



Mental health, disability and 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

Mental health, disability and 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 guidance and training 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
- Freedom 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 on *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:

- understand the concepts of discrimination and denial of rights;
- understand the concept of disability;
- acquire an understanding of the Convention on the Rights of Persons with Disabilities (CRPD) and how this instrument is central to respecting, protecting and fulfilling the human rights of persons with disabilities;
- be able to apply knowledge of the CRPD to real-life scenarios and identify violation of the rights of persons with disabilities;
- be able to identify concrete ways to respect and uphold the rights of people with psychosocial, intellectual or cognitive disabilities.

Topics

Topic 1: Understanding discrimination and denial of rights (2 hours)

Topic 2: Understanding disability from a human rights' perspective (2 hours 45 minutes)

Topic 3: The Convention on the Rights of Persons with Disabilities (2 hours and 35 minutes)

Topic 4: Applying the CRPD to real-life scenarios (40 minutes)

Topic 5: Zooming in on article 12 – Equal recognition before the law (1 hour and 5 minutes)

Topic 6: Zooming in on article 16 – Freedom from exploitation, violence and abuse (30 minutes)

Topic 7: Zooming in on article 19 – Living independently and being included in the community (20 minutes)

Topic 8: Empowering people to defend CRPD rights (1 hour and 65 minutes)

Resources required

- **Accompanying course slides, Mental health, disability and human rights. WHO QualityRights Core training: mental health & social services (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 Amelia, Karim, Minsuh, Claire and Pradeep
- copies of *Annex 2: UDHR* full text with associated simplified version for all participants
- copies of *Annex 3: CRPD* original with associated easy-to-read version for all participants

Time

Approximately 10 hours.

Number of participants

On the basis of 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.

In addition to this training

The facilitator is encouraged to arrange for one or more persons with psychosocial, intellectual or cognitive disabilities to come and speak about how prejudice and negative attitudes have been barriers in their lives and how they have overcome them.

Also, the facilitator may wish to organize a screening of the following video:

WITF, I go home (56:46 min.)

<https://www.youtube.com/watch?v=ILpXLbLdv7I&feature=youtu.be> (accessed 9 April 2019).

This video can be shown at the end of the training (for example, during dinner time).

Introduction

This module on *Mental health, disability and human rights* takes a close look at the international Convention on the Rights of Persons with Disabilities and how this convention promotes and protects the rights of persons with psychosocial, intellectual or cognitive disabilities. The convention was adopted by the United Nations General Assembly at the end of 2006 and entered into force in May 2008 – 60 years after the adoption of the Universal Declaration on Human Rights. As of November 2018, there were 177 States Parties to the convention.

Building on the more general training on human rights in Module 1, the present module narrows the focus to internationally-ratified human rights that specifically address the needs of persons with disabilities. It allows participants to view disability from a human rights perspective – i.e. examining the barriers to full inclusion in society experienced by persons with disabilities, and identifying ways to overcome those barriers.

Since the States Parties to the convention have committed themselves to “undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination”, it is the obligation of those states to take measures to achieve this. The module shows how instances of discrimination can be identified by comparing persons’ experiences with the statements in the articles of the convention, some of which are examined in detail.

The module also takes participants through the many concrete measures that can be taken to fulfill the rights of persons with disabilities including those of people with psychosocial, intellectual or cognitive disabilities.

Topic 1: Understanding discrimination and denial of rights

Time for this topic

Approximately 2 hours.

This topic aims to give participants a better understanding of discrimination and denial of rights in relation to people with psychosocial, intellectual or cognitive disabilities.



Exercise 1.1: Rights of people with psychosocial, intellectual or cognitive disabilities (30 min.)

This exercise involves thinking about the human rights explored in the *Human rights* module and how they relate to people with psychosocial, intellectual or cognitive disabilities.

Ask participants to look at their copy of the Universal Declaration of Human Rights (UDHR) (Annex 2). The Convention on the Rights on Persons with Disabilities (CRPD) will be introduced in the next topic.

