

Human Rights

WHO QualityRights core training - for all services
& all people

QualityRights



World Health
Organization

Transforming services and promoting the rights of people with psychosocial,
intellectual and cognitive disabilities

Human rights. WHO QualityRights Core training - for all services and all people. Course guide

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The accompanying course slides are available here: <https://www.who.int/publications-detail/who-qualityrights-guidance-and-training-tools>

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Foreword

Ensuring mental health and well-being has become a worldwide imperative and an important target of the Sustainable Development Goals.

But in all countries around the world, our response has been woefully insufficient, and we have made little progress to advance mental health as a fundamental human right.

One in ten people are affected by a mental health condition, up to 200 million people have an intellectual disability and an estimated 50 million people have dementia. Many persons with mental health conditions, or psychosocial, intellectual, or cognitive disabilities lack access to quality mental health services that respond to their needs and respect their rights and dignity.

Even today, people are locked up in institutions where they are isolated from society and marginalized in their communities. Many are subjected to physical, sexual, and emotional abuse and neglect in health services, prisons, and the community. They are also deprived of the right to make decisions for themselves, about their care and treatment, where they want to live, and their personal and financial affairs. They are often denied access to health care, education and employment opportunities, and are prevented from full inclusion and participation in community life. As a result, people with mental health conditions and intellectual disabilities die 10 to 20 years younger than the general population in low-, middle- and high-income countries alike.

The right to health is fundamental to the World Health Organization's (WHO's) mission and vision, and underpins our efforts to achieve universal health coverage (UHC). The foundation of UHC is strong health systems, based on primary care, that deliver evidence based, person-centred services that respect people's values and preferences.

Fourteen new WHO QualityRights training and guidance modules are now available to achieve this vision. They will enable countries to translate international human rights standards into practice by influencing policy and building the knowledge and skills to implement person-centered and recovery-based approaches. This is what is required to provide quality care and support and to promote mental health and well-being.

Our conviction is that everyone—whether a service provider or member of the community, needs to have the knowledge and skills to support someone who has a mental health condition, psychosocial, intellectual, or cognitive disability.

We hope that these QualityRights training and guidance modules will be used widely and that the approach they offer will become the norm rather than the exception in mental health and social services worldwide.



Dr Tedros Adhanom Ghebreyesus

Director-General

World Health Organization

Supporting statements

Dévora Kestel, Director, Department of Mental Health and Substance Use, World Health Organization, Geneva

Around the world, there is increasing awareness of the importance of mental health and providing services and supports that are person-centred and promote a recovery oriented and human rights-based approach. This awareness comes alongside a recognition that mental health systems in high, middle and low-income countries are failing many individuals and communities due to limited access, poor quality services and human rights violations.

It is unacceptable that people using mental health services can be exposed to inhuman living conditions, harmful treatment practices, violence, neglect and abuse. There are many reports of services not responding to people's needs or failing to support them to live the independent lives in their community - instead their interactions with services often leaves them feeling hopeless and disempowered.

In the wider community context, people with mental health conditions, psychosocial, intellectual or cognitive disabilities are subjected to stigma, discrimination and extensive inequalities that permeate all aspects of their lives. They are denied opportunities to live where they choose, marry, have families, attend school, seek employment and enjoy leisure activities.

Adopting recovery and human rights approaches is essential if we are going to change this situation. A recovery approach ensures that services place people themselves at the centre of care. It focuses on supporting people to define what recovery looks like and means for them. This approach is about helping people to regain control of their identity and life, have hope for the future, and to live a life that has meaning for them, whether that be through work, relationships, community engagement, spirituality or some or all of these.

Recovery and human rights approaches are very much aligned. Both approaches promote key rights such as equality, non-discrimination, legal capacity, informed consent and community inclusion (all enshrined in the Convention on the Rights of Persons with Disabilities). However, the human rights approach imposes obligations on countries to promote these rights.

Through these training and guidance modules developed as part of the QualityRights initiative, the World Health Organization has taken decisive action to address these challenges and to support countries to meet their international human rights obligations. These tools enable several key actions to be realized around: promoting participation and community inclusion for people with lived experience; capacity building in order to end stigma and discrimination and promote rights and recovery; and strengthening peer support and civil society organisations to create mutually supportive relationships and empower people to advocate for a human rights and person-centred approach in mental health and social services.

I look forward to seeing these World Health Organization tools used in countries to provide a comprehensive response to the challenges faced by people with mental health conditions, psychosocial, intellectual or cognitive disabilities.

Dainius Puras, Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest attainable Standard of Physical and Mental Health.

QualityRights offers a new approach to mental health care which is rights-based and recovery-oriented.

This initiative of the World Health Organization is very timely. There is increasing understanding that mental health care policies and services worldwide need to change. Too often services for people with psychosocial disabilities and other mental health conditions are reliant on coercion, overmedicalization and institutionalization. This status quo is not acceptable, as it may continue to reinforce stigma and helplessness among both users and providers of mental health services.

All stakeholders – including policy-makers, mental health professionals and people using mental health services – need to be equipped with knowledge and skills in effective ways to manage change and to develop sustainable rights-based mental health services.

The QualityRights initiative, through specific well-designed modules, provides the necessary knowledge and skills, convincingly demonstrating that change is possible and that this change will lead to a win-win situation. Firstly, persons with disabilities and other mental health conditions, who may need mental health services, will be motivated to use services that empower them and respect their views. Secondly, providers of services will be competent and confident in applying measures that prevent coercion. As a result, power asymmetries will be reduced, and mutual trust and therapeutic alliance will be strengthened.

To abandon the legacy of outdated approaches in mental health care – based on power asymmetries, coercion and discrimination – may not be an easy direction to take. But there is growing understanding that the change towards rights-based and evidence-based mental health services is needed around the globe – in high-, middle- and low-income countries. WHO's QualityRights initiative and its training and guidance materials are extremely useful tools that will support and empower all stakeholders willing to go in this direction. I strongly recommend all countries to take QualityRights on board.

Catalina Devandas Aguilar, Special Rapporteur on the Rights of Persons with Disabilities

Persons with disabilities, particularly those with psychosocial and intellectual disabilities, often experience human rights violations in the context of mental health services. In most countries, mental health legislation allows involuntary hospitalization and treatment of persons with disabilities on grounds of their actual or perceived impairment, plus factors such as “medical necessity” and “dangerousness”. Seclusion and restraints are regularly used during emotional crisis and severe distress in many mental health services, but also as form of punishment. Women and girls with psychosocial and intellectual disabilities are regularly exposed to violence and harmful practices in mental health settings, including forced contraception, forced abortion and forced sterilization.

Against this background, the WHO QualityRights initiative can provide essential guidance on the implementation of mental health services and on community-based responses from a human rights perspective, offering a path towards ending institutionalization and involuntary hospitalization and treatment of persons with disabilities. This initiative calls for training health-care professionals to provide health care and psychosocial support to persons with disabilities in a way that is respectful of their rights. By promoting compliance with the CRPD and the 2030 Agenda frameworks, the WHO QualityRights modules bring us closer to realizing the rights of persons with disabilities.

Julian Eaton Director, Mental Health, CBM International

The increase in interest in mental health as a development priority offers the opportunity to close the huge gap in care and support, enabling people to realize their right to good health care where this has previously been lacking. Historically, mental health services have often been of very poor quality and have ignored the priorities and perspectives of people who were using them.

The WHO QualityRights programme has been instrumental in putting in place the means for measuring mental health services according to the standards of the Convention on the Rights of Persons with Disabilities. This often marks a paradigm shift from the way that services have historically worked. The new training and guidance modules are an excellent resource, facilitating better practice in supporting people with mental conditions and psychosocial disabilities, enabling their voices to be heard, and promoting healthier environments that foster recovery. There is a long way to go, but QualityRights is a crucial resource for service providers and users, guiding practical reform for services that value dignity and respect, wherever they may be in the world.

Charlene Sunkel, CEO, Global Mental Health Peer Network

The World Health Organization's QualityRights training and guidance package promotes a strong participatory approach. It recognizes and values the importance of the lived experience of people with psychosocial, intellectual or cognitive disabilities in promoting recovery, undertaking advocacy, conducting research and reducing stigma and discrimination. The QualityRights tools ensure compliance with human rights standards, implementing strategies to end coercive practices. They show how persons with lived experience can provide peer support and can also contribute to the development, design, implementation, monitoring and evaluation of mental health and social services. Lived experience is much more than just knowledge and skills. Expertise emanates from people's in-depth understanding of the social and human rights impact of living with a psychosocial, intellectual or cognitive disability and the adversities of being shunned, segregated and discriminated against. It emanates from having to struggle to navigate a mental health system that often fails to provide services or support that would be beneficial to the person as a unique individual and that speaks to their specific recovery needs.

The mental health system is not the only societal system that presents barriers through which the person must navigate; access to other life opportunities such as education, employment, housing and overall health and well-being can be equally challenging. The unique and in-depth perspectives of people with lived experience can be the catalyst for change and transformation of all societal systems in order to protect human rights, encourage inclusion in the community, improve quality of life, and promote empowerment – all of which can contribute towards improved mental health and well-being.

Kate Swaffer, Chair, CEO Dementia International Alliance

It has been an honour and pleasure for Dementia Alliance International (DAI) to work with the WHO QualityRights initiative and its collaborators on this very important project. Human rights have generally been ignored in practice for people with dementia. However, these modules introduce a new approach to mental health, and also to dementia which is a neurodegenerative condition that causes cognitive disabilities. In contrast to the current post-diagnostic pathway for dementia, which is a pathway focused only on deficits and leading only to disability and dependence, this new approach and these unique and enabling modules promote rights and encourage and support people with dementia to live more positively.

By promoting the need for clear access to rights, the modules are practical tools that can be used by everyone, regardless of who they are. The modules, which take key human rights principles and make them actionable in practice, are as applicable and effective for health professionals as they are for people with dementia and their family members. For example, highlighting the need and benefits of peer-to-peer support – which is a free service DAI has been offering people with dementia since 2013, even before it was officially launched – and focusing on the issue of legal capacity and its relevance in terms of Article 12 of the CRPD provide tangible ways to better inform professionals and families to ensure that the rights of people with dementia will no longer be denied. I personally have every confidence that these modules will support all people experiencing mental health problems and psychosocial, intellectual or cognitive disabilities to live with a better quality of life.

Ana Lucia Arellano, Chair, International Disability Alliance

The United Nations Convention on the Rights of Persons with Disabilities, or CRPD, is the groundbreaking human rights treaty that promotes the paradigm shift from considering persons with disabilities as objects of charity or medical treatment to fully recognizing them as subjects of rights. This paradigm shift is particularly significant for persons with intellectual, psychosocial and multiple disabilities, or for persons with more intense support needs. Article 12 of the CRPD is key in promoting this shift in that it recognizes that persons with disabilities can exercise full legal capacity. This is the core human right that establishes the foundation on which all the others can be exercised.

QualityRights is a superb tool for enabling professionals and health practitioners to better understand and embrace the CRPD. The tool creates a bridge between persons with psychosocial disabilities, users and survivors of psychiatry and mental health services and the health sector, respecting the principles and values of the CRPD. The QualityRights modules have been developed in close consultation with users and survivors of mental health services, linking their voices to messages conveyed to States Parties of the CRPD. The International Disability Alliance (IDA) and its member organizations offer congratulations for the work developed under the QualityRights initiative. We strongly encourage WHO to continue efforts to transform mental health laws, policies and systems until they are CRPD-compliant, echoing the strong voices that call out for “Nothing about us, without us!”

Connie Laurin-Bowie, Executive Director, Inclusion International

WHO QualityRights aims to empower individuals and Disabled Persons Organizations to know their human rights and to advocate for change to enable people to live independently in the community and receive appropriate supports. Inclusion International welcomes this initiative which seeks to promote rights that are often denied to people with intellectual disabilities – namely the right to access appropriate mental health services in the community, the right to choose, the right to have a family life, the right to live in the community, and the right to be active citizens. QualityRights is a valuable contribution to our collective efforts to shape and influence policies and practice which enable everyone to be included in their communities.

Alan Rosen, Professor, Illawarra Institute of Mental Health, University of Wollongong, and Brain & Mind Centre, University of Sydney, Australia.

Freedom is therapeutic. Facilitating human rights in our mental health services can bring healing. It can ensure that, whenever possible, the person who is living with a mental health condition: a) retains choice and control over the assistance and care provided and b) is offered good-quality clinical and home support, if needed, to live in the community without disruption and "on their own turf and terms".

Following a long history of human rights advocacy in psychiatry, these modules show how the right to adequate care and all human rights and fundamental freedoms can be met without contradiction. Coercion in care – such as restraints, seclusion, forced medications, locked inpatient units, being cooped up in restrictive spaces, and institutional warehousing – must be curtailed. The optimal attainment of liberty in care entails immense change. This includes the widespread systematizing of practical evidence-based alternatives to avoid coercion – i.e. open doors, open respite facilities, open and free access, open communities, open minds, open conversations between equals, supported community living, enhancement of individual and family communication, problem-solving skills and support, advance directives, training in soothing and de-escalation, supported decision-making, the recovery orientation of all services and peer workers, and the co-production of policy with all stakeholders.

