

Convention on the Rights of Persons with Disabilities

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Committee on the Rights of Persons with Disabilities

Report on the investigation into Mexico conducted pursuant to Article 6 of the Optional Protocol to the Convention *. **, ***

I. Introduction¹

1. This report contains the conclusions, observations, and recommendations adopted by the Committee on the Rights of Persons with Disabilities regarding the procedure for investigating serious or systematic violations established in Article 6 of the Optional Protocol to the Convention.

2. In its conclusions, observations, and recommendations, the Committee addresses the legislation, policies, and practices regarding the institutionalization of persons with disabilities in the State Party, as well as its multidimensional causes, including the deprivation of legal capacity, coercion in mental health settings, and institutionalization in social services. The Committee addresses the heightened risks of institutionalization for persons with disabilities who face multiple and intersectional discrimination, as well as the negative impacts of institutionalization on the personal integrity and rights of persons with disabilities, particularly independent living and inclusion in the community.

3. The Committee also analyzes mechanisms for individual and collective redress for the harm caused, including access to justice and strategies for deinstitutionalization. The Committee issues recommendations to address these issues.

*** Due to the word-count limitations on reports established by General Assembly resolution 68/268, the factual findings of the inquiry into Mexico conducted under Article 6 of the Optional Protocol to the Convention can be found in the conference room paper available on the Committee's website. That document describes the procedure followed in the investigation, the information provided by the source, the observations and information provided by the State Party, the analysis of the legal and public policy framework, and the Committee's factual findings.

** This report was released after the expiration of the six-month period provided for in article 6, paragraph 4, of the Optional Protocol to the Convention.

* Adopted by the Committee at its^{33rd} session (August 11–26, 2025).

¹ When the Committee refers to institutions, it means both public and private ones, including unregistered ones, and all types of collective social welfare facilities such as group homes, shelters, centers or residences, refuges, rehabilitation centers, and/or mental health services, including psychiatric hospitals, centers or residences for persons with "mental disorders or mental disabilities," and hospitals or residences for persons with incurable or terminal illnesses.

II. Conclusions and observations

A. Violations of the rights enshrined in the Convention

4. The investigation concerns 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 the person (Art. 14), protection from torture or other cruel, inhuman, or degrading treatment or punishment (Art. 15), protection from all forms of exploitation, violence, and abuse (Art. 16), the right to live independently and be included in the community (Art. 19), respect for home and family (Art. 23), and health (Art. 25).

5. The Committee will assess the findings of the investigation in light of the State Party's legal obligations. It will also assess the serious or systematic nature of the violations.

1. Persistence of institutionalization (art. 14)

6. Under Article 14 of the Convention, the State Party must repeal all laws and abolish all practices that permit the deprivation of liberty of persons with disabilities based on an actual or perceived disability, whether such deprivation of liberty is based solely on the disability or also on grounds such as therapeutic necessity or the perceived danger they might pose to themselves or to others².

7. The Committee notes that:

a) The amendments introduced in 2013 and 2022 to the General Health Law regarding mental health and addictions, which applies at the federal level, establish informed consent as the general rule for medical treatments. However, this legislation continues to permit the practice of treatment without informed consent in circumstances where “[a person’s] life would be exposed to imminent risk or their 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 this therapeutic justification has been used with broad discretion for involuntary institutionalization and the application of forced treatments to persons with disabilities;

b) Many state laws continue to authorize involuntary commitment and forced treatment on the basis of therapeutic justifications and the alleged dangerousness of persons with disabilities. Psychiatric crises frequently result in involuntary commitments and forced treatments;

c) People with disabilities continue to be involuntarily institutionalized in public and private facilities based on decisions made by third parties, including their families, and this practice primarily affects people with actual or perceived intellectual and/or psychosocial disabilities;

d) Many unregistered private institutions operate irregularly and continue to admit persons with disabilities under the pretext of rehabilitation;

e) Mental health approaches remain predominantly medical and pharmacological, and efforts to expand community-based mental health services are limited due to the lack of regulations that implement the mandate of the General Health Law and allocate budgets for community mental health;

f) Many people with disabilities are subject to involuntary transfers, reinstitutionalization, or prolonged or indefinite institutionalization, which violate their dignity and prevent them from developing as individuals;

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

g) Reinstitutionalization prevents people with disabilities from leaving institutions and choosing community-based housing options. Transfers are used as a substitute for an individualized deinstitutionalization plan and the provision of support for independent living and community inclusion;

h) Declarations of lack of criminal responsibility in proceedings involving persons with disabilities frequently result in involuntary and prolonged detentions, without the guarantees of due process and a fair trial. Such detentions occur in prisons and their annexes.

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

8. In accordance with Article 12 of the Convention, the State Party must recognize the legal capacity of all persons with disabilities, repealing all provisions that authorize the substitution of their decision-making and adopting a system of supported decision-making. This system must respect the autonomy, will, and preferences of persons with disabilities and include safeguards to prevent conflicts of interest with those providing support.