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>

Ask participants the following question:

Do you think people with psychosocial, intellectual or cognitive disabilities are able to enjoy the rights in the UDHR?

The objective here is to let participants think about real-life experiences that might affect these groups of people and to let them link these experiences with human rights issues.

Participants might answer that people with psychosocial, intellectual or cognitive disabilities cannot enjoy a number of different rights. For example:

- **Article 5:** They are subjected to forced treatment and other interventions against their will which cause severe pain and suffering and can amount to torture and ill-treatment.
- **Article 19:** They are often denied the right to express themselves and to have their opinions heard.
- **Article 16:** Their right to marry and start a family is often violated.
- **Article 13:** They are often denied the right to freedom of movement (e.g. when they are detained by mental health or social services).
- **Article 23:** Their right to work is not always respected; people with psychosocial, intellectual or cognitive disabilities are often discriminated against by being denied employment opportunities or being dismissed from their job.

- **Article 25:** Many people with psychosocial, intellectual or cognitive disabilities do not have access to good-quality services for physical or mental health or to services or supports that they may require to achieve an adequate standard of living in the community.
- **Articles 9 and 10:** The right not to be subjected to arbitrary arrest or detention is also often violated, as members of these groups are often detained in mental health or social services without their consent.

It may become apparent from the discussion that people with psychosocial, intellectual or cognitive disabilities may be denied nearly all of the rights within the UDHR, in which case the facilitator should highlight this fact to participants.

Ask participants if they themselves consider these examples of violations to be discrimination. Not all participants may be familiar with this concept. It is an opportunity to ask participants the following question:

What do you understand by the word “discrimination”?

The definition of discrimination is explained in the following presentation. The facilitator should talk briefly about the similarities between what the group said and the definition in the presentation.



Presentation: Defining discrimination (20 min.)

Discrimination means any distinction, exclusion or restriction on the basis of characteristics such as race, gender, sexual orientation, disability etc. which has the purpose or effect of impairing or nullifying the recognition, enjoyment of exercise, on an equal basis with others, of human rights and fundamental freedoms in political, economic, social, cultural, civil or any other fields (2).

This definition is adapted from the Convention on the Rights of Person with Disabilities (CRPD) which will be used in the next session.

A more simple way of defining discrimination is when some people are treated differently from others because of one or more characteristics they have or are perceived to have and, as a consequence, are deprived of their human rights.

Here is an example of discrimination:

Scenario - Anastasia

Anastasia lives in the poorest area of a large urban city. She has been suffering from stomach pain for a few weeks. As she does not have enough money to pay for a private doctor, she has to present herself to the emergency department of a general hospital. The emergency staff know her as she was brought by the police for mental health issues before. When she complains to the staff about the stomach pain, they say that she is imagining it and send her away. Two days later she has to be brought back by ambulance and she is diagnosed with a perforated ulcer.

Ask participants to identify how Anastasia is discriminated against. Examples may include:

- She is discriminated in accessing general health care because she cannot pay for a private doctor.
- At the hospital she is discriminated against by the staff on the grounds of her previous experience of mental health issues.

Discrimination and the denial of rights have strong impacts on people's lives.

People with psychosocial, intellectual or cognitive disabilities often face discriminatory attitudes because of negative stereotypes and prejudice that others hold against them.

The facilitator should highlight that people with psychosocial, intellectual or cognitive disabilities are often discriminated against in society. However, each of these groups may experience different forms of discrimination and challenges depending on how they are perceived in different countries or communities.

Discrimination is the result of complex factors which need to be addressed at different levels.

To fight discrimination it is necessary to address misinformation, prejudice and the fear of difference that some people may have against certain groups and which can lead to discriminatory attitudes. Discriminatory attitudes and behaviours may be conscious or unconscious. Sometimes people are not aware that their behaviour is discriminatory because they have internalized certain societal beliefs and norms all their lives.