The WHO QualityRights programme, based on the United Nations CRPD, has been transformed here into a highly practical set of modules. For our professions, these modules offer a trajectory and a horizon to work towards rather than a finite answer or deadline. As well as optimizing clinical and support services, our political, legal and social actions with service users and their families have to be combined with our own emancipation as professionals from institutional thinking and from being yoked to habitual practices in mental health care. Only then and together can we vastly improve the prospects for an empowered, purposeful, contributing life, with full citizenship and full rights, for persons living with severe, persistent or recurrent mental health problems.

Victor Limaza, Activist and facilitator of Justice for People with Disabilities, Documenta AC (Mexico)

Dignity and well-being are closely related concepts. Nowadays, those criteria by which we judge psychological suffering only in terms of neurochemical imbalances are being questioned, as is the view that certain manifestations of human diversity are pathologies that must be attacked to protect the person and society from supposed dangers, even though the interventions used may violate rights and cause irreversible damage. The interdisciplinary and holistic outlook in which subjective discomfort is addressed without undermining the dignity and ability of the person to make decisions, even in critical situations, should be the foundation on which the new mental health care models are constructed, respecting the principles of the CRPD. Understanding the experience of a person facing a critical state in their mental health is possible thanks to the bond generated through empathy, listening, open dialogue, accompaniment (especially among peers), support in decision-making, life in the community and the advance directives under strict safeguards. People with psychosocial disabilities are experts from experience and must be involved in developing the instruments that seek to lead to recovery. The QualityRights initiative of WHO is a good example of this paradigm shift providing tools and strategies for mental health care with the highest standards of respect for human rights. Undoubtedly, the full and equitable enjoyment of all human rights by every person promotes mental health.

Peter Yaro, Executive director, Basic Needs Ghana

The WHO package of training and guidance documents is a rich collection of material that aims to enhance work in mental health and rights-based inclusive development. The materials provide a significant step towards effective programming and mainstreaming of disabilities – especially psychosocial, intellectual and developmental disabilities – in interventions to address individuals' needs and rights as provided for in the CRPD. The QualityRights package marks a giant stride towards the longstanding recommendation that persons with lived experience be part and parcel of the conceptualization and implementation of interventions, together with the monitoring and evaluation of the project's achievements. With this guidance, the sustainability of initiatives can be assured and, for this reason, practitioners, service users, caregivers and all stakeholders are encouraged to utilize

the documents. In the approach presented here, there is no place for perpetrating violence and abuse on already vulnerable persons.

Michael Njenga, Chairperson of the Pan African Network of Persons with Psychosocial Disability, Executive Council Member, Africa Disability Forum and C.E.O. Users and Survivors of Psychiatry, Kenya

There is paradigm shift in the way we need to address mental health globally. The impetus for this shift has been created by the Convention on the Rights of Persons with Disabilities (CRPD) and by the adoption of the Sustainable Development Goals (SDGs) and the 2030 Agenda for Sustainable Development.

WHO's QualityRights tools and materials for training and guidance build on this key international human right as well as on international development instruments. The QualityRights initiative adopts a human rights-based approach to ensure that mental health services are provided within a human rights framework and are responsive to the needs of persons with psychosocial disabilities and mental health conditions. These materials also lay emphasis on the need to provide services as close as possible to where people live.

The QualityRights approach recognizes the importance of respecting each individual's inherent dignity and ensuring that all persons with psychosocial disabilities and mental health conditions have a voice, power and choice while accessing mental health services. This is an integral element in reforming mental health systems and services both globally and at local and national levels. It is essential, therefore, to make sure that these training tools and guidance materials are widely used so that they result in tangible outcomes at all levels for people with lived experience, their families, communities and entire societies.

What is the WHO QualityRights initiative?



WHO QualityRights is an initiative which aims to improve the quality of care and support in mental health and social services and to promote the human rights of people with psychosocial, intellectual or cognitive disabilities throughout the world. QualityRights uses a participatory approach to achieve the following objectives:

1

Build capacity to combat stigma and discrimination, and to promote human rights and recovery.

2

Improve the quality of care and human rights conditions in mental health and social services.

3

Create community-based and recovery-oriented services that respect and promote human rights.

4

Support the development of a civil society movement to conduct advocacy and influence policy-making.

5

Reform national policies and legislation in line with the Convention on the Rights of Persons with Disabilities and other international human rights standards.

For more information: http://www.who.int/mental_health/policy/quality_rights/en/

WHO QualityRights –Training and guidance tools

The following training and guidance modules and accompanying slide presentations available as part of the WHO QualityRights initiative, can be accessed at the following link


<https://www.who.int/publications-detail/who-qualityrights-guidance-and-training-tools>

Service transformation tools

- The WHO QualityRights assessment toolkit
- Transforming services and promoting human rights

Training tools

Core modules

- Human rights 
- Mental health, disability and human rights
- Recovery and the right to health
- Legal capacity and the right to decide
- Free from coercion, violence and abuse

Specialized modules

- Supported decision-making and advance planning
- Strategies to end seclusion and restraint
- Recovery practices for mental health and well-being

Evaluation tools

- Evaluation of the WHO QualityRights training on mental health, human rights and recovery: pre-training questionnaire
- Evaluation of the WHO QualityRights training on mental health, human rights and recovery: post-training questionnaire

Guidance tools

- One-to-one peer support by and for people with lived experience
- Peer support groups by and for people with lived experience
- Civil society organizations to promote human rights in mental health and related areas
- Advocacy for mental health, disability and human rights

Self-help tools

- Person-centred recovery planning for mental health and well-being – self-help tool

About this training and guidance

The QualityRights training and guidance modules have been developed to enhance knowledge, skills and understanding among key stakeholders on how to promote the rights of persons with psychosocial, intellectual or cognitive disabilities and improve the quality of services and supports being provided in mental health and related areas, in line with international human rights standards, and in particular the United Nations Convention on the Rights of Persons with Disabilities and the recovery approach.

Who is this training and guidance for?

- **People with psychosocial disabilities**
- **People with intellectual disabilities**
- **People with cognitive disabilities, including dementia**
- **People who are using or who have previously used mental health and social services**
- **Managers of general health, mental health and social services**
- **Mental health and other practitioners** (e.g. doctors, nurses, psychiatrists, psychiatric and geriatric nurses, neurologists, geriatricians, psychologists, occupational therapists, social workers, community support workers, personal assistants, peer supporters and volunteers)
- **Other staff working in or delivering mental health and social services, including community and home-based services** (e.g. attendants, cleaning, cooking, maintenance staff, administrators)
- **Nongovernmental organizations (NGOs), associations and faith-based organizations working in the areas of mental health, human rights or other relevant areas** (e.g. organizations of persons with disabilities (DPOs); organizations of users/survivors of psychiatry, advocacy organizations)
- **Families, support persons and other care partners**
- **Relevant ministries (Health, Social Affairs, Education, etc.) and policymakers**
- **Relevant government institutions and services** (e.g. the police, the judiciary, prison staff, bodies that monitor or inspect places of detention including mental and social services, law reform commissions, disability councils and national human rights institutions)
- **Other relevant organizations and stakeholders** (e.g. advocates, lawyers and legal aid organizations, academics, university students, community or spiritual leaders, and traditional healers if appropriate)

Who should deliver the training?

Training should be designed and delivered by a multidisciplinary team, including people with lived experience, members of disabled persons' organizations (DPOs), professionals working in mental health, disability and related fields, families and others.

If the training is about addressing the rights of people with psychosocial disabilities specifically, it is important to have representatives from that group as leaders for the training. Likewise, if the purpose is to build capacity on the rights of persons with intellectual or cognitive disabilities, the leaders of the training should also be from these groups.

In order to liven up discussions, different options can be considered. For instance, facilitators with specific knowledge of a particular part of the training can be brought in for specific aspects of the training. Another option may be to have a panel of trainers for specific parts of the training.

Ideally, facilitators should be familiar with the culture and context of the location where the training is taking place. It may be necessary to conduct train-the-trainer sessions in order to build up a pool of

people who are able to carry out the training within a particular culture or context. These train-the-trainer sessions should include persons with psychosocial, intellectual or cognitive disabilities. They should also include other relevant local stakeholders who contribute to improving the quality of mental health and social services and the human rights of people with psychosocial, intellectual or cognitive disabilities.

How should the training be delivered?

Ideally, all the QualityRights training modules should be delivered, starting with the five core foundational modules. This can be followed by more in-depth training using the specialized modules (see above).

The whole training can be conducted through multiple workshops taking place over the course of several months. Each separate training module does not necessarily have to be completed in one day. It can be divided into topics and can be conducted over the course of several days, as required.

Since the training materials are quite comprehensive and time and resources may be limited, it may be useful to adapt the training according to the existing knowledge and background of the group, as well as the desired outcomes of the training.

Thus, the way these training materials are used and delivered can be adapted according to the context and requirements.

- For example, if participants do not yet have any expertise in the areas of mental health, human rights and recovery, it would be important to conduct a 4–5-day workshop using the five core training modules. A 5 day sample agenda available at the following link: <https://qualityrights.org/wp-content/uploads/Sample-program-QR-training.pdf>
- If participants already have a basic understanding of the human rights of people with psychosocial, intellectual and cognitive disabilities but require more advanced knowledge about how specifically to promote the right to legal capacity in practice, then a workshop could be organized to focus on the module *Legal capacity and the right to decide* on day 1 and on the specialized module on *Supported decision-making and advance planning* (or selected parts of that module) on days 2, 3 and 4.

When adapting the training materials according to specific training requirements it is also important, prior to the training, to go through all the modules to be covered in order to get rid of unnecessary repetition.

- For example, if a training is planned, covering all the core modules, then it will not be necessary to cover topic 5 (zooming in on article 12) or topic 6 (zooming in on article 16) since these issues will be covered in much greater depth in the subsequent modules (module on *Legal capacity and the right to decide* and *Freedom from coercion, violence and abuse* respectively).
- However if an introductory training is planned based solely on module 2, then it is essential to cover topics 5 and 6 of this module, since this will be the only exposure that the participants will receive on these issues and articles.

These are examples of the different and varied ways in which the training materials can be used. Other variations and permutations are also possible on the basis of the needs and requirements of the training in a particular context.

Guidance for facilitators

Principles for running the training programme

Participation and interaction

Participation and interaction are crucial to the success of the training. All participants should be viewed as individuals who can contribute valuable knowledge and insights. By providing sufficient space and time, the facilitator(s) must first and foremost make sure that people with psychosocial, intellectual or cognitive disabilities are being listened to and included. Existing power dynamics in services and the broader society may make some people reluctant to express their views. In general, however, the facilitator must emphasize the importance of listening to the views of all participants.

Some people may feel shy or uncomfortable and not express themselves – which may be a sign of lack of inclusion or a feeling of insecurity in the group. Facilitators should make every effort to encourage and engage everyone in the training. Usually, after people have expressed themselves once and feel they have been heard, they are more able and willing to speak out and engage in discussions. The training is a shared learning experience. Facilitators should take time to acknowledge and as far possible answer all questions, so that nobody feels left out.

Cultural sensitivity

Facilitators should be mindful of participants' diversity, recognizing that multiple factors have shaped their experiences and knowledge, such as culture, gender, migrant status or sexual orientation.

Using culturally sensitive language and providing examples relevant to people living in the country or region where the training is taking place is encouraged. For example, depending on the country or the context, people may express or describe their emotions and feelings, or talk about their mental health, in different ways.

In addition, facilitators should make sure that some of the issues faced by particular groups in the country or region (e.g. indigenous people and other ethnic minorities, religious minorities, women, etc.) are not overlooked during the training. Feelings of shame or taboo about the issues being discussed will need to be taken into consideration.

Open, nonjudgemental environment

Open discussions are essential and everyone's views deserve to be listened to. The purpose of the training is to work together to find ways to improve respect for the rights of people using mental health and social services and of people with psychosocial, intellectual and cognitive disabilities within the broader community. During this training, some people may express strong reactions and feelings. It is important that the facilitator provides space during the training for people to express opinions and feelings. This means allowing people time to talk about their experiences without interruption and ensuring that others listen and respond to them in a sensitive and respectful manner.

It is not necessary to agree with people in order to communicate with them effectively. When discussion arises, it may be useful to remind all participants that they all share the same goal: to achieve respect for human rights in mental health and social services and in the community, and that all voices need to be heard in order to learn together. It may be helpful to share some basic ground

rules with the group (e.g. respect, confidentiality, critical reflection, non-discrimination) to refer back to when needed.

Note that some people may never before have had the opportunity to speak out freely and safely (e.g. people with lived experience, family members, and also practitioners). Therefore creating a safe space to enable all voices to be heard is essential.

Use of language

Facilitators should be mindful of the diversity of the participants. People taking part in the training will have different backgrounds and levels of education. It is important to use language that all participants are able to understand (e.g. by avoiding the use of/explaining highly specialized medical, legal and technical terms, acronyms, etc.) and to ensure that all participants understand the key concepts and messages. The language and the complexity of the training should be adapted to the specific needs of the group. With this in mind, facilitators should pause, provide examples when necessary, and take time to ask and discuss questions with participants to ensure that concepts and messages are properly understood. As far as possible, facilitators should use language that allows for nonmedical and/or culturally-specific models of distress to be part of the discussion (e.g. emotional distress, unusual experiences, etc.) (1).

