to choose the appropriate support they need to live in the community, are not available.

CRPD: “19 (b) Access to individualised support services.”

Indicator: personal assistance is provided to people with psychosocial disabilities to support them to live in the community.

Measure: access to support to enable making decisions about where and with whom to live.

People with psychosocial disabilities do not have access to support to enable them to make decisions about where and with whom to live.

OUTPUT LEVEL

CRPD: “19(a) Community living and choice.”

Indicator: people with psychosocial disabilities can choose their place of residence and where and with whom they live.

Measure: number of persons leaving institutions and starting to live in the community.

One person with psychosocial disabilities left institutions and started to live in independent living home in years 2014-2015, but not in the community inclusively. According to Department of Disability Affairs (2018) in the whole Lithuania there were 25 such cases in 2016 and 27 in 2017. But it is unclear to what community settings they have moved – group living homes, independent living homes or others.

CRPD: “19 (b) Access to individualised support services.”

Indicator: people with psychosocial disabilities have access to personal assistance necessary to support living and inclusion in the community.

Measure: number of persons that have received personal assistance in a year.

There is no monitoring concerning persons with psychosocial disabilities whether they have received personal assistance to develop independent living skills.

CROSS-CUTTING ISSUES

Indicator: civil society, in particular persons with disabilities and their representative organisations are consulted. Referring to Article 33(3), Preamble (o) CRPD.

Measure: mechanisms in place to ensure the consultation and involvement of persons with disabilities.

Concerning the mechanisms to ensure the consultation and involvement of persons with disabilities, there is the Vilnius City Municipality Commission on Affairs of People with Disabilities at Vilnius City Municipal Council consisting of 12 members, 6 of those represent NGOs of people with disabilities, and other 6 people are from municipality. The meetings take place every three months. This commission is a body providing supervision and recommendations with regard to social inclusion of people with disabilities, quality of life of people with disabilities and availability and quality of services in Vilnius municipality.

NGO OPINION ABOUT SOCIAL AND HEALTH CARE INFRASTRUCTURE IN VILNIUS MUNICIPALITY AND COMPLIANCE WITH ARTICLE 19 CRPD

CRPD: “19(a) Community living and choice.”

Indicator: high quality services are available for people with psychosocial disabilities.

Measure: satisfaction with health and social services in Vilnius municipality. Development of new services by municipality.

According to NGOs, adults with psychosocial disabilities are satisfied with individualised social employment services, social services and services at home and independent living homes and availability of medication. The criticism was expressed regarding psychosocial or social

rehabilitation services, which lack professional and methodological background. A lack of psychological services and a lack of information about the services was mentioned. There's a lack of psychological services and modern therapies for children.

There are newly developed services for children with emotional and behavioural disorders launched by NGO. 4 day-care centres and independent living home for people with disabilities should be reorganised, as they lack focus on independent living.

CRPD: "19 (b) Access to individualised support services."

Indicator: individual support services are available for people with psychosocial disabilities.

Measure: services needed in order to support independent living and inclusion in community. Its barriers.

A list of 6 services for children and 11 services for adults was collected from NGOs to be developed in community supporting independent living of people with psychosocial disabilities. According to respondents: *"The main barrier impeding development of existing initiatives or developing new ones, is a lack of competence by officials. Poor understanding of mental health problems, how they should be solved and treated, there is still orientation to biological understanding: disease-psychiatrist-medication"* (Representative of NGO1).

A lack of competence at the level of decision makers, prevalence of biologic paradigm, bureaucracy and stigma were identified by respondents as the main barriers for development of new services.

CRPD: "19 (c) Access to general services."

Indicator: General services are accessible for people with psychosocial disabilities.

Measure: difficulties accessing general services in Vilnius municipality. Possible solutions.

With regard to accessibility for general services for people with psychosocial disabilities, three main areas were identified, which could be expressed as follows: the need for inclusive education, personal budgets and awareness raising for society about inclusion of people with disabilities.