Discrimination also happens at the systemic level and, as a consequence, needs to be addressed at this level: this is often referred to as "institutionalized discrimination" or "systemic discrimination". Discriminatory laws, policies, discrimination embedded in the health or social system, poverty and power inequalities in society are also examples of factors that prevent people from enjoying their rights and may make people feel that efforts to change the situation and to obtain redress are hopeless. Although these systemic issues may seem harder to address, a lot can be done at this level.

Explain to participants that this training focuses on discrimination rather than stigma because it allows people an opportunity to consider the problem as a whole and may motivate people to argue for changes in laws, policies and other systemic issues as well as to address negative attitudes.



Exercise 1.2: Discussion – That's not who I am! (35 min.)

An effective way of challenging the misconceptions among participants would be to have someone with a psychosocial, cognitive or intellectual disability come and talk to the group about how prejudices and negative attitudes have been barriers in their life and how they have overcome them. This can be a very powerful exercise and facilitators should do their best to use this opportunity.

Ask participants the following questions (though keep in mind that these questions may be difficult for some participants):

Can you think of an occasion when you felt that you were discriminated against?

For this question, ask participants to avoid using details (such as names, places etc.) that would allow a specific individual to be identified.

What impact did this have on you?

To prompt participants further, the facilitator can ask them if they are willing to consider how they felt about it, how the discrimination affected them that day and after that day?

Next, ask participants the following question:

How are people with psychosocial, intellectual or cognitive disabilities often perceived by society?

Examples of answers from participants may include negative views and stereotypes – e.g. that people with psychosocial, intellectual or cognitive disabilities are incapable of working, are incapable of making decisions about themselves, should be medicated and/or locked up in institutions etc

It may also be interesting to note that:

Mental health practitioners and others may sometimes have a very limited view or perception of people with psychosocial, intellectual or cognitive disabilities. For instance, they see people with psychosocial disabilities only at a very specific time in their life (e.g. when they are experiencing distress or in a crisis). They may also see people with intellectual or cognitive disabilities in specific contexts (e.g. residential services) where people do not have opportunities to develop their potential. Because practitioners do not see these people at other times in their life or in different contexts, they have only a very limited view of the persons concerned and of what they can achieve, which does not accurately reflect the person as a whole.

Use this discussion as an opportunity to explore the common labels and abusive words imposed on people with psychosocial, intellectual or cognitive disabilities. Ask participants:

What are some common labels or abusive words used in relation to people with psychosocial, intellectual or cognitive disabilities?

Once they have given some examples (e.g. mad, manic, mental case, schizophrenic, demented, retarded, imbecile, screwed up, stupid, mentally ill), explore with participants the terms and the language that they think are acceptable when referring to or addressing each of these groups of people in their own context and country.

For instance some people with psychosocial disabilities may find the term “people with a psychiatric diagnosis” acceptable while others may not. Others may prefer “people with mental health conditions” or “people with psychosocial disabilities” etc.

People with intellectual disabilities may prefer terms such as “learning disabilities”.

Similarly, some people with cognitive disabilities may identify with certain diagnoses such as “people with dementia” “people with Alzheimer” or “people with autism spectrum disorders” while others may not.

When referring to people who are using or who have used mental health or social services, some persons may prefer terms such as “consumers” or “survivors of psychiatry” while still others may prefer “mental health service users”.

It may be interesting to note that sometimes the same word may be considered abusive in one context although, in another context, it may be considered neutral or even positive. The word “mad” for example has been claimed by the “Mad pride” movement.

At this point, show one or more of the following videos to participants:

1. See the Person First (2022) WHO (6:11 min.):

<https://www.youtube.com/watch?v=pAgC3kmfdDg&list=PL5TDweKna9tguCm14i1dAKmThF6gsIW1a&index=14>

This video illustrates the importance of seeing persons beyond psychiatric labels/diagnoses.

2. Let’s talk about intellectual disabilities: Loretta Claiborne at TedxMidAtlantic, Tedx Talks (11:34), https://www.youtube.com/watch?v=0XXqr_ZSsMg (accessed 9 April 2019)

This video illustrates not only the stigma and bullying faced by people with intellectual disabilities but also how it is possible for individuals to fight against these.