Accommodations

Accommodating different means of communication – such as by using visual and audio materials, easy-to-read adaptations, signing, providing assistance with writing for some of the exercises, or enabling people to come with their personal assistant – may be necessary at times to ensure that all people are included in the training.

Operating in the current legislative and policy context

During the training, some participants may express concerns about the legislative or policy context in their countries which may not be in line with international human rights standards, including the Convention on the Rights of Persons with Disabilities (CRPD). Similarly, some of the content of the training may contradict current national legislation or policy. For instance, laws that provide for involuntary detention and treatment contradict the overall approach of these training modules. Moreover, the topic on supported decision-making may appear to conflict with existing national guardianship laws. Another concern may be that national resources for implementing new approaches may be scarce or not available. These preoccupations can lead to questions from the participants about liability, safety, funding and about the larger political and societal context in which they live and work.

First, facilitators should reassure participants that the modules are not intended to encourage practices which conflict with the requirements of national law or policy, or which could put anyone in danger of being outside the law. In contexts where the law and policy contradict the standards of the CRPD it is important to advocate for policy change and law reform. Even though States Parties to the CRPD have an *immediate* obligation to cease violations of this Convention and other international human rights instruments, it is important to acknowledge that achieving full respect for the rights in the CRPD takes time and requires a variety of actions at all levels of society.

Consequently, an outdated legal and policy framework should not prevent individuals from taking action. A lot can be done at the individual level on a day-to-day basis to change the attitudes and practices within the boundaries of the law and to start implementing the CRPD. For example, even if

guardians are officially mandated on the basis of a country's law to make decisions on behalf of other persons, this does not prevent them from supporting those persons in reaching their own decisions and from ultimately respecting their choices.

This training provides guidance on dealing with various topics which are key to fostering the human rights-based approach in mental health and social services. Throughout the training, facilitators should encourage participants to discuss how the actions and strategies promoted in the training materials affect them and how they can be implemented within the parameters of existing policy and law frameworks. Shifts in attitudes and practices, along with effective advocacy, can lead to positive change in policy and law.

Being positive and inspiring

Facilitators should emphasize that the training is intended to share basic knowledge and tools, and to stimulate reflection in order to find solutions that are useful in participants' own context. It is likely that some positive actions already exist and that participants themselves, or other people or services, are already carrying them out. It is possible to build on these positive examples to create unity and to demonstrate that everybody can be an actor for change.

Group work

Throughout the exercises, the facilitator will ask participants to work in groups, which may be flexibly composed, by choice or randomly, depending on the preferences of participants. If participants do not feel comfortable in certain groups, this should be taken into account.

Exercises throughout the training are meant to foster participation and discussion. These exercises are designed to allow participants to come up with ideas and to identify solutions by themselves. The facilitators' role is to guide discussions and, when appropriate, to stimulate debate with specific ideas or challenges. If participants do not want to take part in some of the activities of the training, their wishes should be respected.

Facilitator notes

The training modules have facilitator notes which are in **blue**. The facilitator notes include examples of answers or other instructions for facilitators, which are not intended to be read out to participants.

The content of the presentation, questions and statements that are intended to be read out to participants are written in **black**.

Separate course slides accompanying the training modules to deliver the content of the modules are available at the following link: <https://www.who.int/publications-detail/who-qualityrights-guidance-and-training-tools>

Evaluation of the QualityRights training

The QualityRights pre/post-evaluation questionnaires that come as part of this training package have been designed to measure the impact of the training and to improve it for future training workshops.

Participants are required to complete the pre-training evaluation questionnaire before the training starts. 30 minutes should be set aside for this.

At the end of the training, participants should complete the post-training evaluation questionnaire. Again, 30 minutes should be allowed for this.

A unique ID needs to be created for each participant, whether they are completing the form by hand or online. This ID will be the same for both the pre-evaluation and the post-evaluation questionnaire. Unique IDs can be created, for example, by using the name of the country where the training is taking place followed by numbers 1 to 25 (or however many participants there are in the group). For instance, a participant could receive the unique ID of Jakarta12. It could be useful to include the pre and post questionnaires with unique IDs in the participants' folders before the training starts to ensure that the unique IDs are given to the correct participants. There is no need to track who gets which unique ID since the questionnaires are anonymous, but it is important to ensure that each person has same ID on both questionnaires.

Once the post-training evaluation questionnaire has been completed, the facilitator should open the discussion to all participants to express their views about the training, what parts they enjoyed and found useful and what parts they did not enjoy or find useful, as well as any other views they wish to share. This is also an opportunity to discuss what actions and strategies discussed during the training the participants intend to implement.

The pre and post questionnaires should be printed for each participant prior to the training. The versions for printing and distributing are available here:

- *Evaluation of the WHO QualityRights training on mental health, human rights and recovery: PRE-training questionnaire:*
<https://qualityrights.org/wp-content/uploads/20190405.PreEvaluationQuestionnaireF2F.pdf>
- *Evaluation of the WHO QualityRights training on mental health, human rights and recovery: POST-training questionnaire:*
<https://qualityrights.org/wp-content/uploads/20190405.PostEvaluationQuestionnaireF2F.pdf>

Training videos

Facilitators should review all the videos available in the module and chose the most appropriate ones to show during the training. The video links may change over time. It is therefore important to check that the links work prior to the training. If a link is not working an appropriate alternative link to a comparable video should be found.

Preliminary note on language

We acknowledge that language and terminology reflects the evolving conceptualization of disability and that different terms will be used by different people across different contexts over time. People must be able to decide on the vocabulary, idioms and descriptions of their experience, situation or distress. For example, in relation to the field of mental health, some people use terms such as “people with a psychiatric diagnosis”, “people with mental disorders” or “mental illnesses”, “people with mental health conditions”, “consumers”, “service users” or “psychiatric survivors”. Others find some or all these terms stigmatizing or use different expressions to refer to their emotions, experiences or distress. Similarly, intellectual disability is referred to using different terms in different contexts including, for example, “learning disabilities” or “disorders of intellectual development” or “learning difficulties”.

The term “psychosocial disability” has been adopted to include people who have received a mental health-related diagnosis or who self-identify with this term. The terms “cognitive disability” and “intellectual disability” are designed to cover people who have received a diagnosis specifically related to their cognitive or intellectual function including, but not limited to, dementia and autism.

The use of the term “disability” is important in this context because it highlights the significant barriers that hinder the full and effective participation in society of people with *actual* or *perceived* impairments and the fact that they are protected under the CRPD. The use of the term “disability” in this context does not imply that people have an impairment or a disorder.

We also use the terms “people who are using” or “who have previously used” mental health and social services to refer to people who do not necessarily identify as having a disability but who have a variety of experiences applicable to this training.

In addition, the use of the term “mental health and social services” in these modules refers to a wide range of services currently being provided by countries including, for example, community mental health centres, primary care clinics, outpatient services, psychiatric hospitals, psychiatric wards in general hospitals, rehabilitation centres, traditional healers, day care centres, homes for older people, and other “group” homes, as well as home-based services and services and supports offering alternatives to traditional mental health or social services, provided by a wide range of health and social care providers within public, private and nongovernmental sectors.

The terminology adopted in this document has been selected for the sake of inclusiveness. It is an individual choice to self-identify with certain expressions or concepts, but human rights still apply to everyone, everywhere. Above all, a diagnosis or disability should never define a person. We are all individuals, with a unique social context, personality, autonomy, dreams, goals and aspirations and relationships with others.

Learning objectives, topics and resources

Learning objectives

At the end of the training, participants will be able to:

- understand what human rights are, as well as the links between the different rights;
- understand the origins and content of the Universal Declaration of Human Rights and how the rights it contains are still relevant today;
- recognize human rights violations in specific situations;
- understand what makes groups of people at higher risk of human rights violations;
- identify who defends human rights;
- identify specific ways in which mental health workers and other professionals, people with psychosocial disabilities or intellectual or cognitive disabilities, families, care partners and other supporters can be agents of change and defenders of human rights.

Topics

Topic 1: Human rights and living a good life (30 minutes)

Topic 2: What are human rights? (1 hour and 5 minutes)

Topic 3: The relationship between different rights (20 minutes)

Topic 4: Examples of human rights violations (1 hour and 20 minutes)

Topic 5: Groups/segments of the population at risk of human rights violations (35 minutes)

Topic 6: Consequences of human rights violations (1 hour and 40 minutes)

Topic 7: Respecting, protecting and fulfilling human rights (35 minutes)

Topic 8: Empowering people to defend human rights (45 minutes)

Topic 9: Human rights advocacy (30 minutes)

Resources required

- Accompanying course slides, Human rights. WHO QualityRights Core training - for all services & all people (Course Slides), are available here <https://www.who.int/publications-detail/who-qualityrights-guidance-and-training-tools>
- Room requirements: to optimize the learning experience for participants, the room in which the training takes place should be:
 - large enough to accommodate everyone, but also small enough to create an environment conducive to free and open discussions;
 - seating arrangements that allow people to sit in groups (e.g. “banquet style” where several round tables are arranged around the room, allowing for several participants to sit together around each of the tables. This has the added benefit of encouraging interaction between participants and also of creating ready-made groups for group work exercises.)
- reasonable accommodations, as required, ensuring inclusive access to the training for all persons.
- internet access in the room, in order to show videos
- loudspeakers for the video audio
- a projector screen and projector equipment
- 1 or more microphones for facilitator(s) and at least 3 additional wireless microphones for participants (ideally one microphone per group table).
- at least 2 flipcharts or similar, plus paper and pens

Additional resources to print for this training module include:

- copies of *Annex 1: Scenarios* for all participants.
- copies of Annex 2: Universal Declaration of Human Rights for all participants

Time

Approximately 8 hours.

Number of participants

Based on experience to date, the workshop works best with a maximum of 25 people. This allows sufficient opportunities for everyone to interact and express their ideas.

Introduction

As the first in a series of five core QualityRights modules on mental health, human rights and recovery, this module lays the foundation for those that follow. It explains what human rights are and what benefits they bring – or should bring – to all of us. Through a close examination of the Universal Declaration of Human Rights, it shows how the various human rights are interlinked and how they are crucial to our well-being and for living a good life.

As they follow the topics in this module and take part in the exercises, participants in the training will learn how different groups and segments of the population, including people with psychosocial disabilities or intellectual or cognitive disabilities, are often at higher risk of human rights violations. By the end of the module, participants will also have identified specific ways in which everyone - mental health workers and other professionals, people with psychosocial disabilities or intellectual or cognitive disabilities, families, care partners and other supporters - can take action to respect, protect and fulfil human rights.

Topic 1: Human rights and living a good life

Time for this topic

Approximately 30 minutes.

Start by asking participants the following question (5 min.):

What do you understand by the term “human rights”?

Give participants a few moments to reflect and list their answers on the flipchart.

After listening to participants, the facilitator can draw on the responses from within the group to show how people have an intuitive understanding of the concept of human rights.



Exercise 1.1: We are all born free and equal (10 min.)

For this exercise, ask the participants to gather in the centre of the room. Explain that you will read out a statement and ask people to move to the right of the room if they agree with the statement or to the left if they disagree.

If participants have mobility issues, you can simply ask the whole group to raise their hands if they agree or disagree with the following statement.

This statement has been deliberately formulated to be open to interpretation. It is important to remind the group that at this point there is no correct answer.

Do you agree or disagree with the following statement?

“We are all born free and equal”

Ask participants their opinions on why they have chosen to agree or disagree with the above statement. Write down ideas on the flipchart. Encourage participants to discuss their ideas directly with each other.

Some possible opinions:

- Yes, we are all born free and equal. It is society that may deny us this right.
- No, a person born into slavery or poverty will never be free.
- Characteristics such as race, colour, sex, sexual orientation, language, religion, political or other opinion, national or social origin, property, birth or other status can contribute to many people not being treated equally.
- No, many people lack freedom when they are born.

End this exercise by outlining the following for participants:

- The statement “we are all born free and equal” is deliberately ambiguous.
- On the one hand, by virtue of our humanity, we are all born free and equal.
- On the other hand, in many cases government or society may deny many people their right to freedom and equality.
- Human rights are about making sure that the freedom and equality of all people are respected



Exercise 1.2: Living a good life (15 min.)

The purpose of this exercise is to allow participants to explore what is fundamentally important for them to live a good, decent life. It is likely that the ideas expressed by the group will be similar to those contained in the Universal Declaration of Human Rights (UDHR). This will allow the group to see how human rights are relevant and important to all people.

Start by asking these two questions:

- What is most important to you in life?
- What is required to live a good life?

Enable participants to discuss as a group and list ideas on the flipchart. You can write “good life” in the middle of the flipchart and then add people’s ideas around this. Encourage participants to give their own personal examples (e.g. some may say travelling, others having a family, socializing with friends, or financial security).

Highlight that many people around the world would probably reach similar conclusions on what is required to live a good life. Keep this list as it will be used again later in this training.