9. The Committee notes that:

a) Full recognition of legal capacity remains incomplete. Although the National Code of Civil and Family Procedure was amended in 2023, a significant number of states maintain provisions in their civil or family procedure codes that restrict capacity on the basis of a disability;

b) People with disabilities continue to be deprived of their legal capacity through legal procedures and in practice. *De facto* incapacitation affects a significant proportion of people with disabilities, including those who are institutionalized. The bimonthly payments derived from the Welfare Pension for Persons with Permanent Disabilities are, in most cases, delivered to the directors of the institutions or to family members of the persons with disabilities;

c) Only Mexico City has laws recognizing supported decision-making. However, regulations to implement such supports 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 legislation, policies, or practices that are discriminatory on the basis of disability³. Anti-discrimination legislation must address discrimination on the basis of disability, such as institutionalization, the denial or limitation of legal capacity, or forced mental health treatment⁴. The State Party must identify and address the multiple and intersectional discrimination affecting women and girls with disabilities.

11. The Committee notes that, while laws and public policies provide for differentiated approaches regarding women, children, older persons, migrants, and indigenous peoples, gaps persist in the implementation of such laws and policies that do not mainstream disability, particularly with respect to persons with disabilities who remain institutionalized.

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

a) Despite the legal recognition of multiple and intersectional discrimination, there are no measures in place to identify and combat it;

b) Due to a lack of support and factors such as poverty, neglect, stigma, prejudice, parental disability, and the prevalence of discourses and rhetoric regarding

³ General Comment No. 6 (2018) of the Committee on Equality and Non-Discrimination, paras. 30 and 38.

⁴ *Ibid.*, para. 73(c).

protection and care rooted in medical and paternalistic models, children with disabilities face a higher risk of being separated from their families and institutionalized. Families face legal barriers to regaining custody of their children;

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

d) Children with disabilities who are institutionalized are at greater risk of violence, exploitation, and abuse, including sexual and psychological violence;

e) Legislation continues to provide for the institutionalization of children with disabilities as a measure of protection and alternative care, and some draft care bills continue to permit institutionalization.

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 lack access to or have limited 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 prevent them from accessing community services;

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

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

a) Although laws and policies have a gender-sensitive approach, their implementation does not sufficiently take into account women and girls with disabilities and does not adequately address the gender-based and disability-related violence to which they are exposed, especially those living in institutions;

b) The right to sexual and reproductive health of women with disabilities is neither respected nor guaranteed for women with disabilities living in institutions. Many of them have been victims of serious violations such as sexual abuse, rape, forced abortions, and forced sterilization. The Committee noted cases of revictimization, lack of access to legal remedies against these abuses, and impunity;

c) Many institutionalized women with disabilities remain separated 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 within the family.

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

a) Migrants with disabilities face institutionalization and administrative detention on the grounds of their disability and their mobility status;

b) Most migrants with disabilities lack individualized support that takes their disability into account. Cases of long-term institutionalization and exposure to physical, psychological, and sexual violence and abuse were documented. Confinement exposes them to increased risks of mental health deterioration;

c) Some migrants with disabilities are transferred to other institutions, such as psychiatric hospitals or rehabilitation centers, without any information being available regarding their transfer, whereabouts, or fate.

16. With regard to persons with disabilities living on the streets, the Committee notes that:

a) Institutionalization affects persons with disabilities living on the streets who may be dependent on substances, and is practiced by both authorities and non-

state actors under the guise of a protective measure. This type of institutionalization leaves them more vulnerable and exposes them to violence, exploitation, and abuse;

b) Homeless people with disabilities who have left institutions return to life on the streets in a more vulnerable state, suffering from deteriorating mental health and at risk of being reinstitutionalized. Reinstitutionalization means that the fate and whereabouts of many of them will never be known.

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

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

b) Physical and psychological deterioration is common among older persons with disabilities living in institutions, as is the deterioration of the degrading conditions in which they live;

c) Older adults with disabilities face a higher risk of institutionalization due to a lack of support within their family environments, insufficient income or pensions, and neglect.

c) Remaining challenges regarding the right to live and to be 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, where and with whom to live; to access support services for independent living and community-based 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 placement in institutions, is discriminatory as it constitutes differential treatment on the basis of disability. Institutionalization is contrary to the right of persons with disabilities to live independently and to be included in the community⁵.

19. States Parties must implement deinstitutionalization strategies for persons with disabilities, including children and adolescents with disabilities, and replace all institutional settings, including group homes, with services supporting independent living⁶ and, in the case of children and adolescents, family-based living. General services must be available and accessible to all persons with disabilities, ensuring that reasonable accommodations are provided⁷.

20. The Committee notes that:

a) The institutionalization of persons with disabilities is widespread and persists over time; institutionalization continues to be accepted, and there is a lack of firm commitment to promoting independent living in the community;

b) The structural causes underlying institutionalization—such as poverty, neglect, stigmas, and prejudices against people with disabilities, including a medicalized view of caregiving responsibilities and the persistence of medical models—have not been adequately addressed, and there is a lack of studies and proposals to tackle these issues;

c) The limited understanding of individualized support and community-based services fosters institutionalization; the lack of community support prevents people with disabilities, for example, from working, earning an income, and accessing personal assistance;

⁵ Committee General Observation No. 6 (2018), paras. 30, 56, 58, and 63; Guidelines on Deinstitutionalization, including in Emergency Situations, paras. 7 and 15.

