



Convention on the Rights of Persons with Disabilities

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Committee on the Rights of Persons with Disabilities

Report on the inquiry concerning Mexico conducted under article 6 of the Optional Protocol to the Convention^{*}, ^{**}, ^{***}

I. Introduction¹

1. The present report contains the findings, comments and recommendations adopted by the Committee on the Rights of Persons with Disabilities following its inquiry into grave or systematic violations, conducted under article 6 of the Optional Protocol to the Convention.
2. In its findings, comments and recommendations, the Committee refers to laws, policies and practices regarding the institutionalization of persons with disabilities in the State Party and the multidimensional causes giving rise to it, including deprivation of legal capacity, coercion in mental healthcare and institutionalization by social services. The Committee addresses the increased risks of institutionalization among persons with disabilities exposed to multiple and intersectional discrimination and the negative impacts of institutionalization on the personal integrity and rights of persons with disabilities, in particular living independently and being included in the community.
3. The Committee also analyses mechanisms for providing individual and collective redress for the harm caused, including access to justice and deinstitutionalization strategies. The Committee issues recommendations to address these phenomena.

II. Findings and comments

A. Violations of Convention rights

4. The inquiry pertains to the following provisions of the Convention: general obligations (art. 4), equality and non-discrimination (art. 5), equal recognition of persons with disabilities before the law (art. 12), access to justice (art. 13), liberty and security of

^{*} Adopted by the Committee at its thirty-third session (11–26 August 2025).

^{**} The present report was made public following the expiry of the six-month period provided for in article 6 (4) of the Optional Protocol to the Convention.

^{***} Due to the word limits imposed on reports by General Assembly resolution 68/268, the findings of fact of the inquiry concerning Mexico conducted under article 6 of the Optional Protocol to the Convention are contained in the conference room paper available on the Committee's web page. That paper describes the procedure followed in the inquiry, the information provided by the source, the observations and information provided by the State Party, the analysis of the legal and policy framework and the Committee's findings of fact.

¹ When the Committee mentions institutions, it is referring to both public and private institutions, including unregistered institutions, and to all types of collective social welfare accommodations such as group homes, shelters, centres or residences, refuges, rehabilitation centres and/or mental health services, including psychiatric hospitals, centres or residences for persons with "mental disorders or mental disability" and hospitals or residences for persons with incurable or terminal illnesses.



person (art. 14), freedom from torture or cruel, inhuman or degrading treatment or punishment (art. 15), freedom from all forms of exploitation, violence and abuse (art. 16), living independently and being included in the community (art. 19), respect for home and the family (art. 23) and health (art. 25).

5. The Committee will evaluate the findings of the inquiry in relation to the State Party's legal obligations. It will also evaluate the grave or systematic nature of the violations.

1. Persistence of institutionalization (art. 14)

6. Under article 14 of the Convention, the State Party is obliged to repeal all laws and abolish all practices that allow for the deprivation of liberty of persons with disabilities on the grounds of actual or perceived impairment, whether such deprivation of liberty is based solely on impairment or also on grounds such as therapeutic need or the perceived danger they allegedly pose to themselves or to others.²

7. The Committee notes that:

(a) The 2013 and 2022 amendments regarding mental health and addictions that were made to the General Health Act, which applies at the federal level, establish consent to medical treatment as a general rule. However, this law continues to allow the practice of treatment without informed consent in circumstances where “[a person’s] life would be exposed to imminent risk or his or her physical integrity to irreversible harm” (art. 51 Bis 2), without clarifying these criteria. Institutionalization continues to be accepted as a last therapeutic resort (art. 75). The Committee notes that therapeutic reasons have been used with broad discretion to justify the involuntary institutionalization and forced treatment of persons with disabilities;

(b) Many state-level laws continue to authorize involuntary committal and forced treatment on the basis of therapeutic justifications and the danger allegedly posed by persons with disabilities. Mental health crises often result in involuntary committal and forced treatment;

(c) Persons with disabilities continue to be involuntarily institutionalized in public and private facilities on the basis of decisions by third parties, including their families. This practice mainly affects persons with actual or perceived intellectual and/or psychosocial disabilities;

(d) Many unregistered private institutions operate in an irregular manner and continue to institutionalize persons with disabilities, based on an alleged need for rehabilitation;

(e) The medical and pharmacological approach continues to predominate in mental healthcare and actions to enhance community-based mental healthcare are limited due to the lack of regulations for implementing the mandate of the General Health Act and providing budgetary allocations for community-based mental healthcare;

(f) Many persons with disabilities are subjected to involuntary transfers, reinstitutionalization or prolonged or indefinite institutionalization, which undermine their dignity and hinder their personal development;

(g) Reinstitutionalization prevents persons with disabilities from leaving institutions and choosing housing options in the community. Transfers are used as a substitute for an individualized deinstitutionalization plan and the provision of support for living independently and being included in the community;

(h) Declarations of non-liability in proceedings involving persons with disabilities frequently result in involuntary and prolonged detention, without guarantees of due process and a fair trial. Such detentions take place in prisons and prison annexes.

² [A/72/55](#), annex, paras. 6, 10 and 13.

(a) Institutionalization and lack of recognition before the law (arts. 12 and 14)

8. Under article 12 of the Convention, the State Party is obliged to recognize the legal capacity of all persons with disabilities, repeal all provisions that authorize substitutes for its exercise and adopt a system of supported decision-making. Such a system must respect the autonomy, will and preferences of persons with disabilities and include safeguards to avoid conflicts of interest with those providing the support.

9. The Committee notes that:

(a) The legal capacity of persons with disabilities has not yet been fully recognized. Although the National Code of Civil and Family Procedure was amended in 2023, a significant number of states still have provisions in their codes of civil or family procedure that restrict capacity on the basis of impairment;

(b) Persons with disabilities continue to be deprived of their legal capacity through legal proceedings and in practice. De facto deprivation of legal capacity affects a significant proportion of persons with disabilities, including those who are institutionalized. The bimonthly allowances from the welfare allowance programme for persons with permanent disabilities are in most cases paid not to the persons themselves, but to their relatives or to the directors of the institutions in which they live;

(c) Only Mexico City has laws that recognize supported decision-making. However, the regulations for the implementation of such support are still pending.