End this exercise by highlighting that we need some essential elements in order to live a good life. In fact, many of the elements identified in this exercise are rights within the Universal Declaration of Human Rights that we shall explore under the next topic.

Topic 2: What are human rights?

Time for this topic

Approximately 1 hour and 5 minutes.



Presentation: What are human rights? (35 min.)

“Human rights are what no one can take away from you”

This is a quote by Rene Cassin, one of the drafters of the Universal Declaration of Human Rights (UDHR).

- Human rights are not a gift or a privilege. They are not bestowed on us by others.
- They are basic rights that we have simply because we are human. They are fundamental for living a good life and for flourishing.

At this point, provide participants with a copy of the UDHR (with the associated simplified version by Amnesty International in Annex 2).

Different language versions of the UDHR can be found here: <https://udhr.audio/>

The UDHR in sign language can be found here:

<http://www.ohchr.org/EN/UDHR/Pages/UDHRinsignlanguages.aspx>
(accessed 23 November 2018).

The UDHR will be used throughout this module as it provides a general introduction to human rights. The intention is not to provide in-depth knowledge and training on the international human rights framework, which would require extensive additional information. The purpose of using the UDHR in this module is to introduce participants to human rights issues and concepts in a way that is easy to understand. In subsequent modules, the Convention on the Rights of Person with Disabilities (CRPD) will be extensively examined.

Give participants a few minutes to read through the UDHR. Then show the following photograph:

Photograph from concentration camp (2) See photo in the course slides for this module.

Ask the group:

Does anyone recognize where this photo might have been taken?

This photograph was taken at one of the liberated concentration camps at the end of World War II and in the aftermath of the Holocaust.

The idea with this question and photograph is to help participants to understand the connection between the events of World War II, the holocaust, and the global realization of the need for the United Nations and for the drafting of the UDHR. You could ask participants if they know anything about the United Nations, why it was created, its goals, purpose and key United Nations documents.

After participants have shared their thoughts, highlight the following information:

After the horrors of World War II, the leaders of the world got together and set up a new organization called the United Nations. Its purpose was to stop wars between countries and build a better world.

One of the first tasks of the United Nations was to draw up a list of human rights that belong to every human being in the world: the UDHR.

The governments of the world promised that they would respect, protect and fulfil the rights contained in the UDHR.

The Declaration was adopted by the United Nations General Assembly in 1948: 56 countries from all around the world adopted a core set of human rights that should be protected.

The UDHR is not originally a legally binding document – which means that it does not set legal requirements on governments – but over the years it has been considered to have become a binding customary international law, which means that governments are compelled to respect it.

Some people argue that human rights is a western concept or that they have only been agreed upon by high-income countries and are not realistic in low-resource settings. However, it is important to note that the UDHR was adopted and endorsed by high-, middle- and low-income countries throughout the world.

The human rights principles were further reaffirmed in 1966 when two important treaties were drafted: the International Covenant on Civil and Political Rights (ICCPR) (3) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) (4).

These covenants have been ratified by the vast majority of countries around the world. As a consequence, governments around the world have obligations to protect the human rights of their citizens.

Other treaties have also been adopted to provide specific protections to certain groups of people.

For example:

- the Convention on the Rights of the Child (CRC);
- the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); and
- the Convention on the Rights of Persons with Disabilities (CRPD) which we shall be exploring in greater detail later in the training.

In addition to these international human rights instruments, many countries protect human rights in their national legislation (e.g. through a Bill of Rights or their national constitution). In fact, many rights in national laws have been inspired by and reflect international human rights instruments.

Ask a different participant to volunteer to read each of the following quotes out loud and ask people to share their thoughts about them.

Quote 1: “Human rights are inscribed in the hearts of people; they were there long before lawmakers drafted their first proclamation”

Quote 2: "protecting these rights, we can help prevent the many conflicts based on poverty, discrimination and exclusion (social, economic and political) that continue to plague humanity and destroy decades of development efforts. The vicious circle of human rights violations that lead to conflicts – which in turn lead to more violations – must be broken. I believe we can break it only by ensuring respect for all human rights."

- Mary Robinson, Former United Nations High Commissioner for Human Rights & Former President of Ireland

Quote 3: "Where, after all, do universal human rights begin? In small places, close to home – so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighbourhood he lives in; the school or college he attends; the factory, farm or office where he works. Such are the places where every man, woman and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerned citizen action to uphold them close to home, we shall look in vain for progress in the larger world."

- Eleanor Roosevelt, Politician, activist, First Lady of the United States during World War II, and Chair of the Committee responsible for the adoption of the UDHR

Ask participants:

Would anyone like to explain what Eleanor Roosevelt is saying here?

Then explain to participants:

Eleanor Roosevelt is saying that respect for human rights has to start in "small places" by all fellow citizens. She is highlighting that only if all of us uphold rights "close to home" – in the places where people live, learn and work – can we hope to create a better world. In other words, we all have a responsibility to uphold human rights.

There are a number of core principles that underpin human rights (5):

- **Fairness** towards all human beings
- **Respect** for others
- **Equality** among all people
- **Dignity** is to be preserved at all times
- **Freedom** for all people

The UDHR is the starting point for making these values real in people's lives so that they may live "a good life".

What parts of our lives does the UDHR talk about?

The UDHR promotes and protects a range of different rights, including civil, political, economic, social and cultural rights.

These rights are necessary to ensure that we are all, without discrimination, able to participate fully in society.

Examples of **civil and political rights** include the right to liberty, being recognized as a person before the law, and freedom from torture and other cruel inhuman or degrading treatment. It also includes the right to marry or enter into other forms of civil union or partnerships, the right to found a family; the right to freedom of thought, conscience and religion; to freedom of opinion and expression; to peaceful assembly, to vote and to take part in government.

Examples of **economic, social and cultural rights** include the right to work; the right to an adequate standard of living; the rights to health and to education; and the right to participate in the cultural rights of our communities.

It is important to note that not all human rights are absolute. Some rights can be restricted in specific situations. For instance:

- A right can be subject to reasonable restrictions or limitations if the exercise of that right by one person infringes upon the rights of another person (e.g. the right to freedom of expression can sometimes be restricted if someone uses it to incite hatred towards a particular group).
- Certain rights can be limited or suspended in certain extreme situations (e.g. during a public emergency).

But it is important to note that:

- Any restrictions or limitations on a right cannot be arbitrary. There has to be a valid reason for it (e.g. because it infringes on the rights of others).
- Certain rights that can never be limited or restricted. They are: the right to life; the right to be free from torture, cruel, inhuman or degrading treatment or punishment; the right to be free from slavery; the right to recognition everywhere as a person before the law; and the right not to be discriminated against (6).

Over the years, discussions about human rights issues have led to an understanding of two different generations of rights: the “first generation of rights” (civil and political rights) and the “second generation of rights” (economic, social and cultural rights).

More recently, much attention has been focused on a “third generation of rights” involving collective rights notably linked to indigenous populations, such as the right to identity, land and resources, the right to a healthy environment and sustainability, and the right to development.

In summary, human rights:

- concern every part of our lives;
- belong to everybody in the world;
- must not be arbitrarily taken away from people;
- are all necessary for human beings to participate and flourish in society.

To sum up the presentation, show the following videos to participants:

Universal Declaration of Human Rights (6:10 min.) <https://www.youtube.com/watch?v=d-UuB1lKzJ0&t=6s> (accessed 9 April 2019)



Exercise 2.1: Comparative exercise with living a good life (25 min.)

Show participants the list that was made during Exercise 1.2 (Living a good life). Ask the following questions:

Can you compare the list of rights in the UDHR to the list of what we identified earlier as important to live a good life?

- What are the similarities?
- What are the differences?

Give participants sufficient time to reflect and discuss together in plenary. Make sure that participants have understood all the terms and concepts from the UDHR. Take time to clarify any point that is still unclear.

Topic 3: The relationship between different rights

Time for this topic

Approximately 20 minutes.



Exercise 3.1: How all human rights are linked (20 min.)

This exercise deals with the indivisibility of rights and how people require all of their human rights in order to live a good life. It is designed to help participants understand that all rights are important.

Give the following instructions to the group:

Choose the one right from the UDHR that you feel is most important to enable you to live a good life (two rights may also be chosen to allow for a more expansive discussion if time allows).

For the rest of the discussion, we will imagine that this right is the only one that is guaranteed.

Think about why you chose this right and why it is the most important to you.

At this point ask one person in the group to volunteer to share their chosen right with the other participants. Ask the volunteer to explain the reasons why he or she thinks this is the most important right in order to live a good life (this can be repeated with 2–3 other participants).

Now ask all the participants to look at their copies of the UDHR and ask:

What other rights would this person need to fully enjoy his or her chosen right(s)?

Examples:

- If a person has chosen the right to have a job (article 23) then he or she would be unable to enjoy this right if they are held in slavery or servitude (article 4) by their job.
- If a person has chosen the right to freedom of expression (article 19) then he or she need to be free and equal (article 1) in order to express themselves.
- If a person has chosen the right to health (article 25) then he or she need to be free from torture or cruel, inhuman or degrading treatment or punishment (article 5).

Then ask the group:

Based on previous discussions, is it possible to live “a good life” with only one or some of your human rights?

End this exercise by highlighting that:

- All rights are indivisible, interdependent and inter-related, whether they are civil, political, economic, social or cultural rights.
- The enjoyment of one right is dependent on the possibility of being able to enjoy other rights.

- Similarly, the denial of one right adversely affects other rights.

At the end of this topic, give participants the opportunity to express any concerns they may have about human rights, the UDHR and the practical usefulness of human rights.

Human rights are violated every day and everywhere. As a consequence, some people may feel that talking about human rights is idealistic and serves little purpose. Emphasize that everybody can take action to improve the situation and to respect, protect and fulfil human rights. This point will be developed later in this training.

Topic 4: Examples of human rights violations

Time for this topic

Approximately 1 hour and 20 minutes.



Warning: Discussion of human rights violations may provoke strong emotional responses from some people, leading to distress, arousing sad memories, and re-traumatization in some cases.

Facilitators should be mindful of this. Prior to this activity, facilitators should let participants know that they should feel free to voice their emotions, or take a pause or step out of the training session until the end of the activity. The facilitator should also be mindful of any sign of distress shown by participants and should be prepared to provide support.



Presentation: Human rights violations (40 min.)

The topic of violations of human rights must be introduced sensitively. Try to avoid highly political and controversial examples and instead focus on violations that are widely agreed upon.

Violations of human rights can be carried out by:

- governments and officials
- non-state actors such as:
 - organizations and corporations
 - service providers
 - individuals.

When do violations occur?

Violations occur when a person or group of people do not have all their human rights respected by others.

Any of the 30 rights in the UDHR are at risk of being violated and this can, and does, occur all around the world.

Before continuing the presentation, ask the following question.

Can you name any historical events that constitute violations of human rights?

Explain to participants that they can mention historical events that happened in their country as well as in other countries. There are numerous examples of human rights violations in all countries across the world, whether past or present, but the following examples focus only on internationally well-known violations. More day-to-day examples of human rights violations will be discussed later in this training. If facilitators think it is appropriate, they can prepare in advance examples of historical violations of human rights which make more sense in the context or country in which the training is taking place.

Some well-known and major historical violations of human rights include:

- The slave trade
- The Holocaust
- The oppression of Maori people
- The Apartheid in South Africa
- The Cambodian genocide
- The Rwandan genocide.

Now we will analyse a couple of these major violations.

The facilitator should select just two or three examples of the major violations in this presentation.

The Slave Trade (16th to 19th century) (7):

This refers to the trade routes that developed on both sides of the Atlantic from the 16th through to the 19th century.

Trading ships would set sail from Europe with a cargo of goods to the west coast of Africa. These goods would be traded for captured people – slaves - provided by African traders.

When the European traders' ships were full, they would cross the Atlantic to the Americas, where the slaves would be to be traded for rum, sugar or other luxury items.

These slaves were destined to work on plantations in the Caribbean or the Americas which produced goods for consumption in Europe.

The slaves were transported under horrific conditions and many died during the voyage.

The slaves were kept as property and were regularly bought and sold. They were frequently victims of violence and murder.

Although slavery has been abolished, modern forms of slavery still exist today. Many people around the world are subjected to forced labour. In addition, sex slavery, which particularly affects young girls and women, is still a reality in many parts of the world.

Invite participants to refer to their copy of the UDHR and to highlight which rights they think may have been violated. Answers may include:

- The right not to be enslaved (article 4).
- The right to life (article 3): many slaves died during the journey or were victims of murder.
- The right not to be tortured (article 5): slaves were frequently victims of violence.
- The right to be paid a fair wage for work (article 23): slaves were not paid for their work.
- The right to rest from work (article 24): hours of work were long and often without breaks.

The Holocaust (1933–1945) (8):

The Holocaust was one of the main reasons for the writing of the UDHR.

The Holocaust of the Second World War resulted in the murder of 6 million Jewish people in Europe by the Nazi regime and its allies.

Most of the murders occurred in “concentration camps” set up in Nazi-occupied territories. Other groups were also targeted and murdered, including people of different political backgrounds or of specific ethnic, cultural, sexual and religious identities (e.g. Roma people, communists, homosexual people).