3. Stigma and dementia, people with dementia speak out Alzheimer’s Society (4:13)

<https://www.youtube.com/watch?v=klz6gurnNVc> (accessed 9 April 2019)

This video illustrates the stigma faced by individuals with Alzheimer's disease.

At the end of the video, it is important to highlight that:

Many people with psychosocial, intellectual or cognitive disabilities refuse to be defined or limited by a label or diagnosis and achieve lives that are as fulfilling and successful lives as anyone else’s.

On the other hand, others may internalize the negative views and attitudes that the society holds towards them; they may feel ashamed and blame and this then acts as a barrier to achieving their aspirations in life. This can be called “internalized oppression” or “self-stigma”. It can also prevent people from asserting their rights and obtaining redress for mistreatment and discrimination.



Exercise 1.3: Discussion – Understanding institutionalized discrimination (15 min.)

This is an opportunity to have the group discuss examples of when people with psychosocial, intellectual or cognitive disabilities are unfairly treated on the basis of prejudices and power inequalities that exist within laws, policies, health-care systems etc. As explained in the previous presentation, this is often referred to as “institutionalized discrimination”.

Ask participants:

Can you give examples of laws, policies and other systemic issues that prevent people with psychosocial, intellectual or cognitive disabilities from enjoying their rights?

Examples of possible responses from participants may include:

- Discriminatory laws may prevent people from ever being employed. For instance, the law may state that people will lose their disability benefits if they work. As a consequence, people prefer to remain on benefits as they feel that the disability benefits will bring more financial security than the employment options that might be available.
- Discriminatory practices in areas such as health insurance sometimes deny coverage for mental health services or limit people to service options that they do not find acceptable, including institutional care and medications.
- Systemic discrimination at the level of policy means that people with disabilities may be forced to enter institutions in order to have shelter and/or services that are not provided in the community.
- Discriminatory mental health laws, attitudes and practices in the health and social welfare system may result in people being institutionalized and given treatment against their will.
- Guardianship laws result in family members or appointed guardians making all decisions about a person's life.

Once participants have provided examples, introduce the next topic:

- **People with psychosocial, intellectual or cognitive disabilities experience many forms of discrimination in their everyday life.**
- **Negative attitudes, laws, policies and environments, constitute “barriers” that prevent people from enjoying their rights.**
- **These barriers will be explored in more depth in the following topic.**

Topic 2: Understanding disability from a human rights' perspective

Time for this topic

Approximately 2 hours 50 minutes.



Exercise 2.1: Understanding disability (30 min.)

The goal of this exercise is to lay the foundations for later discussions about the different models of disability. Participants will consider the barriers faced by people with disabilities in their everyday life. It will help participants to move from traditional understandings of disability (charity and medical models) to the current understanding of disability (social and human rights models).

Participants should be divided into 5 groups.

Each group should examine one of the five types of barriers faced by people with disabilities:

- physical barriers
- attitudinal barriers
- communication barriers
- social barriers
- legal barriers.

Ask each group to:

Make a list of the possible physical, attitudinal, communication, social or legal barriers that are faced by people with disabilities.

It may be necessary to provide some initial examples from those listed below. Remind participants that some of the barriers have already been mentioned during the discussions of Topic 1. After 10–15 minutes of discussion, ask each group to nominate a spokesperson to report back to the plenary (i.e. to the full group). Potential responses from each group might include:

Physical barriers

- Being locked up or restrained in mental health or related services.
- Being overmedicated and unable to challenge it.
- Facing a physical environment that is not adapted to one's requirement (e.g. stairs preventing people from using wheelchairs to access buildings).

Attitudinal barriers

- Being treated as "abnormal" or different from the rest of society.
- Being treated as "incapable" (e.g. not capable of working, of having responsibilities, of judging situations, of knowing one's best interest, or of making decisions).
- Being labelled which has consequences on one's identity and perception by society.
- Facing dehumanizing attitudes (being treated like an object).