⁶ Committee General Observation No. 5 (2017), paras. 42, 46, and 49.

⁷ Guidelines on Deinstitutionalization, including in Emergency Situations, paras. 91 and 92.

d) Federal laws, such as the General Law for the Inclusion of Persons with Disabilities (see Article 7) and the Social Assistance Law, provide for the creation and funding of institutions, including those run by private entities, and the provision of institutionalized social services, and lack provisions recognizing the right to independent living and community-based living;

e) There is a lack of a regulatory 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, in close consultation and with the active collaboration of persons with disabilities through their representative organizations, and which includes goals, implementation timelines, and a budget;

f) People with disabilities face barriers to accessing community services on an equal basis with others, which perpetuates their isolation and confinement to home life, and leaves them with few options for community participation and a high risk of institutionalization;

g) Involuntary commitment and forced treatment continue, justified by alleged protective or therapeutic needs;

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

i) Although the bimonthly allowance for people with permanent disabilities promotes their social protection, its implementation has shortcomings, such as its inadequacy relative to the cost of the monthly basic basket of goods; the inability to cover additional expenses associated with the disability; its receipt through third-party such as institutional authorities or family members; and the exclusion of people with disabilities over the age of 65;

j) There is a lack of design and implementation of a structured system of supports for independent and community-based living that includes the perspectives of people with disabilities;

k) Personal assistance is virtually unknown and underdeveloped;

l) Despite certain promising initiatives, a lack of accessibility to basic community services—such as health, education, employment, habilitation and rehabilitation, culture, and sports—prevails, which continues to segregate people with disabilities;

m) Budget allocations continue to be directed toward the operation of institutions, while there is a lack of funding for programs that support independent and community-based living for people with disabilities.

2. Harm and Impacts of Institutionalization

a) Impact on personal integrity (arts. 15 and 16)

21. In accordance with Articles 15 and 16 of the Convention, the State Party must prevent and protect persons with disabilities from any form of torture, cruel, inhuman, or degrading treatment or punishment; it must prevent any incidents of exploitation, violence, and abuse; identify victims early; put an end to these violations; provide redress to victims; prosecute and punish those responsible; and adopt measures to prevent the recurrence of such violations.

22. The Committee notes:

a) The scale, 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, through confinement and isolation;
- ii) The vulnerability of institutionalized persons as a result of power imbalances that leave them at the mercy of perpetrators;
- iii) Permanent and irreversible harm to physical, psychological, and moral integrity. Such harm is neither identified nor addressed, nor are the victims compensated for it;
- iv) The marked deterioration of mental health among institutionalized persons with disabilities who lose their socialization, sensory, and adaptive abilities;
- v) Vulnerability to suicide;
- vi) Incidents of deaths among institutionalized individuals;
- vii) The loss of personal identity among individuals who remain in institutions, including through the involuntary change of their first and last names;
- viii) The use of physical, mechanical, and pharmacological restraints in public and private institutions, including through electroconvulsive therapy;
- ix) Confinement in punishment rooms or areas;
- x) Punishments, such as corporal punishment and, in some cases, the withholding of food;
- xi) Gender-based violence, including sexual harassment and rape;
- xii) Exposure to human trafficking;
- xiii) Denial of sexual and reproductive health;
- xiv) Forced contraception, forced sterilization, and forced abortion;
- xv) The degrading conditions in many institutions housed in dilapidated facilities, the lack of hygiene, and overcrowding, particularly in psychiatric wings within prisons;
- xvi) The suppression of privacy through constant surveillance and the use of uniforms or stereotypical clothing;
- xvii) Insufficient, inadequate, and nutritionally poor food services;
- xviii) Compulsory work in cleaning duties;
- xix) Rigid and mandatory routines that increase depersonalization;
- xx) The retraumatization of individuals who are constantly exposed to the aforementioned situations and behaviors;
- b) Indifference and tolerance toward the many forms of violence and abuse affecting people with disabilities in institutions;
- c) The lack of early detection and treatment of post-traumatic stress affecting people who are or have been in institutions.

b) Impacts on private and family life (Art. 23)

23. Article 23 of the Convention obligates 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 must not be discriminated against in the exercise of their rights to exercise guardianship and custody of their children and must receive support to fulfill their parental responsibilities. The Convention prohibits the separation of parents and/or children with disabilities from their families on the basis of a disability. If the immediate family is unable to care for

a child or adolescent with a disability, every effort must be made to provide care within the extended family and, in the absence of such a family, within the community. Children with disabilities have the right to grow up in a family. Small institutions and group homes are not substitutes for the family. The State Party must prevent the concealment, abandonment, neglect, and segregation of children with disabilities.