The Nazi exterminations also involved the murder of some 250 000 to 275 000 **people with disabilities, including people with psychosocial and intellectual disabilities (8, 9)**, (mainly Germans) living in institutions.

Invite participants to refer to their copy of the UDHR and to highlight which rights they think were violated. Answers may include:

- The right to life (article 3).
- The right not to be discriminated against (article 2): people were treated as second-class citizens because they were Jewish or from minority groups.
- The right to be free from torture and cruel, inhuman or degrading treatment or punishment (article 5).
- The right not to be imprisoned without due process (article 9): people were detained arbitrarily in concentration camps.
- The right to freedom of religion (article 18): millions of people were persecuted because of their religion.
- The right to an adequate standard of living (article 25): the conditions in concentration camps were horrendous.

The oppression of Maori people (19th to 20th century) (10), (11)

The arrival of white settlers in New Zealand led to the decline of the indigenous Maori population. The colonial policy led to land deprivation and cultural assimilation. Deprived of their means of survival, many Maori people were forced to move to urban areas. In 1881, government troops invaded the settlement of Parihaka which was a symbol of peaceful resistance against land confiscation. Hundreds of men were sent to prison without trial while the village was destroyed and the inhabitants dispersed.

Invite participants to refer to their copy of the UDHR and to highlight which rights they think may have been violated. Answers may include:

- The right not to be imprisoned without due process (article 9): men were sent to prison without trial.
- The right to own property and not be deprived of property (article 17): Maori people’s land was confiscated by the government.
- The right to an adequate standard of living (article 25): the land they relied on for survival was taken from them.
- The right to participate in the cultural life of the community (article 27): the government imposed a policy of forced assimilation.

The Apartheid in South Africa (1948–1991) (12):

Between 1948 and 1991 in South Africa the government enforced a collection of laws that resulted in the segregation of black and other non-white South Africans from the white population. Legislation classified inhabitants into four racial groups: “black”, “white”, “coloured” and “Indian”.

These laws forced non-white South Africans to live in different areas from white people, go to different schools and use separate health-care facilities and other public services.

The non-white population was not allowed to vote or to have political representation in government. Non-white people were also denied freedom of association and their right of citizenship.

Some 80% of the land in the country was set aside for the white minority. Mixed marriages between different racial groups were prohibited.

During this period there was also violent repression of non-white South Africans, with hundreds of people imprisoned or murdered (13).

Invite participants to refer to their copy of the UDHR and to highlight which rights they think may have been violated. Answers may include:

- The right not to be discriminated against (article 2).
- The right to life (article 3): people were killed.
- Freedom of movement (article 13): non-white people were not allowed in the same areas as white people.
- The right to marry (article 16): mixed marriages were prohibited.
- The right to own property and not be deprived of property (article 17): 80% of land was held by white people.
- Freedom of association (article 20): non-white political groups were outlawed.
- The right to an education (article 26): children were denied equal educational opportunities.
- The right to health (article 25): non-white people did not have access to the same facilities as white people.
- Political rights (i.e. representation) (article 21): non-white people were denied political participation in the government.

The Cambodian genocide (1975–1979) (14):

Between 1975 and 1979 around three million people died at the hands of the Khmer Rouge regime in Cambodia. The Khmer Rouge regime wanted to make everybody work on farms run by the state in order to produce enough food to make Cambodia independent of outside aid. Children were separated from their parents and made to work in labour camps and adults were forced to move to rural areas to work in farms. Many people died from starvation and forced labour at the farms. Opponents or suspected opponents to the regime, intellectuals, ethnic minorities and religious people were interrogated, tortured and killed. Numerous Buddhist temples were destroyed.

Human rights violated include:

- The right to life (article 3): men, women and children died at the hands of the Khmer Rouge regime.
- The right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment (article 5): people were often tortured when suspected to be opponents of the regime.
- The right to family life (article 12): children were taken from their parents and made to work in labour camps.
- The right to freedom of movement and residence (article 13): people were made to move to rural areas in order to work on farms far from their homes.

- Freedom of thought, conscience and religion (article 18): opponents of the regime were executed, people had no right to practise their religion and many Buddhist temples were destroyed.
- The right to free choice of employment (article 23): people were forced to work on farms.
- The right to food (article 25): people died from starvation.

The Rwandan genocide (1994) (15):

In 1994, during the civil war, 20% of the Rwandan population died in a conflict between two ethnic groups. Tutsis and moderate Hutus were tortured and killed on a massive scale by members of the Hutu majority. The murders were perpetrated by officials as well as civilians encouraged by racist propaganda. Women and girls were particularly targeted in the conflict as rape was systematically used against them. Many Tutsi houses were also destroyed. The international community failed to intervene promptly in the Rwandan genocide.

Some human rights violated include:

- The right to life (article 3): a huge number of Rwandan people were killed because of their ethnic background.
- The right not to be subjected to torture or cruel, inhuman or degrading treatment or punishment (article 5): people were tortured throughout the genocide and women and girls were raped.
- The right to own property (article 17): the homes of many Tutsi people were destroyed.



Exercise 4.1: Scenarios on human rights violations (40 min.)

Select three scenarios (or more, depending on the size of the group) from the list in Annex 1.

Ask participants to split in groups and allocate one of the selected scenarios to each group. Then ask participants the following:

- Using your copy of the UDHR, can you identify what human rights have been violated in this case?

Give people 10 minutes to discuss the scenario in groups. Once participants have discussed in their groups, ask each group to nominate a spokesperson to report their answers concerning the different scenarios back to plenary.

The facilitator notes below provide some guidance on what participants might highlight as human rights violations. However, it is possible that participants identify other rights beyond those listed in the facilitator notes. In each case ask participants to explain why they think a particular right has been violated.

Article 1 (freedom and equality) and article 2 (non-discrimination) of the UDHR are likely to apply to all the scenarios.

Any participants who do not feel there has been a violation should also be given time to express and explain their opinion.

The different scenarios:

Scenario 1: Mariko

Mariko is a biology student and a leader of the university student union. A year ago, she wrote an article in the student newspaper calling for education reform and complaining about the government's inaction in this field. Two days later she was arrested by policemen on the campus. She has been in prison since then. No reasons were stated for the arrest, she has not been able to contact a lawyer and there is no date for a future court hearing.

Human rights violated: In this case Mariko is denied her right to liberty (article 3) and to a fair trial (article 10) as she is held in custody without a fair hearing. Her freedom of expression (article 19) was denied as she was arrested because of an article she wrote for the newspaper. She has been arbitrarily arrested and detained (article 9) and is being denied her right to equal recognition and protection before the law (article 6 and article 7).

Scenario 2: Wei

Wei is a 50-year-old man who lives in a small and remote town. Both his kidneys have significantly reduced in their functioning, and so he has to undergo dialysis three times a week. The nearest health facility is 200 kilometres away from where he lives. The cost of the service, medicines and the travel take a toll on his financial situation. Despite his health condition, his employer does not allow him to take time off from work. If he takes a day off, he suffers a cut to his salary.

Human rights violated: Wei is denied the right to earn enough money to live on (article 23) and the right to security in the event of unemployment (article 25). He is denied the right to rest from work (article 24). He does not have access to medical care since the nearest health facility is far away from his home and health-care costs are unaffordable, so he is denied the right to health (article 25).

Scenario 3: Yonas

Yonas is a famous singer and musician. He is also an activist close to the opposition party and has on several occasions criticized the government in public. Recently, all his concerts have been cancelled. His passport has been confiscated and he is no longer allowed to travel abroad for personal or professional reasons.

Human rights violated: Yonas is not allowed to travel so therefore he is denied the right to freedom of movement (article 13). As his concerts have been cancelled, he is also denied the right to freedom of opinion and expression (article 19) and the right to work (article 23). His right to participate in the cultural life of the community is also being violated (article 27).

Scenario 4: Esma

Esma wants to marry a man of another religion and to adopt this man's faith. As this is a persecuted minority religious group in her country, she is abducted and forcibly married to another man. He treats her like a servant and forces her to do things that she does not want to do. She has no way of escaping this situation. Because of the national law of the country regarding marriage, there are many things

that she cannot do without his agreement, such as finding another place to live or complaining to the police. Divorce is also prohibited.

Human rights violated: In this case Esma's right to marry, to give free and full consent to marriage, to have equal rights during marriage (article 16) and her right to liberty (article 3) are denied as she is abducted and prevented from marrying the man she wants and is forced to marry someone else. There is also a violation of her freedom of religion (article 18). In addition, her right not to be held in slavery or servitude is denied as she is treated as a servant by her husband (article 4) and she is unable to seek an effective remedy to the violation of her rights (article 8). She is not receiving equal protection before the law of the country (article 7) and is being denied her rights and freedoms based on her gender (article 2).

Scenario 5: David

David is a human rights defender and is trying to create a human rights advocacy NGO in his country. Two months ago, he was arrested and sentenced to the death penalty for treason because he criticized the government. Since being put in prison, he has been repeatedly humiliated and tortured. The letters he receives in prison are opened by prison officials before they are transmitted to him and in some cases they are even confiscated.

Human rights violated: The most obvious violation of human rights is David's right to life (article 3) as he has been sentenced to death. He is trying to create an NGO which is the reason for his imprisonment, and therefore he is also being deprived of his right to freedom of association (article 20). His right to freedom from torture is being violated (article 5) as well as his right not to be subjected to arbitrary interference with his privacy, particularly his correspondence (article 12).

Scenario 6: Abdul

Abdul works on a farm as a labourer. When he started the job he was told that he would receive lodgings and food as part of his wage. The lodgings are cramped and many of the staff have fallen sick with infectious disease as the conditions are unhygienic. Abdul receives only one meal a day. When he went to collect his first paycheck he found that the cost of his lodgings and food were more than his salary. His boss told him that he was now in debt to the farm and would have to work longer hours to pay it off. Every month that goes by Abdul accumulates more debt. It will be many years before the debt is repaid in full.

Human rights violated: This is a case about bonded labour and Abdul is being denied his right to freedom from slavery (article 4). His right to be paid fairly for his job (article 23) and his right to have rest time are also being violated (article 24). The participants may also wish to discuss violations that may occur because of his living conditions, in particular his right to health (article 25).

Scenario 7: Adsila

Adsila is a young woman with a cognitive disability. She was wandering on the street making fast-paced and repeated bodily movements which led the police to approach her. When she failed to respond to questioning, she was arrested, which she actively resisted.

She was later transferred to a psychiatric hospital where she was forced to take high doses of psychotropic drugs which made her extremely unwell. She was bullied and attacked by a member of the staff and several male patients. She has no way to challenge her detention.

Human rights violated: Her right to liberty and security (article 3) is violated because Adsila was detained in prison and then in the psychiatric hospital although she has not committed any offence. Her right to equal protection before the law (article 7) and her right not to be arbitrarily arrested or detained (article 9) are violated. The fact that she cannot challenge her detention violates her right to a fair hearing (article 10). The fact that she is forced to take high doses of psychotropic drugs, bullied and attacked violates her right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment (article 5).

Scenario 8: Jaya

Jaya is a 24-year-old woman, who is pregnant. On a visit to the health centre, the doctor informs her that she is HIV-positive. Hearing this news, her husband calls her a “prostitute” and tells her to leave the house without her possessions. The law of her country does not allow Jaya to fight her husband in court to get her belongings back. No one comes forward to help her or provide shelter to her, because of the fear of “being infected”. Jaya does not have access to social support even though she is destitute.

Human rights violated: In this case the rights denied include: equal rights between men and women as regards marriage, during marriage and at its dissolution (article 16), the right to property (article 17), the right to a home and the right to an adequate standard of living (enough food, clothing, etc). (article 25).

Scenario 9: Ramon

Ramon is a 25-year-old man who comes from an impoverished family. He was taken out of school by his parents at a very young age so that he could earn a living by washing cups and dishes in a roadside tea shop. When he was 20, he started his own tea stall and started earning well. However, he became increasingly distressed and started to hear threatening voices. Subsequently, he was diagnosed with schizophrenia. No mental health services were available near Ramon’s home town, so his parents felt they had no choice but to admit him against his will into a State mental hospital in the capital, which was free of charge.

At the state hospital, Ramon is regularly beaten, made to wear a uniform and to live in a closed ward in unhygienic conditions. After nearly a year he is finally discharged. He applies for a job as an errand boy in a local government office and is selected for the position. However, when the office head hears about his mental health diagnosis, he dismisses Ramon.

Human rights violated: Ramon was denied the right to education as he was withdrawn from school at an early age (article 26). His right to liberty as well as his rights to freedom of movement and residence are violated as he was admitted in a mental hospital against his will (articles 3 and 13). The fact that no mental health services are available in the community also amounts to a violation of his right to health (article 25). The ill-treatment he suffered is a violation of the right to be free from torture and cruel, inhuman or degrading treatment (Article 5). Finally, he is denied the right to not be discriminated against and the right to work (articles 2 and 23).

Topic 5: Groups/segments of the population at risk of human rights violations

Time for this topic

Approximately 35 minutes.



Presentation: Groups/segments of the population at risk of human rights violations (35 min.)