CONCLUSIONS

1. Vilnius municipality is not really prepared to implement Article 19 of CRPD, where huge investments into residential social care still exist, community-based services and social housing are neither developed nor financed adequately, new social care services like independent living homes, multifunctional centres and special schools do not facilitate independent living and inclusion into community.

2. Decisions of people with psychosocial disabilities are not supported and their independent living skills are not trained.

3. There is no monitoring of compliance with legal obligations and standards regarding the availability of community services and facilities for the general population to persons with disabilities.

4. Personal budgets enabling people with mental disabilities to choose the appropriate support they need to live in the community, are not available.

5. Community-based services should be defined at central level to be monitored at municipal level.

6. NGOs report both services used and well rated and insufficient community-based services for adults and children with psychosocial disabilities. A lack of competence at the level of decision makers, prevalence of biological paradigm, bureaucracy and stigma were identified as the main barriers for development of new community-based services, which NGOs identify as favorable.

RECOMMENDATIONS

FOR MINISTRY OF SOCIAL AFFAIRS AND LABOUR

1. Legal base falling under the responsibility of ministry should be amended in coherence with CRDP including adequate provisions on independent living and inclusion in community as the core of the social integration.

2. Launching monitoring of statistical data of people with disabilities (corresponding definition in CRPD) in various breakdowns is highly recommended.

FOR MINISTRY OF HEALTH:

3. Law on Mental Health Care should be amended abolishing guardianship and introducing decision-making schemes as well as well-defined qualitative concept of community-based services with reference to independent living and inclusion in community as key elements.

FOR VILNIUS MUNICIPALITY

4. Funding for social care institutions should be slightly switched to personal budgets schemes and development of community-based services enabling people with disabilities to live in community.

5. Launching body for analysis of quality of services provided in the territory of Municipality for ongoing revision of services available and their quality, assessment of need for new services, quality of existing services with regard to independent living and inclusion in community, with strong participation of NGOs and people with disabilities is recommended.

LITERATURE

1. *Appeal on mental health system care Lithuania*. (2013). Available at: http://perspektyvos.org/photos/2013/05/Kreipimasis_20130507.pdf.
2. *Committee on the Rights of Persons with Disabilities, United Nations*. (2017). General comment No. 5 on living independently and being included in the community.

3. *Council of Europe Commissioner for Human Rights*. (2012). The right of people with disabilities to live independently and be included in the community. Issue Paper.
4. *Decision on Approval of Composition and Regulations on Vilnius City Municipality Commission on Affairs of People with Disabilities at Vilnius City Municipal Council*. (2010). No. 1-1769.
5. *Decision on Mental Health Strategy Endorsement*. (2007). No X-1070.
6. *Decision regarding approval of Vilnius City Mental Health Strategy for years 2011–2015*. (2010). No 1-1873.
7. *Department of Disability Affairs at Ministry of Social Affairs and Labor*. Available at: <http://www.ndt.lt/laisvos-vietos-socialines-globos-istaigose/> [accessed at 2018.02.13].
8. *Department of Disability affairs under the Ministry of Social Security and Labor*. (2018). Monitoring Report on Results of Social Integration of Disabled and UN Convention on the Rights of Persons with Disabilities 2017.
9. *European Coalition for Community Living*. (2009). Focus on Article 19 of the UN Convention on the Rights of Persons with Disabilities, Focus Report.
10. *European Commission*. (2009). Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care.
11. *European Network on Independent Living*. [accessed at 11.01.2018]. Available at: <http://www.enil.eu/policy/>
12. *European Union Agency for Fundamental Rights*. (2015). The Rights of Persons with Disabilities (The Right to Independent Living) Indicators.
13. Goffman, E. (1961). *Asylums: essays on the social situation of mental patients and other inmates*, 17.
14. *International Disability Alliance's Compilation of the CRPD Committee's Concluding Observations and List of Issues Article 19*. (2013).
15. *Judgment of the ECtHR in the case of D.D. v Lithuania*. Judgment 9 July 2012. Available at: [http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-109091#{„itemid“:\[„001-109091“\]}](http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-109091#{„itemid“:[„001-109091“])
16. *Judgment of the ECtHR in the case of Shtukaturov v. Russia*. Judgment 27 March 2008. Available at: [http://hudoc.echr.coe.int/eng?i=001-85611#{%22itemid%22:\[%22001-85611%22\]}](http://hudoc.echr.coe.int/eng?i=001-85611#{%22itemid%22:[%22001-85611%22]})
17. *Judgment of the ECtHR in the case of Stanev v. Bulgaria*. Judgment 17 January 2012. Available at: <http://hudoc.echr.coe.int/eng?i=001-108690>.
18. *Law on Mental Health Care*. (1995).
19. *Law on Social Services*. (2006).