24. The Committee notes:

a) Children and adolescents with disabilities living in single-parent families in situations of poverty and extreme poverty are frequently considered to be in a situation of vulnerability or neglect by authorities within the family protection system and are separated from their parents and sent to institutions. Only the Law on Alternative Care for Children and Adolescents in the Federal District establishes that poverty is not grounds for separation and that all possibilities for family cohabitation must be exhausted;

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

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

d) Children with disabilities who are institutionalized lose their ability to socialize and their ties to their families; prolonged stays in institutions and transfers to other institutions, including those in other states, exacerbate abandonment and family separation;

e) People with disabilities who are institutionalized cannot exercise their rights to marry, start a family, maintain their fertility, and exercise their parental rights on an equal footing with others;

f) Initiatives by institutional authorities for family reunification and reintegration into the community are limited and do not form part of the protection strategy, which is understood primarily as the referral of individuals to institutions; family members who wish 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 obligates the State Party to provide access to quality health services, including community-based mental health services, for all persons with disabilities. This access must be available, accessible, affordable, culturally appropriate, and grounded in 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 a disability concerned and must not be provided by third parties. Crisis situations must never justify institutionalization or forced medical treatments and interventions. Coercion must be eradicated from mental health care.

26. The Committee notes:

a) The prevalence of a medical approach to mental health, including the use of forced medical treatments and interventions, overmedication, the use of electroconvulsive therapy, and chemical and pharmacological restraints. Stigmas and prejudices persist among mental health system staff and officials, perpetuating models of coercion;

b) The use of therapeutic justifications to justify involuntary institutionalizations;

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

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

e) The meager budgets in the field of mental health are directed primarily toward psychiatric institutions. Initiatives to transition to community-based mental health care were reported; however, their approach includes psychiatric hospitalization for up to 36 days with a strong medical focus, encompassing chemical restraints, pharmacological interventions, and electroconvulsive therapy. Furthermore, projects promoting decentralization in the field of mental health do not provide quality support;

f) Medical rehabilitation of visible disabilities prevails, and efforts to develop comprehensive rehabilitation that includes all persons with disabilities and addresses aspects such as educational, occupational, 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 must provide persons with disabilities with access to justice on an equal basis with others, including through procedural accommodations appropriate to the gender and age of persons with disabilities. In accordance with Article 13, read in conjunction with Articles 4, 16(3), and 33(2) and (3) of the Convention, the State Party must establish monitoring mechanisms to prevent discrimination, violence, exploitation, and abuse of persons with disabilities, including those who are institutionalized. In accordance with Article 13 of the Convention, read in conjunction with Article 4, all such actions must involve persons with disabilities and their representative organizations through close consultation and active collaboration. Persons who have suffered harm must be provided with redress, including compensation for the harm caused.

28. The Committee notes:

a) The lack of awareness among persons with disabilities, including those who are institutionalized, regarding the administrative and judicial remedies available to them to challenge involuntary institutionalization and forced treatment, as well as to seek redress for the harm caused. There is a prevailing lack of access to accessible, affordable, and effective legal counsel to file complaints and pursue other judicial remedies;

b) The situation of legal defenselessness in which persons with disabilities in institutions find themselves, including those institutionalized in facilities managed by private entities, as well as their lack of access to justice. It was observed that, in practice, it is impossible for institutionalized persons to access *habeas corpus* remedies to challenge the illegality or arbitrariness of their deprivation of liberty. There are no statistics on the use of such remedies and their outcomes;

c) That complaint boxes represent the only complaint mechanism available to institutionalized persons. These boxes are rarely used, lack effectiveness, do not lead to investigations, and offer no guarantees of impartiality or due process. An attitude of indifference on the part of institutional authorities toward complaints from persons with disabilities was observed;

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

e) The difficulties faced by the National Human Rights Commission in monitoring institutions, including the sustainability of its activities, the lack of regularity, or the absence of monitoring visits to all categories of institutions. The Commission's recommendations do not appear to be adequately addressed, and the referral of information on violations to investigative authorities is sporadic. The

Commission exercises self-censorship regarding its findings out of fear of reprisals. Disparities are observed in the monitoring carried out by state human rights commissions, and there is a limited impact on the prevention of human rights violations in institutions;

f) Frequent obstacles to monitoring work by civil society organizations, including denial of access to institutions, refusal to provide information on individuals, or the inability to approach them to conduct interviews independently and without supervision by institution staff. In some cases, civil society organizations have received warnings that they would be subject to legal action if they continued to provide community-based support services for persons with disabilities who wished to leave institutions;

g) Widespread ignorance and indifference among authorities regarding the physical, psychological, economic, and moral consequences of institutionalization. Violence in institutions is perceived as an inevitable *status quo*, which prevents measures from being taken to stop the harm inflicted on persons with disabilities in institutions;

h) The lack of effective reparations for victims of institutionalization, including compensation for damages; the lack of investigations and the failure to assign responsibility, including criminal liability; as well as the lack of accountability constitute the primary barrier preventing people with disabilities from seeking reparations. In cases where persons with disabilities have received compensation from the Executive Commission for Victim Assistance, such compensation is 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. According to Article 4 of the Convention, the State Party must adopt all appropriate legislative, administrative, and other measures to give effect to the rights recognized in the Convention. Likewise, it must take into account, in all policies and programs, the protection and promotion of the human rights of all persons with disabilities.

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, and therefore challenges remain in achieving effective coordination of the roles that each of them must play in deinstitutionalization. While there are certain instances of inter-institutional coordination, fragmentation prevails in efforts to implement policies;

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

c) Behaviors and attitudes rooted in medical models of disability prevail among state and non-state actors who are in contact with institutionalized persons with disabilities;

d) The fragmentation, duplication, and underreporting in the collection of statistical data on persons with disabilities, and the fact that the collection of disaggregated data remains rudimentary;

e) The lack of protection of the personal data of persons with disabilities by various institutions;

f) There are no specific budgets allocated for the deinstitutionalization of persons with disabilities.