In this presentation we are going to look at the human rights violations experienced by different groups of the population. Certain groups of people or segments of the population are more at risk than others of experiencing social exclusion, discrimination and other human rights violations. They are sometimes called “marginalized” or “vulnerable” groups (the term “vulnerability” in this context does not imply fragility, weakness or deficiency vis-a-vis the individuals or groups concerned).

Examples of such at-risk groups/segments of the population may include:

- women
- refugees
- indigenous people
- people who are lesbian, gay, bisexual, transgender, intersex or questioning (LGBTIQ)
- children
- people with HIV/AIDS
- children and adults with disabilities (particularly those with psychosocial, intellectual or cognitive disabilities)
- older people
- migrants.

When presenting this list, remind participants that:

Sometimes groups/segments of the population subjected to human rights violations may represent a significant part of the population (e.g. women).

In addition, these groups are not exclusive. People may belong to more than one at-risk group or segment of the population which can expose them to even more human rights violations, including multiple and intersecting forms of discrimination (e.g. women with disabilities, indigenous persons diagnosed with HIV/AIDS).

There can also be important differences between individuals within these groups; for instance, gay and bisexual men are often at higher risk of suicide, with differences in rates seen across factors that include income, education and the living environment) (16).

Finally, it is important to note that groups that might be considered at risk of human rights violations can also experience power and advantage, and can demonstrate resilience (17).

Ask the group the following questions and write down their responses on the flipchart:

- Which of these groups/segments of society can be particularly at risk of human rights violations in your country?

- What makes these groups/segments of the population at high risk of having their human rights violated? (Consider social factors that such groups may experience.)

It is important to allow participants to come up with examples that are specific to the groups that have been listed. Allow participants to debate these issues.

Ask the group:

- Based on the responses above, what are some overarching/shared experiences that these groups have in common?

Some answers may include:

- They are often distinguished as different or set apart from the rest of society and they can become socially isolated or excluded.
- They are often less able to exercise power, people tend not to listen to them and the dynamics of power are weighted against them.
- They may lack the social support network that many people rely on in times of difficulty.
- They can face barriers to accessing health services.
- Their human rights tend to be less protected, less prioritized or not taken into account by legislation.

After the short discussion in plenary, continue with the presentation:

Although these groups or segments of the population may differ across societies and countries, they generally share common challenges due to social, economic or other factors and conditions.

Key challenges that these groups/segments of the population may have in common include (18):

- discrimination in all areas of their lives;
- violence, abuse and neglect;
- restrictions in exercising civil and political rights;
- exclusion from participating fully in society;
- reduced access to social services, including housing;
- reduced access to health care and support;
- reduced access to emergency relief services;
- lack of educational opportunities;
- exclusion from, or reduced access to income-generation and employment opportunities;
- increased rates of illness and premature death.

Discrimination in all areas of their lives:

Some groups/segments of the population face discriminations in all areas of their lives: education, work, family life, leisure, etc.

Discrimination is caused by complex factors which interact with each other – such as the lack of education and ignorance in parts of the general population which result in fear and negative attitudes. These factors lead some people to act in a discriminatory way towards groups or segments of the population, thus excluding them from equal enjoyment of rights and freedom.

Power imbalances between different groups in society also play an important role in creating and perpetuating discrimination. In addition, traditional norms, whether legal or social, as well as roles and structures in society, result in systems where some groups or segments have fewer opportunities and rights than others and are discriminated against.

Some people may belong to more than one at-risk group/segment of the population and, as a consequence, face multiple and intersecting forms of discrimination (e.g. women with disabilities, older people with cognitive disabilities).

Violence, abuse and neglect:

At-risk groups or segments of the population are more likely to experience violence, abuse and neglect. This occurs all around the world to varying degrees, scales and length of time.

For instance, studies have showed that domestic violence against women is widespread all across the world (19), (20), (21). People with disabilities also experience high rates of violence, abuse and neglect and people with psychosocial disabilities have been found to be the most at risk of violence among people with disabilities (22).

Restrictions in exercising civil and political rights:

Throughout history, certain communities of people have been denied voting rights and the right to stand for government positions and therefore cannot have an influence in government. For example, during the Civil Rights Movement in the United States, protesters were denied the right of assembly which prevented their message being heard.

If people cannot exercise their civil and political rights they are unable to defend themselves, their interests and the interests of their community, which puts them at heightened risk for human rights violations.

Exclusion from participating fully in society:

Some people or groups may be prevented from accessing mainstream services which are available to the public. They may face barriers to securing support structures such as a good education, a job and housing, which can result in these groups being unable to participate fully in society and in the life of their communities.

For instance, people with sensory or physical disabilities may experience many accessibility problems in relation to their environment. People with disabilities may also be forced to live in institutions with little or no contact with the outside world.

Reduced access to social services, including housing:

Some groups are denied, or face significant barriers to accessing social services (e.g. people in remote or isolated areas, refugees, people with HIV/AIDS, and people with psychosocial, intellectual or cognitive disabilities). Their options may be limited due to the social and economic circumstances in

the country or location where they live, which may be further restricted and reduced by the discrimination and exclusion that they face.

For instance, housing options for people with psychosocial, intellectual or cognitive disabilities may be limited or non-existent (e.g. shelters or other housing options may refuse to accept them). Consequently, many people end up in psychiatric hospitals or other institutions where they lack autonomy in their daily lives and are subjected to serious human rights violations.

Reduced access to health care and support:

When people are denied access to health services, receive treatment of a lesser quality, or when their health complaints are disregarded or not taken seriously, this has a significant impact on their morbidity and mortality.

For instance, indigenous people suffer from poorer health than non-Indigenous people (e.g. reduced life expectancy, infant mortality, etc.) as a result of many factors – including lack of access to quality health services, forced displacement, lack of access to education and social services, destruction of indigenous economies and sociopolitical structures, loss and degradation of customary lands and resources, exclusion of traditional practices and knowledge, and mistrust of the health-care system (23).

Reduced access to emergency relief services:

Vulnerable groups/segments of the population may be excluded from relief operations after natural disasters or violent events. For instance, after Hurricane Katrina struck the United States in 2005, the needs of people with disabilities were largely disregarded by the relief operation (24).

When these groups or people are excluded from, or not specifically included in, emergency services and relief operations, injury and death can quickly occur.

Lack of educational opportunities:

Without access to good education it is difficult for people to rise out of poverty and disadvantaged circumstances since education has an impact on future prospects of obtaining employment and achieving independence.

In some countries, girls in particular are denied educational opportunities because of gender-based discrimination.

In addition, children with intellectual or psychosocial disabilities may be prevented from going to the same schools as others, thus often leaving them with no education – or a second-rate education – which creates more barriers for inclusion at a later age and compounds discrimination.

Exclusion from or reduced access to income-generation and employment opportunities:

Some groups and segments of the population have historically been denied equal access to employment and income on the grounds of race, colour, sex, gender, language, religion, disability or

other status. This can result in these groups being unable to live independently and participate fully in society and in the life of their communities. Without the ability to earn an income, these groups or segments can quickly descend into poverty or are unable to rise out of it.

Increased rates of illness and premature death:

As a result, all of these factors and challenges combined cause increased rates of illness and premature death.

For example, studies have found that people with severe mental health conditions die at an average age 10–20 years younger than the rest of the population (25) (26). This is due to a number of factors such as lack of access to preventive interventions and treatment for health conditions and infectious diseases (27) (28) (29), lack of adequate living conditions, lack of access to services and support and negative effects of medication (30), (31).

Topic 6: Consequences of human rights violations

Time for this topic

Approximately 1 hour and 40 minutes.



Exercise 6.1: Identify examples of human rights violations (40 min.)

Ask participants to look at their copy of the UDHR.

Select two groups from the list below:

- Women
- Refugees
- Indigenous people
- People who are lesbian, gay, bisexual, transgender, intersex or questioning (LGBTIQ)
- Children
- People with HIV/AIDS
- Children and adults with disabilities, particularly those with psychosocial, intellectual or cognitive disabilities
- Older persons

Ask participants to identify examples of human rights violations relevant to the two selected groups using their copies of the UDHR. Write the ideas of the participants on the flipchart.



Presentation (optional): Groups that are often subjected to human rights violations (20 min.)

The following presentation is optional depending on whether participants have been able to get a good grasp of the issues concerning human rights violations of different at-risk groups/segments of the population, based on previous exercises and presentations. However, if the facilitator feels that some of the issues need to be covered or re-emphasized, then the facilitator should go through the following information with participants.

Women:

Many women have had, and continue to have, their human rights violated.

Examples of violations they can face include:

- The right to life (article 3): everyday, women die from domestic violence across the world.
- The right to have a job (article 23): some people believe women should not work and instead should stay at home and undertake only domestic activities.
- The right to education (article 26): in many countries girls are denied an education as people believe only boys should benefit from it.

- The right to equal pay for equal work (article 23): women are generally paid less than men for similar work/positions.
- The right to marry (article 16): in some countries women have no say in the choice of their husband.
- The right to be free from torture and cruel, inhuman or degrading treatment or punishment (article 5): domestic violence and sexual violence are significant problems that particularly affect women around the world. In some countries, girls are subjected to female genital mutilation without their consent.

Refugees:

When populations are forced to flee their own country due to war, famine or natural disasters, their human rights may often be abused.

Rights that are often violated include:

- The right to a nationality (article 15): children born in a foreign country may be left stateless when neither their parent's country of origin, nor the country where they are born, recognize them and provide them with a nationality.
- The right to own property (article 17): land and homes are often stolen during war or destroyed as a consequence of natural disasters.
- The right not to be detained or exiled (article 9): refugees are often detained in camps or other settings while their case is processed and this can last for many years.
- The right to return to your country (article 13): countries sometimes refuse to allow refugees to return.
- The right to a standard of living adequate for health and well-being (article 25): conditions in refugee camps and non-camp settings can be terrible.

Indigenous people (32):

Indigenous people often have their basic human rights violated and experience racial and cultural discrimination. For example, they are often denied:

- The right to be free from torture and cruel, inhuman or degrading treatment or punishment (article 5): indigenous women face high rates of sexual assault and are subjected to sex trafficking; indigenous persons in detention may be subjected to mistreatment and even torture.
- The right not to be arbitrarily arrested or detained (article 9): indigenous people may be arbitrarily detained by authorities, in particular if they protest to defend their land.
- The right to own property and not to be arbitrarily deprived of one's property (article 17): ancestral lands are taken away from individuals and communities.
- The right to take part in the government of the country (article 21): in many countries, Indigenous communities are not given an effective say either in self-governance or in the national government of the country.
- The right to an adequate standard of living (article 25): very often, natural resources on which they depend for subsistence and survival are destroyed; in consequence, some indigenous people migrate to urban areas where they live in terrible conditions.

- The right to work (article 23): they are often discriminated against in the area of employment and consequently unemployment rates among indigenous people are higher than in the general population.
- The right to participate in the cultural life of the community (article 27): they are often prevented from maintaining their own cultural identity (e.g. they are forbidden to speak their own language in schools and other public places) and historically have been subjected to forced assimilation (forced to adopt the culture of an established and generally larger community) despite their historical origins and links to the country or territory.

People who are lesbian, gay, bisexual, transgender, intersex or questioning (LGBTIQ):

In many countries around the world, LGBTIQ people continue to face human rights violations. They can be denied:

- The right to life (article 3): they can be executed because of their identity, gender expression or sexual orientation.
- The right to work (article 23): they are refused jobs or are dismissed by their employer because of their sexual orientation.
- The right to marry and to have a family (article 16): they cannot marry or have children and sometimes are deprived of the custody of their children.
- The right to be free from cruel, inhuman and degrading treatment (article 5): they are often subjected to verbal and physical abuse; young people who are gay or gender-nonconforming (i.e. who do not conform to existing or traditional feminine or masculine roles) are subjected to different types of interventions aimed at changing their identity and sexual orientation.
- The right to freedom of movement (article 13): people are denied identity papers which match their gender and therefore cannot travel.

Children:

Children rely on their parents, teachers and communities to flourish. Unfortunately, they are also at high risk of having their human rights denied, including:

- The right to be free from cruel, inhuman and degrading treatment (article 5): children may be victims of physical, psychological and sexual violence and abuse.
- The right to education (article 26): in some countries child labour is rife and children do not access education; when educational opportunities are limited, boys are very often prioritized over girls.
- The right not to be a slave (article 4): some children are enslaved in forced labour (e.g. children forced to work in factories) and are also sometimes forced to join armed forces and to become child soldiers.
- Freedom of expression (article 19): children's views are often not taken into account or even listened to.

People with HIV/AIDS:

People who live with HIV or AIDS also often experience violations of their human rights. This can happen in the communities where they live, at work, in the home and even in health-care settings.

Examples of violations of rights include:

- The right to health (article 25): some people with HIV/AIDS are denied health insurance and treatment.
- The right to a job (article 23): people with HIV/AIDS are sometimes refused jobs or are fired by their employer.
- Freedom of movement (article 13): in the past, in some countries, people with HIV/AIDS were forced to live together in designated areas from which they were prevented from leaving.

Children and adults with psychosocial, intellectual or cognitive disabilities:

Children and adults with psychosocial, intellectual or cognitive disabilities are at risk of having their human rights violated or restricted in their homes, in the community, in mental health and social services, or in institutions.