(b) Institutionalization and its impact on high-risk groups (arts. 5 and 14)

10. The Convention obliges the State Party to eliminate laws, policies or practices that discriminate on the basis of disability.³ Non-discrimination legislation should tackle disability-specific discrimination such as institutionalization, denial or restriction of legal capacity and forced mental health treatment.⁴ The State Party must identify and address multiple and intersectional discrimination against women and girls with disabilities.

11. The Committee notes that, although laws and public policies provide for differentiated approaches to women, children, older persons, migrants and Indigenous persons, gaps remain in the implementation of these laws and policies, which do not mainstream disability, particularly with regard to persons with disabilities who are still institutionalized.

12. With regard to children and adolescents with disabilities, the Committee notes that:

(a) Despite the legal recognition of multiple and intersectional discrimination, no measures have been taken to identify and combat it;

(b) Owing to the lack of supports and to factors such as poverty, neglect, stigma, prejudice, parental disability and the prevalence of protection and care narratives grounded in the medical and paternalistic models, children with disabilities are at greater risk of being separated from their families and institutionalized. Families face legal barriers to recovering their children;

(c) Institutionalization exposes children with disabilities to significant and irreversible harm to their cognitive development and their interaction and socialization skills. Many of them have limited access to inclusive and quality education and to cultural, recreational or sports activities and interaction with members of the community. These factors are inimical to their mental health;

(d) Institutionalized children with disabilities are at increased risk of violence, exploitation and abuse, including sexual and psychological violence;

(e) Laws continue to provide for the institutionalization of children with disabilities as a form of protection and alternative care, and some proposed legislation on care would continue to allow institutionalization.

³ Committee on the Rights of Persons with Disabilities, general comment No. 6 (2018) on equality and non-discrimination, paras. 30 and 38.

⁴ *Ibid.*, para. 73 (c).

13. With regard to Indigenous persons with disabilities, the Committee notes that:

(a) Indigenous persons with disabilities live in poverty and extreme poverty in rural areas and have limited or no access to support services in their communities. Many Indigenous persons with disabilities must travel long distances to reach cities, where they face linguistic, cultural and bureaucratic barriers that hinder their access to services in the community;

(b) The lack of educational options in the community for Indigenous children with disabilities leads to their segregation in Indigenous children's hostels located far from their territories.

14. With regard to women and girls with disabilities, the Committee notes that:

(a) While laws and policies reflect a gender-differentiated approach, their implementation takes insufficient account of women and girls with disabilities and does not adequately address the gender- and disability-based violence to which such women and girls, especially those living in institutions, are exposed;

(b) The right of women with disabilities to sexual and reproductive health is neither respected nor guaranteed in the case of those who live in institutions. Many such women have been victims of serious violations such as sexual abuse, rape, forced abortion and forced sterilization. The Committee noted cases of revictimization and a lack of access to legal remedies against these abuses and impunity;

(c) Many institutionalized women with disabilities are kept separate from their children and are unable to exercise their right to motherhood;

(d) Institutionalization is used as a protective measure against gender-based violence suffered by women with disabilities in the family.

15. With regard to migrants with disabilities, the Committee notes that:

(a) Migrants with disabilities face institutionalization and administrative detention based on their disability and situation of mobility;

(b) Most migrants with disabilities lack individualized disability-sensitive supports. Long-term institutionalization and exposure to violence and to physical, psychological and sexual abuse were noted. Confinement exposes them to greater risks of deterioration of their mental health;

(c) Some migrants with disabilities are transferred to other institutions such as psychiatric hospitals or rehabilitation centres but no information about their transfer or their fate or whereabouts is made available.

16. With regard to persons with disabilities in street situations, the Committee notes that:

(a) Institutionalization affects persons with disabilities in street situations, including those with addictions, and is carried out by both authorities and non-State groups under the guise of a protective measure. This type of institutionalization leaves such persons more vulnerable and exposes them to violence, exploitation and abuse;

(b) Homeless persons with disabilities who have left institutions return to street situations in a more fragile position, with worsened mental health, and are at risk of being reinstitutionalized. As a result of reinstitutionalization, the fate and whereabouts of many such persons are unknown.

17. With regard to older persons with disabilities, the Committee notes that:

(a) Older persons with disabilities who are institutionalized suffer from neglect and lack of contact with society and receive medicalized treatment;

(b) Physical and psychological deterioration and the worsening of the degrading conditions in which they live are common among older persons with disabilities living in institutions;

(c) Older persons with disabilities are at greater risk of being institutionalized due to lack of support in their family environments, insufficient income or pensions and neglect.

(c) Pending challenges in terms of living independently and being included in the community (art. 19)

18. Article 19 of the Convention provides that persons with disabilities have the right to choose their place of residence and where and with whom they live, and to access support services for living independently and community services on an equal basis with others. According to the Convention, the institutionalization of persons with disabilities, including the separation of children with disabilities from their families and their forced institutionalization, is discriminatory because it constitutes differential treatment on the basis of disability. Institutionalization contradicts the right of persons with disabilities to live independently and be included in the community.⁵

19. States Parties should implement deinstitutionalization strategies for persons with disabilities, including children and adolescents with disabilities, and replace all institutionalized settings, including group homes, with independent living support services⁶ and, in the case of children and adolescents, family life. The authorities should make mainstream services available and accessible to all persons with disabilities, ensuring the provision of reasonable accommodation.⁷

20. The Committee notes that:

(a) The institutionalization of persons with disabilities is predominant and is perpetuated over time; institutionalization continues to be accepted and there is a lack of resolve to promote independent living in the community;

(b) The structural causes of institutionalization, such as poverty, neglect, stigma and prejudice against persons with disabilities, including a medicalized view of their care and the persistence of medical models, have not been sufficiently addressed and there is a lack of studies and proposals to tackle these issues;

(c) The limited understanding of individualized support and community services is conducive to institutionalization; the lack of support in the community hinders persons with disabilities in a number of ways, such as by preventing them from working, receiving income and accessing personal assistance;