III. Serious or systematic nature of the violations

31. In accordance with 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 serious and/or systematic nature⁸.

32. The Committee considers violations to be “serious” if they are likely to cause substantial harm to the victims, leading to further segregation, isolation, or impoverishment. In determining the seriousness of the violations, the magnitude, prevalence, nature, and effects of the violations found must be taken into account. The Committee considers that, far from representing a possibility of 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 to family separation, and causes permanent and irreparable harm to persons with disabilities that prevents them from enjoying their rights to life and personal integrity, to a life free from violence, exploitation, and abuse, and to live independently and in the community. The Committee considers that institutionalization particularly discriminates against persons with intellectual and/or psychosocial disabilities, persons with disabilities living on the streets, women, children, and older persons with disabilities, as well as persons with disabilities living in poverty and extreme poverty, many of whom suffer from multiple and intersectional discrimination.

33. The term “systematic” refers to the organized nature of acts leading to repeated violations and the improbability of their random occurrence. The Committee has found the existence of a legislative framework, policies, and practices that permit and perpetuate institutionalization and that, intentionally or through their effects, negatively and disproportionately affect persons with disabilities living in institutions, constituting a systematic violation of the Convention. The Committee has also found the persistence of discriminatory conduct, behaviors, and patterns affecting persons with disabilities. Furthermore, the Committee has noted the absence of an effective system of supports for independent living, including personal assistance, which contributes to the perpetuation of the institutionalization system. The Committee notes that most of these violations of the rights of persons with disabilities have not been investigated in an independent, effective, and impartial manner; victims have not yet received redress; and perpetrators have not been punished, resulting in prevailing impunity.

34. The Committee considers that the situation regarding the rights of institutionalized children and adolescents with disabilities is particularly concerning. Institutionalization is the result of the combined and cumulative effect of laws, policies, plans, and prevailing stereotypes regarding disability and has extremely harmful effects on the children subjected to it; furthermore, it leads to their marginalization from the community and increases their vulnerability to serious violations of their right to life, safety, best interests, family life, integrity, education, human development, and well-being.

IV. Recommendations

A. Ending institutionalization (art. 14)

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

⁸ The serious and systematic nature of treaty obligations has been previously defined. 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.

a) Repeal provisions in federal and state health laws that permit the involuntary commitment of persons with disabilities to mental health institutions and medical and psychiatric treatment on the basis of therapeutic justifications, the need for involuntary protection, or the alleged dangerousness of persons with disabilities;

b) Promptly adopt regulations to implement the provisions of the General Health Act regarding community mental health;

c) Urgently adopt deinstitutionalization plans for persons with disabilities based on individualized support and ensure the deinstitutionalization of all persons with disabilities who are in public or private institutions;

d) Urgently identify all cases of persons with disabilities who have remained in institutions for prolonged periods at the state or federal level, 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 related to psychiatric crises, as well as intermittent, prolonged, or indefinite institutionalization. Lack of contact with family may under no circumstances be used as a justification for institutionalization or prolonged stays in institutions;

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

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

36. The Committee, recalling its General Comment No. 1 (2014), recommends that the State Party:

a) Accelerate the process for states to bring their legislation into line with the new National Code of Civil and Family Procedure and enact legal reforms to recognize the legal capacity of all persons with disabilities, including those in institutions;

b) Urgently implement the new legislation and restore without delay the legal capacity of all persons with disabilities who are deprived of it;

c) Identify all persons with disabilities who have *de facto* lost their legal capacity; adopt measures to restore such capacity and to support the exercise of legal capacity, including with regard to the receipt and use of the Welfare Pension for Persons with Permanent Disabilities;

d) Urgently develop a decision-making support system through close consultation and active collaboration with persons with disabilities, and ensure that the measures adopted have available resources, including financial ones, and that the support respects the autonomy, will, and preferences of persons with disabilities;

e) Ensure the exercise of legal capacity through the development of community-based services outside of institutions.

⁹ CRPD/C/22/D/32/2015.

2. Groups at Higher Risk of Institutionalization

37. The Committee recommends that the State Party include multiple and intersectional discrimination in both legislation and public policies at the federal and state levels and that it collect data disaggregated by age, sex, ethnicity, immigration status, and other categories to identify those groups at greatest risk of institutionalization.

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

a) Regularly raise awareness among authorities involved in implementing sectoral laws and policies on the protection of children's rights regarding the rights of children with disabilities, and periodically evaluate the performance of these authorities in this area;

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

c) Prohibit institutionalization as a measure of protection for children with disabilities within the federal and state System for Integral Family Development and throughout the entire social protection system;

d) Implement an urgent moratorium on the institutionalization of children and adolescents with disabilities in all institutions, whether public, private, or unregistered, and ensure deinstitutionalization through the implementation of individual independent living plans for those currently in institutions;

e) Ensure regular awareness-raising for all authorities involved in the protection of children's rights so that they can recognize violence, abuse, and exploitation of children and adolescents with disabilities at an early stage and take effective measures to prevent such violence and provide reparations to victims;

f) Implement Article 16, paragraph 3, of the Convention with regard to institutionalized children and adolescents with disabilities to allow for independent monitoring of their situation;

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, with proportionate sanctions applied to the perpetrators; likewise, ensure evaluation processes aimed at removing from service any institutional staff who have been involved in rights violations and prevent such staff from having any contact with children with disabilities.