Some violations of human rights include:

- The right not to be discriminated against (article 2): they are often treated unfairly and denied access to opportunities, services and activities just because they are perceived as different from others or are known to have received a mental health or related diagnosis.
- The right not to be subjected to cruel, inhuman or degrading treatment or punishment (article 5): they are more likely to experience abuse, coercion and neglect than people without disabilities in mental health settings and in the community, and they may be inappropriately and/or forcefully treated with psychotropic drugs and other interventions.
- The right to education (article 26): some countries do not have education systems that can accommodate people with psychosocial, intellectual or cognitive disabilities.
- The right to work (article 23): in most countries people with psychosocial, intellectual or cognitive disabilities experience discrimination in obtaining and retaining jobs, with employers refusing to employ them or dismissing them on the basis of their disability.
- The right to vote (article 21): in some countries they are not permitted to vote.
- The right to marry and to have a family (article 16): some countries make it illegal for people with psychosocial, intellectual or cognitive disabilities to marry or have children; in other cases, their condition or disability may also be used as a justification to deny them custody of their children or to remove their children from the home.
- The right to liberty (article 3): in many countries people are locked up in mental health facilities against their will and sometimes they are also detained in prisons.
- The right to recognition everywhere as a person before the law (article 6): people with psychosocial, intellectual or cognitive disabilities are often denied equal recognition before the law; this means they are not given the same legal protections as everyone else (e.g. they are often detained by mental health or related services or prison on the basis of disability); further, guardianship laws may deny people the right to make decisions for themselves (i.e. the right to exercise their legal capacity).

The topic of violations against people with psychosocial, intellectual and cognitive disabilities will be covered in much greater depth in the module on *Mental health, disability and human rights*.

Older persons:

- The right to liberty (article 3): older persons are often placed in care homes against their wishes and prevented from leaving.
- The right to be free from cruel, inhuman and degrading treatment (article 5): older people may be subjected to verbal, physical, emotional and financial abuse and neglect in institutions or in the community in which they live.
- The right to own property and not to be arbitrarily deprived of one's property (article 17): older people are sometime deprived of their property and of their resources when they are placed in care homes.



Exercise 6.2: Impacts of violations (35 min.)

Ask participants the following questions and write down ideas on the flipchart:

What are the consequences of the violations of human rights that have just been discussed:

- For the individuals within the two selected groups/segments of the population?
This is an opportunity to reflect on the personal impacts of human rights violations. The facilitator can pose questions such as: How might a violation affect the person's mental health and well-being? What about their family? Their future?
- For each group as a whole?
Could this give rise to violations of human rights in the future for these groups? Is their social / cultural / economic and political participation or position in society being affected?
- For the wider community or society in which they live?
Could this event give rise to human rights violations for other at-risk groups/segments of the population? Are societies that persecute groups/segments of society good places to live? Does this result in a loss of diversity or culture?

At the end of the discussion, summarize what has been said based on the ideas written down on the flipchart.



Reflective exercise (5 min.)



Warning: This reflective exercise is a sensitive one and participants must feel secure and must understand that the point is not to judge them. Rather, it is designed to encourage participants to reflect on their own personal role in upholding or violating someone's human rights.

Highlight and explain to participants the following information:

An important step for change is to reflect on how our own beliefs or actions may help or hinder other people's enjoyment of human rights. Here are two questions to reflect on. You can either write down your answer to discuss at the next session or simply think about your answers.

- Has there ever been a time where you yourself have witnessed someone you know (a friend/neighbour, colleague or community member) violating someone's human rights?
- Has there ever been a time that you may have been responsible for not supporting and upholding someone's human rights? This may be something you realized after a situation occurred and it may not have necessarily been intentional.

Inform the participants that they will not be required to share details of this exercise with others if they do not wish to do so.

Participants who would like to share their experience should be asked not to reveal the names of the individual(s) involved in the experience and not to give details that would allow these individuals to be identified.

Another option is for participants to write down their experience anonymously and share it with the facilitator who can read it out at the next session.

Topic 7: Respecting, protecting and fulfilling human rights

Time for this topic

Approximately 35 minutes.



Reflective exercise from previous topic (20 min.)

This is an opportunity for participants to share their reflections and examples from the reflective exercise at the end of the Topic 6. Remind participants not to provide details that would allow people to be identified when discussing the examples.

This is also an opportunity to recap the overall rules of this training which aims to provide a non-judgemental and safe environment in which people can freely express their thoughts and experiences.

Ask participants:

Without the need for specific details, would anyone like to share their experience of a time when someone you know (such as a friend, employer, colleague, neighbour or community member) violated someone's human rights?

While remaining aware of the sensitive nature of these examples, you can probe the story a little deeper by asking additional questions. For instance, you can ask:

- Why do you think this violation occurred (causes)?
- What consequences did it have for the individual or community (impacts)?
- How did you feel about this violation?
- Were you aware this was a human rights violation at the time?
- Do you think you would approach the situation differently?

Then ask the group:

- Think about a time when you failed to support or uphold someone's human rights.
- Without the need for specific details, would anyone like to share how they felt on this occasion?

For this question, it is important to focus on the feelings surrounding the violation. It is possible to probe further by asking:

- Why do you think you failed to support or uphold human rights in this case (causes) and what consequences did it have for the individual and/or community (impacts)?
- Were you aware this was a human rights violation at the time?
- How did you feel about this experience?
- Do you think you would approach the situation differently if it happened again?

Be mindful of participants' reactions. Be aware that some participants may find the discussion emotionally difficult or distressing, so be prepared to offer support.

If written anonymous experiences are shared by participants, the facilitator can read these out.



Presentation: Respect / protect / fulfil (15 min.)

Upholding the human rights of others involves 3 main tasks (33):

To Respect: this is achieved by ***not violating*** the human rights of another person.

Examples:

- Listen to and respect a person's preference concerning what treatment they would like or not like (e.g. if someone says they don't like a particular medicine because it makes them feel ill).
- Respect a person's right to privacy by not going into their private room without their permission.

To Protect: this is achieved by ***preventing others*** from violating a person's human rights

- Make sure others do not give the person treatment or medication that the person may not want.
- Protect a person's right to privacy by stopping others from going into their private room.

To Fulfil: this is achieved ***by taking positive steps*** to make sure that a particular person or group has the same human rights protections as everyone else

- Write down in the person's file or treatment plan what medication they dislike to make sure that they are not given it in the future.
- Enable the person to have a lock on their door (or a "Do not disturb" sign) so that they may choose when they want to have visitors.
- Educate others about the right to privacy.

Read to participants the following question:

- Can you think of examples from your work or life where you have taken steps to respect someone else's rights? Did you take action in one, two or all of the three areas (respect, protect and fulfil)?

It is important to try to encourage the group to think of practical examples (e.g. supporting a person with a psychosocial, intellectual or cognitive disability to fill in voting papers for an election in order to help fulfil a person's right to vote).

Topic 8: Empowering people to defend human rights

Time for this topic

Approximately 45 minutes.



Exercise 8.1: Defending human rights in mental health (45 min.)

The purpose of this exercise is to inspire personal action and to allow for a discussion as to how participants can become defenders of human rights.

Ask participants to consider the following:

How can the following people defend the human rights of people with psychosocial, intellectual, and cognitive disabilities:

- people with psychosocial, intellectual or cognitive disabilities themselves;
- mental health and other practitioners;
- families, care partners and other supporters;
- other persons of status or influence in the community (e.g. members of the police force, teachers, religious or community leaders)?

Keep in mind that one person can belong to more than one of the groups above.

Allow participants 15 minutes to discuss with the persons next to them and then give feedback to the main group. This is an opportunity to explore the relationship (which can be conflictual or cooperative) between mental health and other practitioners, families, care partners, other supporters and people with psychosocial, intellectual or cognitive disabilities. When discussing the responses of the different groups, the facilitator should highlight that people with psychosocial, intellectual and cognitive disabilities know best how their human rights should be defended and how others can support them.

Examples of answers about what people with psychosocial, intellectual or cognitive disabilities can do:

- Know and understand their own rights.
- Speak out about human rights violations and organize actions to stop these violations.
- Support others in claiming their rights and form groups to come together and claim rights.
- Use the media to highlight problems and violations and to disseminate information about rights.
- Work with lawyers, human rights NGOs, institutions and mechanisms to enforce human rights.
- Build the knowledge and capacity of practitioners, families and others to understand and promote human rights.
- Develop one's own capacities on human rights through legal and human rights training.
- Develop programmes for peer-run alternatives and community-based services and supports.
- Develop model laws and policies relevant to the human rights of persons with psychosocial intellectual disabilities and cognitive disabilities.
- Develop in plain language some easy-to-read and accessible materials to help people with different needs to build their own capacities for human rights advocacy and engagement.

Examples of answers concerning what mental health and other practitioners can do:

- Connect people who can provide support (lawyers, NGOs, peer supporters, advocates, etc.) in order to help them to defend their rights.
- Strengthen one's own knowledge of the rights of people with psychosocial, intellectual and cognitive disabilities, including the rights of people using the services.
- Identify and take responsibility for current practices (both personal and within services and society) that can violate people's rights, and take action to change them.
- Speak out about human rights violations in the workplace and take action to stop them.

Examples of answers concerning what families/supporters can do:

- Learn about the rights of people with disabilities.
- Support relatives or friends to claim and defend their rights.
- Provide people with the tools and information to exercise their autonomy and make decisions for themselves.
- Speak up about violations and the impact of poor-quality services.

Examples of answers concerning what other person of status or influence in the community can do:

- Members of the police force can undergo training on human rights to ensure that they treat people with psychosocial, intellectual or cognitive disabilities with respect and dignity. They can make sure that they investigate complaints of abuse.
- Teachers can educate about disability and can talk to students about the value in accepting and respecting diversity.
- Religious or community leaders can help raise awareness in communities about the need to respect people's rights.

In plenary:

In plenary, ask all participants the following:

Why is defending human rights important for people with psychosocial, intellectual or cognitive disabilities?

Guide the conversation in order to emphasize the role of all these groups as advocates for the rights of people with psychosocial, intellectual and cognitive disabilities and to show how – by respecting, protecting and fulfilling human rights – peoples' ability to live "the good life" can be realized.

Examples of answers may include:

- It is necessary to enable people to realize their full potential and to be included and participate in society.
- Without these rights, many people will continue to be marginalized, and less able to exercise power.
- These rights allow people to live a good life and to contribute to their community.

What resources are necessary to defend people's rights successfully?

Encourage participants to think about non-financial resources. Some answers may include:

- education about human rights;
- a network of support people around a person to make sure that others respect this person's human rights;
- knowledge of institutions or organizations which advocate for human rights;
- Increased involvement of people with lived experience.

End this discussion by stating that:

Although resources are often much needed and necessary, defending and promoting rights does not necessarily require a large financial budget. Much can be done, even with minimal resources, to change people's attitudes and practices and to promote human rights.

Topic 9: Human rights advocacy

Time for this topic

Approximately 30 minutes.



Presentation: Fighting for rights – human rights defenders (30 min.)

This final topic should be delivered as a positive message. Participants should leave with a clear idea that defending human rights can improve the lives of individuals, groups and society as a whole.

Who fights for human rights?

- Individuals
- Communities
- Governments
- The United Nations
- Advocacy groups.

Individuals

From among the examples below, present 2 or 3 of the individuals who are the most relevant to participants' cultural or geographical context.

Mahatma Gandhi (34)

One of the most famous individuals who fought for the human rights (before they were written down) of a whole nation was Mohandas Karamchand (Mahatma) Gandhi. He is considered as the father of the Indian independence movement and used the concept of *satyagraha*, as a means of non-violent protest against injustice. This form of protest has been adopted by many who have fought for human rights in the 20th and 21st centuries.

Malala (35)

Malala is a young woman who was attacked and seriously injured for speaking up against the Taliban in Pakistan and for promoting girls' right to education. She was able to recover and now continues her campaign, speaking all around the world in favour of girls' education. She received the Nobel Peace Prize in 2014.

Nelson Mandela (36)

Nelson Mandela is the most famous leader in the fight against the Apartheid regime in South Africa. He was detained in prison by the pro-Apartheid regime for 27 years. After his release, he became President of South Africa from 1994 to 1999. He continued the fight for racial reconciliation and the realization of human rights for all in South Africa.

Rosa Parks (37)

Rosa Parks was an African-American woman who became famous in 1955 for refusing to give up her seat to a white passenger on a bus in Alabama in the United States. This act became an important symbol against racial segregation. She took part in the Civil Rights Movement and fought for racial equality.

Martin Luther King Jr. (38)

Martin Luther King Jr. was the leader of the African-American Civil Rights Movement (see below). He campaigned for equal civil rights for all Americans, including African Americans, using non-violent civil disobedience. In 1963, he delivered a powerful speech – “I have a dream” – to protest against racial discrimination. This speech has become famous worldwide. In 1964 he received the Nobel Peace Prize for his work. He was assassinated in 1968.