(d) Federal laws such as the General Act for the Inclusion of Persons with Disabilities (see its art. 7) and the Social Welfare Act provide for the creation and financing of institutions, including private institutions, and the provision of institutionalized social services, but lack provisions recognizing the right to live independently in the community;

(e) There is no legal and policy framework for deinstitutionalization in accordance with article 19 of the Convention; there is also a need to develop a deinstitutionalization strategy and plans for all persons with disabilities, while closely consulting with and actively involving persons with disabilities through their representative organizations, including the establishment of targets, implementation timelines and budgets;

(f) Persons with disabilities face barriers to accessing community services on an equal basis with others, which perpetuates their isolation and confinement to their homes, affords them few options for participation in the community and increases their risk of institutionalization;

(g) Persons with disabilities continue to be subjected to involuntary institutionalization and forced treatment on the grounds of alleged protection or therapeutic needs;

(h) The implementation of the comprehensive system for the protection of the family allows, promotes and maintains involuntary institutionalization, which is considered a protective measure;

⁵ Committee on the Rights of Persons with Disabilities, general comment No. 6 (2018), paras. 30, 56, 58 and 63; Guidelines on deinstitutionalization, including in emergencies, paras. 7 and 15.

⁶ Committee on the Rights of Persons with Disabilities, general comment No. 5 (2017), paras. 42, 46 and 49.

⁷ Guidelines on deinstitutionalization, including in emergencies, paras. 91 and 92.

(i) Although the bimonthly allowance for persons with permanent disabilities is beneficial for their social protection, its implementation is marked by gaps such as its insufficiency in relation to the cost of the basic monthly food basket; the impossibility of covering the additional expenses associated with disability; the fact that it is received through third parties such as the authorities of institutions or family members; and the exclusion of persons with disabilities over 65 years of age;

(j) The authorities have yet to design and implement a structured system of supports for living independently in the community that reflects the views of persons with disabilities;

(k) Personal assistance is almost unknown and is underdeveloped;

(l) Despite some promising initiatives, the inaccessibility of basic community services such as healthcare, education, employment, habilitation and rehabilitation, culture and sports continues to segregate persons with disabilities;

(m) Budgetary allocations continue to be earmarked for the operation of institutions, while budgets are lacking for plans to support persons with disabilities in living independently in the community.

2. Harms and impacts of institutionalization

(a) Impact on integrity of the person (arts. 15 and 16)

21. In accordance with articles 15 and 16 of the Convention, the State Party is obliged to take preventive and protective measures to ensure that persons with disabilities are free from all forms of torture or cruel, inhuman or degrading treatment or punishment, prevent all instances of exploitation, violence and abuse, identify victims at an early stage, put a stop to such violations, compensate the victims, prosecute and punish those responsible and take measures to prevent the recurrence of such violations.

22. The Committee notes:

(a) The breadth, frequency and extent of violations of the physical, mental and moral integrity of persons with disabilities who are or have been in institutions, including:

(i) The dehumanizing effect of institutionalization as a result of confinement and isolation;

(ii) The vulnerability of institutionalized persons as a result of the power imbalances that leave them at the mercy of perpetrators;

(iii) Permanent and irreversible harm to their physical, psychological and moral integrity. These harms are not identified or addressed, nor are the victims compensated;

(iv) The marked deterioration in the mental health of institutionalized persons with disabilities who lose their socialization, sensory, orientation and adaptation capacities;

(v) Vulnerability to suicide;

(vi) Cases of deaths of institutionalized persons;

(vii) Institutionalized persons' loss of the ability to build their personal identity, including as a result of involuntary changes in their names and surnames;

(viii) The use of physical, mechanical and pharmacological restraints in public and private institutions, including electroconvulsive therapies;

(ix) Confinement in rooms or places of punishment;

(x) The infliction of punishments, such as corporal punishment and, in some cases, denial of food;

(xi) Gender-based violence, including sexual harassment and rape;

(xii) Vulnerability to trafficking in persons;

(xiii) Denial of the right to sexual and reproductive health;

- (xiv) Forced contraception, forced sterilization and forced abortion;
 - (xv) The degrading conditions of many institutions in dilapidated facilities, the lack of hygienic conditions and overcrowding, particularly in prison psychiatric wards;
 - (xvi) The suppression of privacy through constant surveillance and the use of uniforms or stereotyped clothing;
 - (xvii) Insufficient, inadequate food of poor nutritional quality;
 - (xviii) Assignment to perform mandatory cleaning tasks;
 - (xix) Rigid and compulsory routines that increase depersonalization;
 - (xx) The retraumatization of people who are constantly exposed to the above-mentioned situations and behaviours;
- (b) Indifference towards and tolerance of the multiple forms of violence and ill-treatment that affect persons with disabilities in institutions;
 - (c) Lack of early detection and treatment of post-traumatic stress disorder in persons who are or have been in institutions.

(b) Impacts on privacy and family life (art. 23)

23. Article 23 of the Convention obliges the State Party to ensure that all persons with disabilities retain their right to found a family, marry and decide on parenthood, on an equal basis with others. Persons with disabilities should not be discriminated against in the exercise of their rights to the custody and guardianship of their children and should receive support for the exercise of their parental responsibilities. The Convention prohibits the separation of parents and/or children with disabilities from their families on the basis of impairment. Where the immediate family is unable to care for a child or adolescent with disabilities, every effort should be made to provide care within the wider family, and failing that, within the community. Children with disabilities have the right to grow up in a family environment. Small institutions and group homes are not substitutes for the family. The State Party should prevent the concealment, abandonment, neglect and segregation of children with disabilities.

24. The Committee notes that:

(a) Children and adolescents with disabilities who live in single-parent households in situations of poverty and extreme poverty are often deemed by the authorities of the family protection system to be vulnerable or neglected and are separated from their parents and sent to institutions. Only the Act on Alternative Care for Children and Adolescents in the Federal District provides that poverty is not a basis for separation and that all possibilities of care within the family must be exhausted;

(b) The insufficiency of community support for families living in poverty and/or extreme poverty that include children or adolescents with disabilities pushes such families to send them to institutions;

(c) The limited development of a foster family system allows for the institutionalization of children and adolescents considered to be at risk;

(d) Children with disabilities who are institutionalized lose their socialization skills and ties with their families; prolonged stays in institutions and transfers to other institutions, including those located in other states, exacerbate such children's abandonment and separation from their families;

(e) Institutionalized persons with disabilities cannot exercise their rights to marry, found a family, retain their fertility and exercise their parental rights on an equal basis with others;

(f) Initiatives by authorities in institutions for family reunification and reintegration into the community are limited and do not form part of the protection strategy, which is understood mainly as the referral of individuals to institutions; family members wishing to support persons with disabilities do not receive support from the State.