- Being bullied.
- Facing unpleasant attitudes from others (hostility, distrust, fear, rejection , exclusion etc.).
- Having one’s opinions and experiences ignored.
- Having one’s complaints or reports of abuses not believed.

Communication barriers

- Not having enough opportunities or time to express oneself or to understand new information.
- Having nonverbal means of communication given less value than verbal means.
- Not receiving information in an understandable way (e.g. Braille for people with visual impairments or easy-to-read information for people with learning difficulties).
- Being spoken to in simplistic language or in a condescending tone.
- Not being listened to by practitioners, family members or others.
- Having one’s differing opinion, perspective or view considered as a “symptom of illness” or “lack of insight”.
- Not being allowed to participate meaningfully.

Social barriers

- Facing an absence of community services and supports.
- Employers unwilling to accommodate one’s needs and being labelled as unfit to work.
- Being paid less than people without disabilities for the same work.
- Being excluded as a child from mainstream school or school activities.
- Community activities, services and social settings are not welcoming or do not accommodate people’s diverse needs in order to ensure their participation.
- Poverty.
- Overall lack of opportunities (e.g. employment, income, education, housing).
- Social and economic situation of a country (e.g. poverty, resources, infrastructure, war, natural disasters).

Legal barriers

- Discriminatory laws which exclude people with disabilities from marrying, voting, getting jobs or managing their own money.
- Lack of access to justice for human rights violations.
- Restriction of legal capacity allowed by guardianship laws.
- Laws failing to protect people’s enjoyment of their rights which consequently have an impact on their relationships, life projects etc.
- Laws that prevent people with psychosocial, intellectual or cognitive disabilities from marrying or that allow divorce on the basis of these disabilities.



Presentation: The different models of disability (3) (30 min.)

For a long time disability has been understood as resulting only from a person's impairment. However, this understanding of disability has now changed. It is now understood that what prevents people with disabilities from enjoying their rights is not primarily their actual or perceived impairment but rather various barriers that they face in society. This is because society is mainly designed and organized for persons without impairments.

The following presentation explains different models of disability which reflect this evolving understanding of disability.

Charity model

- **The charity model sees people with disabilities as helpless victims who are to be pitied and are dependent on the mercy, care and protection of others.**
- **This model relies on the goodwill and benevolence of others to care for and protect people with disabilities (e.g. through special schools, care homes and institutions, and through financial or other charity handouts).**
- **The charity model assumes that persons with disabilities lack the capacity to live and participate in their communities by themselves.**
- **In this way the charity model is very disempowering.**

Medical model

- **While many health interventions are important, desirable and helpful, an approach based solely on the medical model can be problematic.**
- **According to the medical model, disability is a health condition needing treatment and people with disabilities are thought to be different from what is "normal".**
- **From the medical model perspective, the problem is believed to be with the person and the ultimate aim is to cure or fix to the person so they can become "normal" again.**
- **The medical model can be disempowering when it leaves social issues unresolved and when it implies that person with disabilities need themselves to change, rather than fostering diversity and inclusion.**
- **For example, people with psychosocial disabilities are sometimes told by mental health and other practitioners that that they will never be able to live "a normal life" because of their condition. They may be told that they have a life-long condition from which they will not recover, that they will need medication for the rest of their life and that they should give up on, or adjust, some of their goals (such as graduating from university, getting a job, having a family, etc.).**
- **In addition, certain experiences that may appear to mental health workers and other practitioners to be symptoms of an "illness" (e.g. hearing voices) may be understood differently by the persons experiencing them (e.g. as reactions to fear, grief, injustice, despair, powerlessness, misunderstanding, panic, pain etc.). These persons may also see this experiences as an opportunity to learn about themselves and to grow.**
- **The focus of this model is primarily on people's perceived disability, rather than on their their strengths, passions and achievements.**

- In addition ,people with psychosocial, intellectual or cognitive disabilities may not identify with this, seeing themselves as part of the diversity of humanity rather than as having a condition or deficiency.