Communities

African-American Civil Rights Movement (39)

In the 1960s the community of African Americans in the United States continued the struggle to achieve equal rights and to combat the disenfranchisement, racial segregation and race-inspired violence that was common place in the southern states of the USA. The use of non-violent protest and civil disobedience resulted in the Civil Rights Act of 1964 and allowed this community the right to vote.

Movement of users and survivors of psychiatry (40)

The users/survivors of psychiatry movement has grown and gained momentum both internationally and nationally. The movement developed largely in response to harm and abuse in psychiatry. In the USA in the 1960s and 1970s, former “mental health patients” publicly denounced the harm caused by abuses in psychiatry – including violence, forced admission and treatment, use of seclusion and restraints and other coercive measures. The former “mental health patients” advocated for self-determination and full participation in society. This movement led to the creation of international NGOs such as MindFreedom International (MFI) (41) and the World Network of Users and Survivors of Psychiatry (WNUSP) as well as national organizations.

Governments

Governments have the primary responsibility for protecting, respecting and fulfilling human rights. The governments of the world have agreed to uphold the rights that are expressed in the UDHR and other major human rights treaties. Many governments have also drafted their own human rights laws or have integrated human rights principles into their constitutions. This means that these principles are legally binding and can be used to protect the human rights of citizens. Despite governments’ roles, violations of human rights are still common within countries.

The United Nations

One of the major purposes of the United Nations is to “develop friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, and to take other appropriate measures to strengthen universal peace” (42). Through the Office of the High Commissioner for Human Rights, the Human Rights Council and other critical agencies and mechanisms, the United Nations works to monitor, protect and promote human rights around the globe. The United Nations has also facilitated discussions and negotiations between governments to adopt human rights treaties and promote their implementation by countries.

Advocacy groups, NGOs and faith-based organizations

Groups have been founded to defend human rights around the world. Some well-known examples include:

- Amnesty International
- CBM
- Human Rights Watch
- Humanity and Inclusion.

These organizations campaign to respect, protect and fulfill people’s human rights around the world. These groups are usually made up of individual members who join because they believe strongly in the work that is being done by the organization.

Many such organizations have campaigned successfully for the release of famous human rights defenders such as Nelson Mandela. They often have an important impact on governments and their work can be very powerful and result in real change.

Ask the group the following questions:

- Can you think of any human rights defenders or advocacy groups in your own country?
- Does a national human rights institution exist in your country? What has been its role in promoting rights?

Participants should also be encouraged to think beyond famous names and look at “unsung heroes” in their own communities who advocate for human rights.



Concluding the training (10 min.)

Ask participants:

- What are the 3 key points you have learned during this session?

Follow this question with the key take-home messages.

Take home points:

- Human rights are basic rights that we have simply because we are human.
- We are all born with human rights and no one should take them away.
- Certain groups/segments of the population can be at higher risk of human rights violations.
- We **all** need to respect, protect and fulfil human rights everywhere – at home, in the community, in health and other settings.
- Everybody has a key role to play in promoting human rights.
- Across the world, advocacy groups, communities and individuals have worked to defend human rights.

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Annexes

Annex 1: Scenarios

The different scenarios:

Topic 4: Exercise 4.1 - Mariko

Mariko is a biology student and a leader of the university student union. A year ago, she wrote an article in the student newspaper calling for education reform and complaining about the government's inaction in this field. Two days later she was arrested by policemen on the campus. She has been in prison since then. No reasons were stated for the arrest, she has not been able to contact a lawyer and there is no date for a future court hearing.

Topic 4: Exercise 4.1 - Wei

Wei is a 50-year-old man who lives in a small and remote town. Both his kidneys have significantly reduced in their functioning, and so he has to undergo dialysis three times a week. The nearest health facility is 200 kilometres away from where he lives. The cost of the service, medicines and the travel take a toll on his financial situation. Despite his health condition, his employer does not allow him to take time off from work. If he takes a day off, he suffers a cut to his salary.

Topic 4: Exercise 4.1 - Yonas

Yonas is a famous singer and musician. He is also an activist close to the opposition party and has on several occasions criticized the government in public. Recently, all his concerts have been cancelled. His passport has been confiscated and he is no longer allowed to travel abroad for personal or professional reasons.

Topic 4: Exercise 4.1 - Esma

Esma wants to marry a man of another religion and to adopt this man's faith. As this is a persecuted minority religious group in her country, she is abducted and forcibly married to another man. He treats her like a servant and forces her to do things that she does not want to do. She has no way of escaping this situation. Because of the national law of the country regarding marriage, there are many things that she cannot do without his agreement, such as finding another place to live or complaining to the police. Divorce is also prohibited.

Topic 4: Exercise 4.1 - David

David is a human rights defender and is trying to create a human rights advocacy NGO in his country. Two months ago, he was arrested and sentenced to the death penalty for treason because he criticized the government. Since being put in prison, he has been repeatedly humiliated and tortured. The letters he receives in prison are opened by prison officials before they are transmitted to him and in some cases they are even confiscated.

Topic 4: Exercise 4.1 - Abdul

Abdul works on a farm as a labourer. When he started the job he was told that he would receive lodgings and food as part of his wage. The lodgings are cramped and many of the staff have fallen sick with infectious disease as the conditions are unhygienic. Abdul receives only one meal a day. When he went to collect his first paycheck he found that the cost of his lodgings and food were more than his salary. His boss told him that he was now in debt to the farm and would have to work longer hours to pay it off. Every month that goes by Abdul accumulates more debt. It will be many years before the debt is repaid in full.

Topic 4: Exercise 4.1 - Adsila

Adsila is a young woman with a cognitive disability. She was wandering on the street making fast-paced and repeated bodily movements which led the police to approach her. When she failed to respond to questioning, she was arrested, which she actively resisted.

She was later transferred to a psychiatric hospital where she was forced to take high doses of psychotropic drugs which made her extremely unwell. She was bullied and attacked by a member of the staff and several male patients. She has no way to challenge her detention.

Topic 4: Exercise 4.1 - Jaya

Jaya is a 24-year-old woman, who is pregnant. On a visit to the health centre, the doctor informs her that she is HIV-positive. Hearing this news, her husband calls her a “prostitute” and tells her to leave the house without her possessions. The law of her country does not allow Jaya to fight her husband in court to get her belongings back. No one comes forward to help her or provide shelter to her, because of the fear of “being infected”. Jaya does not have access to social support even though she is destitute.

Topic 4: Exercise 4.1 - Ramon

Ramon is a 25-year-old man who comes from an impoverished family. He was taken out of school by his parents at a very young age so that he could earn a living by washing cups and dishes in a roadside tea shop. When he was 20, he started his own tea stall and started earning well. However, he became increasingly distressed and started to hear threatening voices. Subsequently, he was diagnosed with schizophrenia. No mental health services were available near Ramon’s home town, so his parents felt they had no choice but to admit him against his will into a state mental hospital in the capital, which was free of charge.

At the state hospital, Ramon is regularly beaten, made to wear a uniform and to live in a closed ward in unhygienic conditions. After nearly a year he is finally discharged. He applies for a job as an errand boy in a local government office and is selected for the position. However, when the office head hears about his mental health diagnosis, he dismisses Ramon.

Annex 2: The Universal Declaration of Human Rights 1948

(Original version with associated simplified version by Amnesty International UK)^{1,2}

Preamble

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, Therefore THE GENERAL ASSEMBLY proclaims THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

¹ The Universal Declaration of Human Rights (UDHR), 10 December 1948, 217 A (III). New York (NY): United Nations; 1948. (<http://www.un.org/en/universal-declaration-human-rights/>, accessed 2 February 2017).

² The Universal Declaration of Human Rights 1948 (simplified version by Amnesty International UK) [online publication]. London: Amnesty International UK; 2013. (http://www.amnesty.org.uk/sites/default/files/udhr_simplified.pdf, accessed 2 February 2017).

Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

We are all born free. We all have our own thoughts and ideas. We should all be treated in the same way.

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

These rights belong to everybody; whether we are rich or poor, whatever country we live in, whatever sex or whatever colour we are, whatever language we speak, whatever we think or whatever we believe.

Article 3

Everyone has the right to life, liberty and security of person.

We all have the right to life, and to live in freedom and safety.

Article 4

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Nobody has any right to make us a slave. We cannot make anyone else our slave.

Article 5

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Nobody has any right to hurt us or to torture us.

Article 6

Everyone has the right to recognition everywhere as a person before the law.

We all have the same right to use the law.

Article 7

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

The law is the same for everyone. It must treat us all fairly.

Article 8

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

We can all ask for the law to help us when we are not treated fairly.

Article 9

No one shall be subjected to arbitrary arrest, detention or exile.

Nobody has the right to put us in prison without a good reason, to keep us there or to send us away from our country.

Article 10

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

If someone is accused of breaking the law they have the right to a fair and public trial.

Article 11

(1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.

(2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Nobody should be blamed for doing something until it has been proved that they did it. If people say we did something bad, we have the right to show this was not true. Nobody should punish us for something that we did not do, or for doing something which was not against the law when we did it.

Article 12

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Nobody should try to harm our good name. Nobody has the right to come into our home, open our letters, or bother us or our family without a very good reason.

Article 13

(1) Everyone has the right to freedom of movement and residence within the borders of each state.

(2) Everyone has the right to leave any country, including his own, and to return to his country.

We all have the right to go where we want to in our own country and to travel abroad as we wish.

Article 14

(1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.

(2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

If we are frightened of being badly treated in our own country, we all have the right to go to another country and ask for protection.

Article 15

(1) Everyone has the right to a nationality.

(2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

We all have the right to belong to a country.

Article 16

(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

(2) Marriage shall be entered into only with the free and full consent of the intending spouses.

(3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Every grown-up has the right to marry and have a family if they want to. Men and women have the same rights when they are married, and when they are separated.

Article 17

(1) Everyone has the right to own property alone as well as in association with others.

(2) No one shall be arbitrarily deprived of his property

Everyone has the right to own things or share them. Nobody should take our things from us without a good reason.

Article 18

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

We all have the right to believe in what we want to believe, to have a religion, or to change it if we want.

Article 19

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

We all have the right to make up our own minds, to think what we like, to say what we think, and to share our ideas with other people wherever they live, through books, radio, television and in other ways.

Article 20

(1) Everyone has the right to freedom of peaceful assembly and association.

(2) No one may be compelled to belong to an association.

We all have the right to meet our friends and to work together in peace to defend our rights. Nobody can make us join a group if we don't want to.

Article 21

(1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.

(2) Everyone has the right of equal access to public service in his country.

(3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

We all have the right to take part in the government of our country. Every grown-up should be allowed to choose their own leaders from time to time and should have a vote which should be made in secret.

Article 22

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

We all have the right to a home, to have enough money to live on and medical help if we are ill. We should all be allowed to enjoy music, art, craft, sport and to make use of our skills.

Article 23

(1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

(2) Everyone, without any discrimination, has the right to equal pay for equal work.

(3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

(4) Everyone has the right to form and to join trade unions for the protection of his interests.

Every grown-up has the right to a job, to get a fair wage for their work, and to join a trade union.

Article 24

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

We all have the right to rest from work and relax.

Article 25

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.

We all have the right to a good life, with enough food, clothing, housing and healthcare. Mothers and children, people without work, old and disabled people all have the right to help.

Article 26

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

(3) Parents have a prior right to choose the kind of education that shall be given to their children.

We all have the right to an education, and to finish primary school, which should be free. We should be able learn a career, or to make use of all our skills. We should learn about the United Nations and about how to get on with other people and respect their rights. Our parents have the right to choose how and what we will learn.

Article 27

(1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

(2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

We all have the right to our own way of life, and to enjoy the good things that science and learning bring.

Article 28

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

We have a right to peace and order so we can all enjoy rights and freedoms in our own country and all over the world.

Article 29

(1) Everyone has duties to the community in which alone the free and full development of his personality is possible.

(2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

(3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

We have a duty to other people, and we should protect their rights and freedoms.

Article 30

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Nobody can take away these rights and freedoms from us.

The World Health Organization's QualityRights training and guidance modules focus on the knowledge and skills required to provide good quality mental health and social services and supports and to promote the rights of people with psychosocial, intellectual or cognitive disabilities.

Through exercises, presentations, case scenarios, extensive discussions and debates, the **QualityRights training modules** unpack some critical challenges that stakeholders are facing in countries everywhere. For instance:

- How do we respect people's will and preference, even in challenging situations?
- How do we ensure people's safety and at the same time respect each person's right to decide about their treatment, their life and their destiny?
- How do we end seclusion and restraint?
- How does a supported decision-making approach work if someone is unable to communicate their wishes?

The **QualityRights guidance modules** complement the training materials. The guidance modules on *Civil Society Organizations* and on *Advocacy* provide step-by-step guidance on how civil society movements in countries can take action to advocate for human rights-based approaches in the mental health and social sectors in order to achieve impactful and durable change. The guidance modules on *One-to-one peer support* and on *Peer support groups* provide concrete guidance on how to effectively set up and run these critical but often overlooked services.

The ultimate goal of the WHO QualityRights modules is to change mindsets and practices in a sustainable way and empower all stakeholders to promote rights and recovery in order to improve the lives of people with psychosocial, intellectual or cognitive disabilities everywhere.



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