39. With regard to indigenous persons with disabilities, the Committee recommends that the State Party:

(a) Through close consultation and the active collaboration of indigenous persons with disabilities, implement support programs for their inclusion in their communities, respecting their culture;

b) Establish inclusive and accessible educational services for indigenous children with disabilities in their communities and end their current segregation in indigenous children's homes.

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

a) Incorporate disability as a cross-cutting issue in the implementation of laws and policies to prevent, identify, and punish gender-based violence; ensure ongoing training for all relevant authorities

to enable them to recognize, prevent, and address intersectional discrimination; ensure that institutionalization is never considered an alternative to protect women with disabilities from gender-based violence;

b) Provide support to women with disabilities who have been affected by gender-based and disability-based violence in institutions; ensure that such violence ceases and that those responsible are punished; remove perpetrators from their positions, whether they are public officials or private actors, and prevent them from having any contact with women and girls with disabilities; 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) Adopt urgent measures to prevent abuse against migrants with disabilities in institutions, including immigration detention centers, by providing them with individualized support, including mental health support and accessible information, regarding support networks both in the State Party and in their countries of origin;

b) Pay attention to the early detection of mental health conditions, particularly among unaccompanied migrant children, in order to ensure that they receive psychosocial support in the community and to prevent their institutionalization;

c) Train all authorities involved in migration processes in the early identification of migrants with disabilities and in the design and implementation of individualized support plans;

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

e) In deportation proceedings involving persons with disabilities, provide procedural accommodations and reasonable adjustments to facilitate contact between persons with disabilities and their families and ensure accessible consular assistance;

f) Prevent the reinstitutionalization of migrants with disabilities and provide accessible and available information regarding their fate and whereabouts to the families and organizations seeking them. Maintain records with up-to-date information on the identity of persons with disabilities who are in immigration detention.

42. With regard to persons with disabilities living on the streets, the Committee recommends that the State Party:

a) Prevent and put an end to actions by authorities and non-state actors that deprive persons with disabilities who are homeless or substance-dependent of their liberty;

b) Adopt measures to prevent the reinstitutionalization of persons with disabilities living on the streets through individualized plans with community-based supports;

c) Prevent the disappearance of persons with disabilities living on the streets, including homeless children and adolescents with disabilities, and ensure that they can return to the community settings where they previously interacted, preventing their fate and whereabouts from remaining unknown.

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

a) Ensure the inclusion of older persons with disabilities in the community through the adoption of individualized deinstitutionalization plans, reintegration into family settings, adequate old-age and disability pensions, and access to personal assistance and adequate, accessible housing;

b) Urgently provide community-based mental health rehabilitation for older persons with disabilities who have been institutionalized, and ensure that programs providing access to bimonthly subsidies or grants are extended to older persons with disabilities over the age of 65.

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

44. The Committee recommends that the State Party:

a) Conduct a detailed study on the causes of institutionalization, including multidimensional poverty and taking into account intersectionality;

b) Dismantle the system of institutionalization of persons with disabilities, including involuntary placement in public and private institutions, whether or not they are registered. To this end, repeal all provisions permitting institutionalization in general and sector-specific legislation and in public policies, including those relating to social assistance facilities provided for in the General Law on the Inclusion of Persons with Disabilities and the Social Assistance Law;

c) End all practices by 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 and in the community, and introduce mechanisms to ensure its enforceability;

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

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

ii) Establish a deinstitutionalization timeline that identifies baselines, indicators, targets, and implementation timelines;

iii) Conduct close consultations and ensure the active collaboration of persons with disabilities, including those remaining in institutions, through their representative organizations, in the design and implementation of such policies, plans, and strategies;

iv) Urgently design and implement a comprehensive mental health reform that prohibits the use of coercion, promotes community-based mental health with a rights-based approach, takes into account the experiences of persons with disabilities who use mental health services, and guarantees access to mental health care in both rural and urban areas;

v) Allocate adequate funding to provide community-based support and services, including individualized, high-quality support;