(c) Impacts on mental health (art. 25)

25. Article 25 of the Convention obliges the State Party to ensure that all persons with disabilities have access to quality health services, including community-based mental health services. Such services must be available and accessible, affordable, culturally appropriate and based on the human rights model of disability. The Convention requires that medical treatments and interventions be based on the free and informed consent of the person with disabilities concerned, not that of third parties. Crisis situations should never be used as a justification for institutionalization or forced medical treatment and interventions. Coercion must be eradicated from mental healthcare.

26. The Committee notes:

(a) The prevalence of a medical approach to mental health, including the use of forced medical treatments and interventions, overmedication, electroconvulsive therapies and chemical and pharmacological restraints. Stigma and prejudice persist among staff and officials of the mental health system, who perpetuate patterns of coercion;

(b) The use of therapeutic justifications to support involuntary institutionalization;

(c) The substitution of consent by third parties such as guardians, family members and others for that of persons with disabilities;

(d) The limited development of mental health services at the community level and the failure to consider the experiences of persons with disabilities who are users of mental health services. Mental health services are found in remote areas, and many communities in rural areas lack health services;

(e) The meagre budgets in the mental health field are directed mainly to psychiatric institutions. Initiatives to transition to community mental healthcare were reported, but their approach includes psychiatric institutionalization for up to 36 days with a strong medical focus, including chemical and pharmacological restraints and electroconvulsive therapies. In addition, projects that promote decentralization in the mental health field do not offer quality support;

(f) Emphasis is placed on medical rehabilitation of visible impairments, while efforts to develop comprehensive rehabilitation that includes all persons with disabilities and addresses aspects such as educational, labour, social and cultural reintegration are insufficient.

3. Institutionalization and access to justice (arts. 13, 14 and 19)

27. Under article 13 of the Convention, the State Party is obliged to ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and gender- and age-appropriate accommodations. Pursuant to article 13 of the Convention, read in conjunction with articles 4, 16 (3) and 33 (2) and (3), the State Party is obliged to establish monitoring mechanisms to prevent discrimination and violence against and exploitation and abuse of persons with disabilities, including those who are institutionalized. Under article 13 of the Convention, read in conjunction with article 4, all these actions must include persons with disabilities and their representative organizations through close consultation and active involvement. Redress should be provided to persons who have suffered harm, including compensation for the damage caused.

28. The Committee notes:

(a) A lack of awareness among persons with disabilities, including those who are institutionalized, of the administrative and judicial remedies available to them to challenge their involuntary institutionalization and forced treatment and to seek redress for the harm caused. In most cases, such persons lack access to accessible, affordable and effective legal counsel for filing complaints and other legal remedies;

(b) The legal defencelessness of persons with disabilities in institutions, including persons institutionalized in places managed by private agents, and their lack of access to justice. It was noted that it is impossible in practice for institutionalized persons to have access to habeas corpus remedies to challenge their deprivation of liberty as being unlawful or arbitrary. There are no statistics on the use of this type of remedy and its outcome;

(c) That complaint boxes are the only complaint mechanism available to institutionalized persons. These boxes are rarely used, lack effectiveness, do not result in investigations and do not offer guarantees of impartiality or due process. Authorities of the institutions displayed an attitude of indifference to the complaints received from persons with disabilities;

(d) The lack of diligence in seriously and impartially investigating grave incidents such as deaths of persons with disabilities in institutions and the prevalence of impunity;

(e) Difficulties hampering the actions of the National Human Rights Commission to monitor institutions, including with regard to the sustainability of its activities and the lack of regular (or, in some cases, any) oversight visits to all categories of institutions. The Commission's recommendations do not appear to be duly acted upon and information on violations is only sporadically referred to the investigative authorities. The Commission exercises self-censorship with regard to its findings for fear of reprisals. Disparities are observed in the monitoring carried out by state-level human rights commissions and the impact on the prevention of human rights violations in institutions is limited;

(f) Frequent obstacles to monitoring by civil society organizations, including denial of access to institutions, refusal to provide information on individuals or denial of permission to interview them independently and without supervision by the institution's staff. In some cases, civil society organizations were warned that they would be prosecuted if they continued to offer support services in the community for persons with disabilities who wished to leave institutions;

(g) Widespread lack of awareness and indifference among authorities regarding the physical, psychological, economic and moral consequences of institutionalization. The perception that violence in institutions is an inevitable status quo prevents action from being taken to stop the harm inflicted on persons with disabilities in institutions;

(h) The absence of effective reparations for victims of institutionalization, including compensation for damage. The failure to investigate and bring charges, including criminal charges, and the lack of accountability are the primary barrier preventing persons with disabilities from seeking reparations. In cases where persons with disabilities have received compensation from the Executive Commission for Victim Support, the compensation awarded has been insufficient and does not include aspects such as support for effective inclusion in the community.

4. Attitudinal barriers, need for coordination, statistics and budgets (arts. 4 and 19)

29. Under article 4 of the Convention, the State Party is obliged to adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention. It is also obliged to take into account the protection and promotion of the human rights of all persons with disabilities in all policies and programmes.

30. The Committee notes:

(a) That different authorities at the federal, state and local levels exercise jurisdiction in various areas related to the deinstitutionalization of persons with disabilities, with the result that effective coordination of the roles that they play in deinstitutionalization remains challenging. Although there are some inter-institutional coordination bodies, most policy implementation efforts are fragmented;

(b) That policies on education, health, employment, housing and social security formally recognize the differentiated approach but do not mainstream disability;

(c) That behaviours and attitudes grounded in medical models of disability are prevalent among State and non-State actors who are in contact with institutionalized persons with disabilities;

(d) Fragmentation, duplication and underreporting in the collection of statistical data on persons with disabilities and the fact that the collection of disaggregated data is still rudimentary;

- (e) The failure of the various institutions to protect the personal data of persons with disabilities;
- (f) The lack of specific budgets for the deinstitutionalization of persons with disabilities.