20. *Law on the Social Integration of People with Disabilities of the Republic of Lithuania*. (1991).
21. *Letter of 10 NGOs to Minister of Social Affairs and Labor "Concerning action plan of the programme for transition from institutional care to family and community-based services for people with disabilities and children deprived of parental care for years 2014–2020"*. (2013).
22. *Lzinios article "Reforms: children care homes will not disappear"*. (2014). Available at: <http://lzinios.lt/lzinios/gimtasias-krastas/pertvarka-vaiku-globos-namai-neisnyks/182307>
23. *Mental Disability Advocacy Centre*. (2014). *My Home, My Choice in Bulgaria. The right to community living for people with mental disabilities in 2014*.
24. *Mental Health Perspectives*. (2014). *Human Rights in Residential Social Care System in Lithuania. Analysis of internal rules and regulations in residential social care institutions*.
25. *Mental Health Perspectives*. (2015). *Alternative Lithuanian Mental Health Strategy and Suicide Prevention Alternative Action Plan 2016–2018*.
26. *Ministry of Health of the Republic of Lithuania, Health Information Centre of Hygiene Institute*. (2015). *Healthcare of Lithuanian population and activities of Lithuanian healthcare bodies 2014*.
27. *Municipal Law of the Republic of Lithuania*. (1994).
28. *News on State Mental Health Care Centre website*. [accessed at 15.02.2018]. Available at: <http://www.vpsc.lt/>
29. *Open Society Public Health Programme*. (2011). *The Community for All Checklist. Implementing Article 19 on the Convention on the Rights of Persons with Disabilities*.
30. *Opening Doors for Europe's Children*. *An assessment of the attention for deinstitutionalization for children and the involvement of children's organizations in the ESIF implementation process across eight EU Member States*. (2015).
31. *Operational Programme for EU Structural Funds Investments for 2014–2020*. [accessed at 11.01.2018]. Available at: http://ec.europa.eu/regional_policy/en/atlas/programmes/2014-2020/lithuania/2014lt16maop001.
32. *Order of the Minister of Health on Procedure of Psychosocial rehabilitation services for people with psychosocial disabilities*. (2012). No V-788.
33. *Order on Approval of Catalogue of Social Services*. (2006). No A1-93.
34. *Order on the Action Plan for the Transition from Institutional Care to the Provision of Services in Families and the Community for the Persons with Disabilities and Children Deprived of Parental Care 2014–2020*. (2014). No. A1-83.