- vi) End educational segregation that confines people with disabilities to institutions, identify those who have been excluded from access to inclusive, quality education, and ensure their prompt educational inclusion;
- vii) Implement strategies that promote the development of employment skills for people in institutions, ensuring their access to employment in the open labor market;
- viii) Develop accessible and affordable housing and ensure that people with disabilities who are in the process of deinstitutionalization or have left institutions, including homeless people, are included in these housing plans with flexible eligibility criteria and access to information in accessible formats, including easy-to-read formats;
- 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 to develop and maintain systems of support for independent and community-based living, including personal assistance;
- xi) Ensure that international cooperation resources are not used for the establishment or maintenance of institutions, including group homes;
- xii) Prohibit and combat the detention of homeless persons with disabilities and their referral to institutions operated by both public and private entities;
- xiii) Implement support plans for families with members who have disabilities and who are living in poverty and extreme poverty, in order to prevent institutionalization;
- xiv) Pay attention to the situation of migrants with disabilities, including those who acquired their disability during the migration process, to prevent their institutionalization in the context of migration or deportation proceedings;
- f) Based on impartial audits, urgently implement reforms to the system for managing bi-monthly pensions for persons with permanent disabilities to ensure that these pensions are indexed to the value of the basic food basket or the consumer price index, that they are delivered personally to persons with disabilities and not to the directors of institutions, their family members, or caregivers; that the amount covers the additional expenses associated with the disability; and that coverage be extended to persons with disabilities over the age of 65;
- g) Ensure intersectoral and inter-institutional coordination at the federal, state, and local levels in the provision of accessible services in education, health, employment, housing, habilitation and rehabilitation, culture, and sports;
- h) Ensure independent monitoring of the implementation of deinstitutionalization policies, plans, and strategies by national and state 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 through ongoing awareness-raising efforts targeting authorities and society;
- j) Urgently adopt individualized support plans for persons with disabilities subject to repeated institutionalization, ensuring that they are not left homeless and exposed to violence upon leaving an institution, but rather enabling their inclusion in the community. Furthermore, provide

reparations for the harm caused to persons with disabilities who have been subjected to transfers and reinstitutionalization, including psychosocial support, based on an independent and impartial assessment of the physical, psychological, and economic harm;

k) Investigate the whereabouts of persons with disabilities whose whereabouts are unknown, as well as whether they have been victims of the crime of disappearance.

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

1. Identify and remedy harm

45. The Committee recommends that the State party:

a) Identify cases of ill-treatment, torture, inhuman or degrading treatment, violence, exploitation, and abuse against persons with disabilities who are or have been in institutions; investigate such cases thoroughly, impartially, and independently; take all appropriate measures to prevent their recurrence; expedite the adoption of individualized deinstitutionalization plans for persons with disabilities that include psychosocial support and treatment for post-traumatic stress disorder for victims, including those who are or have been in private or unregistered institutions, and prosecute individuals suspected of having committed crimes;

b) Amend the Official Mexican Standard (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 accessible, available, effective, and expeditious mechanisms for redress exist for persons with disabilities who are or have been in institutions. Broadly define possible mechanisms for redress, including individual or collective redress;

d) Consider establishing an inter-institutional reparations commission with representation from organizations of persons with disabilities and other civil society organizations, with sufficient human, technical, and financial resources; and ensure that this commission has access to all documentation regarding 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; their reintegration into the community; and measures to prevent recurrence;

e) Ensure close consultation and active collaboration with women with disabilities through their representative organizations, as well as the participation of 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 institutional staff found responsible for participating in cases of torture, ill-treatment, abuse, violence, and exploitation against persons with disabilities who are or have been institutionalized, through an evaluation and/or vetting process;

g) Strengthen the monitoring mechanisms of the National Human Rights Commission and state commissions, as well as 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 unregistered ones;

h) Adopt and implement protocols to raise awareness among staff working in institutions regarding the prevention and early identification of mistreatment, violence, abuse, or exploitation against persons with disabilities in institutions, as well as regarding their sexual and reproductive health rights. Include tools to combat stigma and prejudice regarding the sexual and reproductive health of women and girls with disabilities.

2. Ensuring private and family life (Art. 23)

46. The Committee recommends that the State Party:

a) Cease the institutionalization of persons with disabilities as a recourse in cases of poverty and abandonment. Authorities responsible for family protection should under no circumstances proceed with the institutionalization of persons with disabilities 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 family environment on the basis of disability and in situations of poverty and extreme poverty;

c) Adopt legal, administrative, and policy measures to develop and implement community-based support systems for families with persons with disabilities, particularly families with children and adolescents, in order to avoid and prevent family separation. Include, in these measures, information in accessible formats regarding supports for independent living in the community;

(d) Adopt legislative, public policy, and administrative measures to expeditiously implement an effective foster care system to prevent institutionalization, including placement in group homes and small institutions;

e) During the deinstitutionalization process, take measures to prevent the deterioration of the socialization skills of persons with disabilities in institutions, promote the maintenance of relationships with family and the community to prevent the abandonment of persons with disabilities, and build capacities for independent living through individualized plans for independent living;

f) During the deinstitutionalization process, inform persons with disabilities of their right to marry, start a family, maintain their fertility, and exercise their parental rights on an equal basis with others, and take effective measures to guarantee these rights;

g) During the deinstitutionalization process, develop individualized plans to facilitate and promote family reunification and reintegration into society;

h) Provide financial support and resources to families with older persons with disabilities to ensure the provision of food, clothing, transportation, and housing, as well as psychosocial support.