III. Grave or systematic nature of the violations

31. Pursuant to article 6 of the Optional Protocol and rule 83 of its rules of procedure, the Committee must assess whether the violations of rights are of a grave and/or systematic nature.⁸

32. The Committee considers violations to be “grave” if they are likely to produce substantial harm to victims, leading to further segregation, isolation or impoverishment. A determination regarding the gravity of violations must take into account the scale, prevalence, nature and impact of the violations found. The Committee is of the view that, rather than representing an opportunity to provide protection or treatment, institutionalization exposes persons with disabilities to cruel, inhuman or degrading treatment and even to torture, abuse, violence and exploitation, as well as family separation, and causes them permanent and irreparable harm that prevents them from enjoying their rights to life and personal integrity, to a life free from violence, exploitation and abuse and to independent living in the community. The Committee considers that institutionalization disproportionately affects persons with intellectual and/or psychosocial disabilities, persons with disabilities in street situations, women, children and older persons with disabilities and persons with disabilities living in poverty and extreme poverty, many of whom face multiple and intersectional discrimination.

33. The term “systematic” refers to the organized nature of the acts leading to the violations and the improbability of their random occurrence. The Committee has established the existence of a legislative framework, policies and practices that authorize and perpetuate institutionalization and that, by intent or through impact, adversely and disproportionately affect persons with disabilities who live in institutions, which constitutes a systematic violation of the Convention. The Committee has also noted the persistence of discriminatory behaviours, conduct and patterns that affect persons with disabilities. Furthermore, it has observed the lack of an effective system of supports for living independently, including personal assistance, which leads to the perpetuation of the system of institutionalization. The Committee notes that most of these violations of the rights of persons with disabilities have not been independently, effectively and impartially investigated, that the victims have yet to receive reparations and that the perpetrators have not been punished, resulting in impunity.

34. The Committee is particularly concerned about the situation regarding the rights of institutionalized children and adolescents with disabilities. Institutionalization results from the combined effect and cumulative impact of laws, policies, plans and prevailing disability-based stereotypes and has an extremely detrimental impact on the children who are subjected to it, leading to their marginalization from the community and increasing their vulnerability to grave violations that affect their life, safety, best interests, family life, integrity, education, human development and well-being.

⁸ The meaning of the terms “grave” and “systematic” when referring to violations of treaty obligations has been determined on previous occasions. See [CRPD/C/HUN/IR/1](#), paras. 107 and 108; [CRPD/C/ESP/IR/1](#), paras. 78–80; [CEDAW/C/IR/MLI/1](#), paras. 76 and 77; [CEDAW/C/ZAF/IR/1](#), paras. 113 and 114; [CEDAW/C/OP.8/KGZ/1](#), para. 86; and [CRC/C/CHL/IR/1](#), para. 111.

IV. Recommendations

A. Ending institutionalization (art. 14)

35. In accordance with its guidelines on the right to liberty and security of persons with disabilities (2014), the Committee recommends that the State Party:

(a) Repeal the provisions of federal and state health laws that authorize the involuntary committal of persons with disabilities to mental health institutions and the administration of medical and psychiatric treatment on the basis of therapeutic justifications, the need for involuntary protection or the danger allegedly posed by persons with disabilities;

(b) Promptly adopt regulations giving effect to the provisions of the General Health Act on community-based mental healthcare;

(c) Urgently adopt deinstitutionalization plans that set out individualized forms of support for persons with disabilities and ensure the deinstitutionalization of all such persons who are in public or private institutions;

(d) Urgently identify all persons with disabilities who have spent prolonged periods in state or federal institutions, including those who have been reinstitutionalized, and include them in deinstitutionalization plans;

(e) Implement measures to prevent institutionalization at the municipal, state and federal levels, including institutionalization linked to mental health crises, intermittent institutionalization and prolonged or indefinite institutionalization. An individual's lack of contact with his or her family may in no case be used as an argument to justify his or her institutionalization or prolonged stay in institutions;

(f) Ensure that persons with disabilities involved in criminal proceedings are afforded guarantees of due process and a fair trial, in addition to procedural accommodations, and implement the recommendations contained in paragraph 11 (b) of the Committee's Views in *Medina Vela v. Mexico*.⁹

1. Restoration of full legal capacity for all persons with disabilities (art. 12)

36. Recalling its general comment No. 1 (2014), the Committee recommends that the State Party:

(a) Accelerate the process of bringing state laws into line with the new National Code of Civil and Family Procedure and undertake legal reforms to recognize the legal capacity of all persons with disabilities, including those in institutions;

(b) Urgently implement the new legislation and promptly restore the legal capacity of all persons with disabilities who have been deprived of it;

(c) Identify all persons with disabilities who have de facto lost their legal capacity and adopt measures to restore that capacity and support such persons in exercising it, including in relation to the receipt and use of the welfare allowance for persons with permanent disabilities;

(d) Urgently develop a system of supported decision-making by closely consulting with and actively involving persons with disabilities and ensure that adequate resources, including financial resources, are made available for the implementation of the measures adopted and that the support provided respects the autonomy, will and preferences of persons with disabilities;

(e) Guarantee the exercise of legal capacity through the development of services in the community outside institutions.

⁹ CRPD/C/22/D/32/2015.

2. Groups at increased risk of institutionalization

37. The Committee recommends that the State Party include provisions on multiple and intersectional discrimination in federal and state laws and public policies and that it collect data, disaggregated by factors including age, sex, ethnicity and immigration status, to identify groups at increased risk of being institutionalized.