For more information on different understandings of psychiatric diagnosis, encourage participants to read the following document from the British Psychological Society:

Understanding psychiatric diagnosis in adult mental health (4)

(<https://www.bps.org.uk/system/files/user->

[files/Division%20of%20Clinical%20Psychology/public/DCP%20Diagnosis.pdf](https://www.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/DCP%20Diagnosis.pdf), accessed 23 November 2018).

Social model

- According to the social model, disability is understood to result from the interaction between persons with actual or perceived impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others (Preamble to the CRPD).
- Under the social model, disability results from the existence of barriers in the community which prevent inclusion.
- Consequently the problem originates from society rather than from the person’s actual or perceived impairment. The social model assumes that persons with disabilities can live meaningful lives despite their disabilities so long as barriers in society are removed or overcome. Diversity and difference are part of humanity and should be valued, not rejected.
- It is up to society to change to recognize and accommodate human diversity.
- Disability can be overcome by changing the physical, attitudinal, communication and social environment to enable all people to participate equally in society.
- The social model does not imply that health or social services are never useful; people may need and want medical interventions – e.g. to relieve pain or distress or to recover body functions. However, the social model considers persons as a whole, including their interactions with their environment. Within the social model, medical intervention is not an end in itself. Rather it is a means to support people to achieve the activities they want to achieve, and to participate in society if they find it helpful.

Human rights model

- Like the social model, the human rights model recognizes that disability is caused by many barriers that prevent people from participating in society on an equal basis with others.
- But it goes further – the human rights model recognizes that persons with disabilities are equal to others and, as such, they are entitled to equal rights and equal opportunities to participate in society.
- Barriers that prevent people with disabilities from participating fully in society and from enjoying their rights are discriminatory.
- Therefore, people with disabilities have the right to have these barriers removed and can claim their rights. This is the main difference between the human rights and social models

Like the social model, the human rights model does not mean that health services are not useful. People should have a right to access quality health services on the basis of their free and informed consent.

The models described above are theoretical and are not necessarily representative of the practice of individuals or organizations. The terms “medical model” and “charity model” do not refer to the medical or charity sectors as such but to ways in which the society may look at people with disabilities. Persons working in a charity can adopt a social or human rights model in their practice and seek to support people’s empowerment. Similarly people working in the health-care context may view their practices as part of the social model and respect human rights.

Often, people refer to the “biopsychosocial model” in the field of mental health. This model places equal emphasis on the biological, psychological and social aspects of mental health. Addressing all these elements is important but it should be done within the framework of the human rights model. Quite often, professionals categorize their practices within the biopsychosocial model but, in reality, they work within the framework of the medical or charity model.

Show participants the following three videos which illustrates the importance of a human rights approach to disability.

Speech by Mr. Craig Mokhiber, Director of the New York Office, Office of the High Commissioner for Human Rights at the “Time to Act on Global Mental Health - Building Momentum on Mental Health in the SDG Era” event, during the 73rd Session of the UN General Assembly”
<https://www.youtube.com/watch?v=H2AmCDDAJ4c&feature=youtu.be> (accessed 9 April 2019).(4 mins)

No More Barriers, BC Self Advocacy Foundation(2:13)
<https://youtu.be/nX7slb9ACX0> (2:13) (accessed 9 April 2019).

Human Rights, Ageing and Dementia: Challenging Current Practice by Kate Swaffer (6:39)
<https://youtu.be/MdnobJo8AkM> (accessed 9 April 2019).

The following table gives examples of how the different models play out in practice.

The facilitator can pick 3 or 4 examples as most relevant to the group of participants.