35. *Order on the Guidelines for Deinstitutionalization of the Social Care Homes for Disabled Children Deprived of Parental Care and Adult Persons with Disabilities.* (2012). No A1-517.
36. Parker, C. (2011). *The Human Rights of Persons Placed in Institutions, Forgotten Europeans – Forgotten Rights.* Regional Office for Europe of the UN Office of the High Commissioner for Human Rights.
37. Puras D., Sumskiene E., Veniute M., Sumskas G., Juodkaite D., Murauskienė L., Mataityte-Dirziene J., & Sluzaite D. (2013). *Challenges Implementing Lithuanian Mental Health Policy,* Vilnius University.
38. Ruskus, J. (2014). Jonas Ruskus interview with Karile Levickaite, director of NGO “Mental Health Perspectives”, *Social work. Experience and Methods Journal*, 14–2.
39. *State Mental Health Care Centre/Mental Health Care Centers /Mental hospitals and hospitals providing inpatient mental health care.* Available at: <http://www.vpsc.lt>.
40. *The Convention on the Rights of Persons with Disabilities and its Optional Protocol.* (2006).
41. *UN Office of the Commissioner for Human Rights.* (2008). Report on indicators for promoting and monitoring the implementation of Human Rights (HRI/MC/2008/3).
42. *Vilnius City Municipality Council.* (2010). Vilnius city strategic plan 2010–2020. No. 1-1873.
43. *Vilnius City Municipality Council.* (2015). Approval of the Children Care Reform Action Plan for years 2015–2020.
44. *Vilnius Municipality Plan of Social Services, Vilnius City Municipality Council.* (2016). No. 1-493.
45. *Vilnius municipality, Social housing.* [accessed at 15.01.2018]. Available at: http://www.vilnius.lt/lit/Socialinis_bustas/9327319

KARILĖ LEVICKAITĖ, JURGA MATAITYTĖ-DIRŽIENĖ

19-OJO NEĮGALIŲJŲ TEISIŲ KONVENCIJOS STRAIPSNIO ĮGYVENDINIMAS PSICHOSOCIALINĖS NEGALIOS ASPEKTU VILNIAUS MIESTO SAVIVALDYBĖJE

SANTRAUKA

Teisė gyventi savarankiškai yra glaudžiai susijusi su pagrindinėmis žmogaus teisėmis ir kyla iš pamatinių Jungtinių Tautų ir Europos Tarybos žmogaus

teisių standartų. Lietuvoje tradiciškai didelė dalis neįgalių asmenų vis dar institucionalizuoti, todėl konvencijos 19 straipsnio įgyvendinimo galimybių analizė tokia kontekste lieka aktuali. Publikacijoje analizuojamas socialinės globos, teisinio veiksnio, sveikatos priežiūros sistemų atitikimas konvencijos 19 straipsnio nuostatomis. Apibrėžiamos ir detalizuojamos esminės konvencijos 19 straipsnio sąvokos bei indikatoriai, leidžiantys įvertinti šio straipsnio įgyvendinimą struktūriniame, proceso ir rezultatų lygmenyse. Empirinėje tyrimo dalyje surinkti kiekybiniai ir kokybiniai empiriniai duomenys iš oficialių valstybinių šaltinių, Vilniaus miesto savivaldybės ir nevyriausybių organizacijų bei pagal įvardytus kriterijus išanalizuotas 19 straipsnio įgyvendinimas trijuose lygmenyse. Atlikta analizė leidžia daryti išvadą, jog savivaldybė nėra pasirengusi konvencijos 19 straipsnio įgyvendinimui, nėra sudarytos prielaidos asmenims turintiems psichosocialinę negalią savarankiškai priimti sprendimus, nėra stebėsenos mechanizmų. NVO įvardijo tiek jų atstovaujama asmenų naudojamas ir gerai vertinamas paslaugas, tiek trūkumus paslaugų teikimo sistemoje. Taip pat formuluojamos rekomendacijos Socialinės apsaugos ir darbo, Sveikatos apsaugos ministerijoms bei Vilniaus miesto savivaldybei, kurių įvykdymas leistų bent iš dalies įgyvendinti konvencijos 19 straipsnio nuostatas.

Reikšminiai žodžiai: psichosocialinė negalia, deinstitutionalizacija, gyvenimas savarankiškai ir įtrauktis į visuomenę, Neįgaliųjų teisių konvencija.