38. With regard to children and adolescents with disabilities, the Committee recommends that the State Party:

(a) Regularly organize activities for the authorities involved in the implementation of sectoral laws and policies on the protection of children's rights in order to raise their awareness of the rights of children with disabilities, and regularly evaluate the performance of the authorities in this area;

(b) Repeal laws that authorize the institutionalization of children and adolescents with disabilities and take urgent measures to prevent it, including by guaranteeing their right to grow up in a family environment and promoting support for families in the community and foster families;

(c) Prohibit the use of institutionalization as a measure to protect children with disabilities within the federal and state systems for the comprehensive development of the family and throughout the social protection system;

(d) Impose an urgent moratorium on the placement of children and adolescents with disabilities in any public, private or unregistered institution and ensure deinstitutionalization through the implementation of individual independent living plans for those in institutions;

(e) Ensure regular awareness-raising among all authorities involved in the protection of children's rights to enable them to promptly identify violence, abuse and exploitation affecting children and adolescents with disabilities and take effective measures to prevent such violence and provide redress to the victims;

(f) Implement article 16 (3) of the Convention to ensure the independent monitoring of the situation of institutionalized children and adolescents with disabilities;

(g) Ensure that incidents of exploitation, abuse and violence in public and private institutions are reported and investigated in an impartial, thorough and independent manner, that commensurate sanctions are imposed on the perpetrators, that reviews are conducted with a view to removing staff working in institutions who are alleged to have been involved in rights violations and that such staff are prevented from having any contact with children with disabilities.

39. With regard to Indigenous individuals with disabilities, the Committee recommends that the State Party:

(a) Implement support programmes for the inclusion of Indigenous individuals with disabilities in their communities, ensuring their close consultation and active involvement and respecting their culture;

(b) Create inclusive and accessible educational services for Indigenous children with disabilities in their communities and end their current segregation in Indigenous children's hostels.

40. With respect to women and children with disabilities, the Committee recommends that the State Party:

(a) Take disability into account as a cross-cutting issue in the implementation of laws and policies aimed at preventing, identifying and punishing gender-based violence, ensure that all relevant authorities receive ongoing training to help them recognize, prevent and address intersectional discrimination and ensure that institutionalization is never considered as an alternative measure to protect women with disabilities from gender-based violence;

(b) Provide support to women with disabilities who have been affected by gender- and disability-based violence in institutions, ensure that such violence is halted

and that the perpetrators are punished and, regardless of whether they work for the public authorities or private actors, are removed from their roles and prevented from having any contact with women and girls with disabilities, and urgently develop individualized deinstitutionalization plans for women with disabilities who have experienced violence in institutions.

41. With regard to migrants with disabilities, the Committee recommends that the State Party:

(a) Take urgent measures to prevent the abuse of migrants with disabilities in institutions, including migrant holding centres, and provide them with individualized forms of support, including mental healthcare and accessible information on support networks in the State Party and their countries of origin;

(b) Focus on the early detection of mental health conditions, in particular among unaccompanied migrant children, to ensure that such children receive community-based psychosocial support and to prevent their institutionalization;

(c) Provide training to all authorities involved in migration processes on the early identification of migrants with disabilities and the design and implementation of individualized support plans;

(d) Prevent the immigration detention of persons with disabilities and adopt alternative support measures;

(e) Provide procedural and reasonable accommodations for persons with disabilities involved in deportation proceedings and help them to contact their families and obtain accessible consular assistance;

(f) Prevent the reinstitutionalization of migrants with disabilities, provide accessible information on their fate and whereabouts to the families and organizations searching for them and keep records containing up-to-date information on the identity of persons with disabilities who are being held in immigration detention.

42. With respect to persons with disabilities in street situations, the Committee recommends that the State Party:

(a) Prevent and end the activities of authorities and non-State groups that result in the deprivation of liberty of persons with disabilities who are homeless or have addictions;

(b) Adopt measures to prevent the reinstitutionalization of persons with disabilities in street situations through individualized plans providing for community-based support;

(c) Prevent the disappearance of persons with disabilities in street situations, including homeless children and adolescents with disabilities, ensure that they can return to their communities and avoid situations where their fate and whereabouts are unknown.

43. With regard to older persons with disabilities, the Committee recommends that the State Party:

(a) Ensure that older persons with disabilities are included in the community by adopting individualized deinstitutionalization plans, reintegrating them into family environments and providing them with adequate old-age pensions and disability benefits and access to personal assistance and adequate and accessible housing;

(b) Urgently provide community-based mental health rehabilitation services for older persons with disabilities who have been institutionalized and ensure that access to programmes offering subsidies or bimonthly grants is extended to older persons with disabilities over the age of 65 years.

3. Right of persons with disabilities to live independently and be included in the community (art. 19)

44. The Committee recommends that the State Party:

(a) Conduct a detailed study on the factors that lead to institutionalization, including multidimensional poverty and taking intersectionality into account;

(b) Dismantle the system of institutionalization of persons with disabilities, including their involuntary committal to registered and unregistered public and private institutions. To this end, the State Party should repeal all provisions in general and sectoral laws and public policies that authorize institutionalization, including the provisions of the General Act for the Inclusion of Persons with Disabilities and the Social Welfare Act that concern social welfare housing;

(c) End all practices among State and private actors that lead to institutionalization and order the closure of all unregistered private institutions;

(d) Recognize and guarantee in its legislation the right of all persons with disabilities to live independently in the community and introduce mechanisms to give effect to that right;

(e) Urgently design and implement deinstitutionalization policies, plans and strategies, in accordance with the Convention, the Committee's general comment No. 5 (2017) and the guidelines on deinstitutionalization, including in emergencies. As a matter of priority, the Committee recommends that the State Party:

(i) Promptly impose a moratorium on the institutionalization of persons with disabilities;

(ii) Draw up a deinstitutionalization schedule that includes baselines, indicators, targets and implementation time frames;

(iii) Through their representative organizations, closely consult with and actively involve persons with disabilities, including those in institutions, in the design and implementation of such policies, plans and strategies;

(iv) Urgently design and implement a comprehensive reform of mental healthcare to prohibit the use of coercion, promote rights-based community mental healthcare, take into account the experiences of persons with disabilities who use mental health services and ensure access to mental healthcare in both rural and urban areas;

(v) Allocate adequate budgets for the delivery of community-based services that offer quality, individualized forms of support;

(vi) End the educational segregation affecting persons with disabilities in institutions, identify those who have been denied access to inclusive and quality education and ensure that they are promptly integrated into the education system;

(vii) Implement strategies that promote the development of employment skills among persons in institutions, thereby ensuring their access to jobs on the open market;