C. Eliminate coercion in the health sector, including mental health, and develop community-based health services (art. 25)

47. The Committee recommends that the State party:

- a) Urgently design and implement a comprehensive reform of the mental health system that explicitly prohibits the use of coercion in all its forms, including during crisis episodes, and that includes retraining of all personnel providing mental health services, the promotion of mental health in the community, and the removal of mental health personnel involved in human rights violations against persons with disabilities;
- b) Prohibit the substitution of consent by third parties in any type of treatment or medical intervention involving persons with disabilities and ensure that consent is provided in all cases by the persons with disabilities concerned, by providing them with information on medical treatments in easy-to-read formats;
- c) Expand the provision of quality, community-based mental health services throughout the country, respecting the dignity of persons with disabilities and taking into account their experiences as users of mental health services;
- d) Increase public spending on community-based mental health care, ensuring non-coercive mental health approaches;
- e) Recognize and promote peer support in the area of mental health;
- f) Adopt and implement a comprehensive approach to rehabilitation that is not limited to the provision of physical rehabilitation services, is open to all persons with disabilities regardless of age or type of impairment, and includes components of educational, vocational, social, and cultural rehabilitation. In developing this approach, take into account the experiences already being implemented by civil society organizations that do not receive funding from Teletón.

D. Ensuring access to justice (Art. 13)

48. The Committee recommends that the State Party:

- a) Adopt legislation and public policies for persons with disabilities who have been institutionalized that effectively guarantee access to justice, through, for example, the provision of procedural accommodations, access to affordable legal counsel, as well as information in accessible formats regarding these measures. Ensure regular awareness-raising among judicial authorities to combat stereotypes and prejudices against persons with disabilities;
- b) Effectively guarantee access to the remedy of *habeas corpus* or other legal mechanisms to challenge the arbitrariness or illegality of the deprivation of liberty of persons with disabilities who have been institutionalized. Ensure that the families of children with disabilities who have been institutionalized have access to expedited remedies and procedures for family reunification;
- c) Establish age- and gender-appropriate complaint mechanisms against abuse, exploitation, and violence against persons with disabilities in institutions that are permanently available and accessible, and ensure that persons with disabilities receive adequate information about the complaint mechanisms and how to use them. In particular, the Committee recommends that the State Party ensure that:

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

ii) Management at institutions initiate internal investigations into complaints filed and report on the status of such investigations and the remedies adopted to the Public Prosecutor's Office;

(iii) State and federal human rights institutions and civil society organizations have access to information regarding reports of violence and abuse and may interview victims and witnesses who request it;

d) Initiate thorough and impartial investigations, including ex officio, into deaths and suspected abuses and other human rights violations committed against persons with disabilities in institutions; identify systemic failures as well as the individuals responsible; ensure the adoption of necessary remedies, including legislative measures if necessary, and that individuals suspected of having committed crimes are subject to investigation;

e) Ensure that justice system officials receive regular training on the Convention; raise awareness among the Public Prosecutor's Office to investigate allegations of human rights violations with diligence and a sense of urgency; increase the human, technical, and financial resources of the Criminal Defense Unit of the Federal Institute of Public Defenders to fulfill its functions regarding legal representation and counseling for all persons with disabilities in institutions;

f) Guarantee the participation of civil society organizations in monitoring public and private institutions, their access to facilities and documentation, and the opportunity to interview persons with disabilities without supervision;

g) During the deinstitutionalization process, ensure that staff at both public and private institutions receive on- and ongoing training on the prevention of abuse, exploitation, and violence, as well as on how to respond appropriately to such incidents without fear of reprisal, and evaluate their performance with regard to the dignity of persons with disabilities.

E. General obligations to implement the human rights-based approach to disability, including in inter-agency coordination, budgeting and data collection (Art. 4)

49. The Committee recommends that the State Party:

(a) Designate a focal point at the federal level for the deinstitutionalization of persons with disabilities to develop, in coordination with relevant entities at the state and federal levels, a comprehensive plan for deinstitutionalization in accordance with the Committee's guidelines on deinstitutionalization, including in emergency situations;

b) Redirect budgetary resources allocated to institutionalization toward the creation of accessible community-based supports and services, in accordance with the Committee's guidelines on deinstitutionalization, including in emergency situations;

c) Eradicate the medical and welfare-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) **Comprehensively restructure the family protection system, including the National System for Integral Family Development and state-level systems, so as to shift the protection approach—which remains rooted in institutionalization—toward accessible community-based support and services;**

e) **With the aim of achieving deinstitutionalization, periodically collect statistical data on persons with disabilities in all types of institutions, public or private, disaggregated by age, gender, sex, disability, membership in Indigenous and Afro-Mexican communities, as well as by type of institution;**

f) **Incorporate all aspects described in the guidelines on deinstitutionalization, including in emergency situations, into deinstitutionalization policies and their implementation.**

V. Dissemination and Follow-up

50. In accordance with the provisions of article 6, paragraph 4, of the Optional Protocol to the Convention, the State Party shall submit its observations to the Committee within six months of the date on which it receives the results of the inquiry and the observations and recommendations transmitted to it by the Committee.

51. Upon completion of the investigation, the Committee will make this report and the State party's observations available to the public. The Committee requests that the State party, within two years of the conclusion of the investigation, submit a report on the follow-up given to the Committee's recommendations, particularly those regarding the design of a comprehensive deinstitutionalization strategy in accordance with the guidelines on deinstitutionalization, including in emergency situations; the development of individualized supports and accessible community-based services, including mental health care and reparations, and the provision of compensation to the victims of the “.” The Committee requests that the follow-up report include information on progress made in these areas, including through the collection of disaggregated data, the establishment of baselines, indicators, concrete targets, and timelines.