(viii) Develop accessible and affordable housing and ensure that persons with disabilities who are being deinstitutionalized or have left institutions, including those who are homeless, are included in these housing plans by establishing flexible eligibility criteria and providing information in accessible formats, including Easy Read;

(ix) Ensure that persons with disabilities have access to all social security benefits on an equal basis with others;

(x) Allocate financial resources at the federal, state and local levels for the development and maintenance of systems to support independent living in the community, including personal assistance;

- (xi) Ensure that resources received from international partners are not used to establish or fund the running of institutions, including group homes;
- (xii) Prohibit and halt the detention of homeless persons with disabilities and their referral to public and private institutions;
- (xiii) Implement support plans for families that include members with disabilities and are living in poverty or extreme poverty, with a view to preventing the institutionalization of those members;
- (xiv) Address the situation of migrants with disabilities, including those who acquired their disability along the migration route, to avoid their institutionalization during immigration or deportation proceedings;

(f) On the basis of impartial audits, urgently reform the system for the management of the bimonthly pension for persons with permanent disabilities to ensure that the pension is indexed to the value of the basic food basket or the consumer price index, that it is paid directly to persons with disabilities and not to their relatives or caregivers or the directors of institutions, that it covers the additional expenses associated with disability and that eligibility for the pension is extended to cover persons with disabilities over the age of 65;

(g) Ensure intersectoral and inter-institutional coordination at the federal, state and local levels in the delivery of accessible services in the areas of education, healthcare, employment, housing, habilitation and rehabilitation, culture and sports;

(h) Ensure the independent monitoring of the implementation of deinstitutionalization policies, plans and strategies by the national and state-level human rights commissions, the national mechanism for the prevention of torture and civil society organizations;

(i) Combat stigmatizing practices that continue to perpetuate institutionalization, including by organizing ongoing awareness-raising activities for the authorities and the general public;

(j) Urgently adopt individualized support plans for persons with disabilities who have been institutionalized multiple times, with a view to preventing them from ending up in street situations or being exposed to violence when they leave the institution and supporting their inclusion in the community. The State Party should also provide redress, including psychosocial support, for the harm inflicted on persons with disabilities who have been subjected to transfers and reinstitutionalization, based on an independent and impartial assessment of the physical, psychological and financial damage suffered;

(k) Investigate the location of persons with disabilities whose whereabouts are unknown and determine whether they have been subjected to the crime of disappearance.

B. Addressing the harm caused by institutionalization and providing reparations (arts. 15, 16, 23 and 25)

1. Identifying harm and providing reparations

45. The Committee recommends that the State Party:

(a) Identify cases of ill-treatment, torture, inhuman or degrading treatment, violence, exploitation and abuse affecting persons with disabilities who are or have been in institutions, conduct thorough, impartial and independent investigations into such cases, take all appropriate measures to prevent their recurrence, expedite the adoption of individualized deinstitutionalization plans for persons with disabilities that set out the psychosocial support and post-traumatic stress disorder treatment to be provided to victims, including those who are or have been in private or unregistered institutions, and prosecute individuals suspected of having committed crimes;

(b) Amend Official Mexican Standard No. NOM 005-SSA2-1993 on Family Planning Services to abolish the practice of sterilizing persons with intellectual and/or psychosocial disabilities without their consent and protect the sexual and reproductive rights of all persons with disabilities;

(c) Ensure that effective and efficient redress mechanisms are available and accessible to persons with disabilities who are or have been in institutions and comprehensively define the possible forms of redress, including individual or collective reparations;

(d) Consider establishing an inter-institutional reparations commission that includes representatives of organizations of persons with disabilities and other civil society organizations and has sufficient human, technical and financial resources, and ensure that this commission has access to all types of documents on persons with disabilities who are or have been institutionalized. This commission should design a comprehensive reparations plan that includes protocols for the early detection of violence in institutions, the protection of victims and their reintegration into the community, and measures to ensure non-repetition;

(e) Closely consult with and actively involve women with disabilities, through their representative organizations, and other civil society organizations in the design of gender- and age-appropriate support and reparation measures for victims of violence and abuse;

(f) Ensure the dismissal of institution staff who, following an evaluation and/or disciplinary process, are found to have been involved in acts of torture, ill-treatment, abuse, violence and exploitation against persons with disabilities who are or have been institutionalized;

(g) Strengthen the monitoring mechanisms of the national and state-level human rights commissions and the national mechanism for the prevention of torture and ensure the participation of persons with disabilities and their representative organizations, including organizations of women with disabilities and other civil society organizations, in the monitoring of all institutions, including those that are not registered;

(h) Adopt and implement awareness-raising protocols for institution staff on the sexual and reproductive health rights of persons with disabilities in institutions and on the prevention and early identification of ill-treatment, violence, abuse or exploitation affecting such persons. The State Party should also develop tools to combat stigma and prejudice surrounding the sexual and reproductive health of women and girls with disabilities.

2. Respect for privacy and family life (art. 23)

46. The Committee recommends that the State Party:

(a) End the institutionalization of persons with disabilities as an alternative means of addressing cases of poverty or neglect. The authorities in charge of family protection should under no circumstances send persons with disabilities to institutions on the grounds that it is a protective measure;

(b) Adopt legislative and policy measures at the federal and state levels that expressly prohibit the separation of persons with disabilities from their families on the basis of their disability and the fact that they are living in poverty or extreme poverty;

(c) Adopt legal, administrative and policy measures to develop and implement community-based support systems for families that include members with disabilities, in particular families with children and adolescents, in order to avoid and prevent family separation. These measures should be accompanied by information in accessible formats on the supports for independent living in the community;

(d) Adopt legislative, public policy and administrative measures to expeditiously implement an effective foster family system with a view to preventing institutionalization, including placement in group homes and small institutions;

(e) Take measures during the deinstitutionalization process to prevent the deterioration of the social skills of persons with disabilities in institutions, prevent their abandonment by encouraging them to maintain relationships with their family and community and build their capacity to live independently through individualized plans in that regard;

(f) Inform persons with disabilities during the deinstitutionalization process of their right to marry, found a family, retain their fertility and exercise their parental rights on an equal basis with others, and take effective measures to guarantee these rights;

(g) Take steps during the deinstitutionalization process to develop individualized plans to support and promote family reunification and the reintegration of persons with disabilities into society;

(h) Provide support and financial resources to families of older persons with disabilities to ensure their access to food, clothing, transport, housing and psychosocial support.

C. Eradicating coercion in the health sector, including in mental healthcare, and developing health services in the community (art. 25)

47. The Committee recommends that the State Party:

(a) Urgently design and implement a comprehensive reform of the mental health system to expressly prohibit the use of any form of coercion, including during mental health crises, and to re-educate all staff providing mental health services, promote community-based mental healthcare and dismiss mental health staff who have been involved in violating the human rights of persons with disabilities;

(b) Prohibit the substitution of consent by third parties in cases in which medical treatments or interventions of any kind are performed on persons with disabilities and ensure that consent is given in all such cases by the persons with disabilities concerned, who should be provided with information on medical treatments in Easy Read formats;

(c) Expand the coverage of quality, community-based mental health services to the entire country, ensuring that the dignity of persons with disabilities is respected and that their experiences as users of mental health services are taken into account;

(d) Increase public spending on community-based mental healthcare, which should be delivered through non-coercive approaches;

(e) Recognize and promote peer support in mental healthcare;

(f) Adopt and implement a comprehensive approach to rehabilitation that is not limited to physical rehabilitation services, is open to all persons with disabilities regardless of their age or type of impairment and includes educational, occupational, social and cultural components. When developing this approach, the State Party should take into account the work already being done by civil society organizations that do not receive funds from the Teletón Foundation.

D. Access to justice (art. 13)

48. The Committee recommends that the State Party:

(a) Adopt legislation and public policies aimed at persons with disabilities who have been institutionalized in order to ensure their effective access to justice, including through the provision of procedural accommodations, access to affordable legal advice and information on such measures in accessible formats. The State Party should also organize regular awareness-raising activities for the judicial authorities in order to combat stereotypes and prejudice surrounding persons with disabilities;

(b) Effectively guarantee access to the remedy of habeas corpus or other legal mechanisms for challenging the arbitrary or illegal deprivation of liberty of institutionalized persons with disabilities and ensure that families of children with disabilities who have been institutionalized have access to remedies and expedited proceedings for family reunification;

(c) Establish age- and gender-sensitive complaint mechanisms for the reporting of abuse, exploitation and violence affecting persons with disabilities in institutions, which should be accessible and permanently available, and ensure that persons with disabilities receive adequate information about complaint mechanisms and how to use them. In particular, the State Party should ensure that:

(i) Staff working with persons with disabilities in institutions immediately report rights violations;

(ii) The directors of institutions launch internal investigations into the complaints filed and submit reports to the Public Prosecution Service on the status of such investigations and the remedies adopted;

(iii) Federal and state-level human rights institutions and civil society organizations have access to information on complaints of violence and abuse and can interview victims and witnesses at their request;

(d) Initiate thorough and impartial investigations, including on an ex officio basis, into deaths, suspected abuse and other human rights violations committed against persons with disabilities in institutions, identify systemic failures and the individuals responsible and ensure the adoption of the necessary remedies, including those of a legislative nature where necessary, and the investigation of individuals who are suspected of having committed crimes;

(e) Ensure that justice system officials receive regular training on the Convention, raise awareness among staff of the Public Prosecution Service to ensure that complaints of human rights violations are investigated diligently and urgently, and increase the human, technical and financial resources available to the Criminal Defence Unit of the Federal Public Defender Service so that it can fulfil its duties relating to the provision of legal representation and advice to all persons with disabilities in institutions;

(f) Involve civil society organizations in the monitoring of public and private institutions and ensure that they have access to the relevant facilities and documents and can interview persons with disabilities without surveillance;

(g) Ensure, during the deinstitutionalization process, that staff working in public and private institutions receive ongoing training in preventing abuse, exploitation and violence and responding appropriately to such incidents, without fear of retaliation, and evaluate their performance in upholding the dignity of persons with disabilities.

E. General obligations to implement the human rights model of disability, including in the areas of inter-institutional coordination, budgeting and data collection (art. 4)

49. The Committee recommends that the State Party:

(a) Designate a federal focal point for the deinstitutionalization of persons with disabilities, who should work with the relevant federal and state entities to develop a comprehensive deinstitutionalization plan that is consistent with the Committee's guidelines on deinstitutionalization, including in emergencies;

(b) Redirect the budgetary resources allocated to institutionalization to efforts to establish accessible community-based supports and services, in accordance with the guidelines on deinstitutionalization, including in emergencies;

(c) **Eliminate the medical and charity-based approaches to disability that prevail among State and non-State actors working with persons with disabilities, including those in public and private institutions;**

(d) **Fully restructure the family protection system, including the national and state systems for the comprehensive development of the family, with a view to changing the approach to protection, which continues to be grounded in institutionalization, so that it is centred on the provision of community-based supports and services;**

(e) **Support efforts to achieve deinstitutionalization by regularly collecting statistical data on persons with disabilities in all types of public and private institutions, which should be disaggregated by age, gender, sex, disability type, membership of Indigenous or Afro-Mexican groups and type of institution;**

(f) **Incorporate all elements of the guidelines on deinstitutionalization, including in emergencies, when formulating and implementing deinstitutionalization policies.**

V. Dissemination and follow-up

50. Pursuant to article 6 (4) of the Optional Protocol to the Convention, the State Party must, within six months of receiving the findings, comments and recommendations transmitted by the Committee, submit its observations to the Committee.

51. After the end of the inquiry proceedings, the Committee will make this report and the State Party's observations available to the public. The Committee requests the State Party to submit, within two years of the end of the inquiry proceedings, a report on the follow-up given to the Committee's recommendations, especially those concerning the design of a comprehensive deinstitutionalization strategy that is consistent with the guidelines on deinstitutionalization, including in emergencies; the development of individualized community-based supports and services, including mental healthcare and reparations; and the provision of redress to victims. The Committee requests that the follow-up report include information on the progress made in these areas, including through the collection of disaggregated data and the establishment of baselines, indicators, specific targets and time frames.