Situation	Charity model	Medical model	Social model	Rights-based model
Young woman using a wheelchair	"What a pity, this woman is bound to a wheelchair, she'll never be able to marry, have children and care for her family. Maybe we can find her a nice care home where she can live and meet other people."	"Oh, this poor woman, she should go to a doctor and discuss with him or her if there is a therapy which could enable her to walk again, like everybody else."	"The community really should build ramps in front of public buildings, so that people like her can participate in social life."	"She has a right to take part in social activities, and the government should remove obstacles that make it difficult for her to be with other people in society."
Old man with an intellectual disability	"Look at this poor confused man; he seems to be mentally retarded; it would be better for him to live in a fostered home, where somebody will take care of him."	"Perhaps there is some medicine or treatment which could improve his perception. He should try a psychiatrist."	"It's a good solution that he lives with his brother, so he is integrated in the community and is around a diverse group of people."	"Where does he want to live? Let's go and ask him!"
A woman experiencing episodes of depression	"Poor woman, she cannot work and will need to rely on benefits."	"This woman needs to be treated with antidepressants and cognitive behavioural therapy if she is to go back to work."	"She should have access to a full range of services in the community to meet her practical and emotional needs. Her employer also needs to arrange flexible work hours to enable her to work."	"She has a right to work! It is discrimination not to provide her with flexible work hours during difficult periods! If she is temporarily unable to work she also has a right to support to maintain an adequate standard of living."
Parents with a daughter who is hard of hearing	"It must be very sad having a child and knowing that she will never be able to live on her own and will have to continue to rely on her parents."	"I'm sure in a few years there'll be a hearing aid available which will make this child able to hear better."	"We should all learn sign language, so that we can communicate with this child and all other hearing-impaired people."	"When this child grows up, she'll study at university if she wants to and she should have access to assistive technologies to help her realize her full potential and live independently."
A man with a diagnosis of schizophrenia qualified as a mechanic	"He will never be able to find work in the labour market. Maybe we can find him a place in a sheltered work setting as a gardener."	"He will need to be on medication long term which will impact on his ability to continue to work as a mechanic."	"It is necessary to educate and change employer attitudes so they can provide accommodation necessary for people to pursue their chosen profession."	"Discriminatory attitudes of employers must be prohibited by law and sanctioned when they occur. This man has a right to employment on an equal basis with others and to reasonable accommodations made in their workplace."
A woman with a visual impairment	"How sad, she cannot do anything or go anywhere without her parents. They are brave people to take care of her."	"There must be surgery available to fix her eyesight."	"She should have access to full-text audio recordings for published books, books in Braille and animal services."	"She has a right to participate fully in society like any other person and the right to have reasonable accommodations made to enable her to do so."
A 46-year-old man diagnosed in the early stages of younger onset dementia	"So tragic, he will have to give up work and get his end-of-life affairs in order, and soon others will have to care for him."	"There is no cure, but we can treat his changed behaviours with drugs."	"His employer could provide him with a supporter at work, as well as modify his environment, and adjust his role."	"This man has the right to remain employed and to reasonable accommodations in the workplace."



Reflective exercise (5 min.):

Distribute to participants copies of the United Nations Convention on the Rights of Persons with Disabilities (Annex 3).

Explain to participants the following:

You have been given copies of the UN Convention on the Rights of Persons with Disabilities (CRPD).

- **Even though the UDHR and other human rights treaties are meant to protect the rights of all people, the reality is that, for people with disabilities, society continues to deny these rights.**
- **As we have seen, people with psychosocial, intellectual or cognitive disabilities, like other persons with disabilities, are strongly affected by discrimination and face many barriers in their everyday lives.**
- **This is why, in 2006, the United Nations adopted the CRPD. This Convention creates legally binding obligations on countries to promote and protect all the human rights of persons with disabilities on an equal basis with others.**

In preparation for the next topic, read through the CRPD and its easy-read version ([Annex 3](#)).

Think about the following questions:

- **Are there any themes here that we have already discussed?**
- **In what ways is this Convention important for people with psychosocial, intellectual or cognitive disabilities?**

Topic 3: The Convention on the Rights of Persons with Disabilities

Time for this topic

Approximately 2 hours 35 minutes.



Reflection from previous topics (15 min.)

Ask the following questions:

Based on your reading of the CRPD prior to this session:

- **Do you have any preliminary reactions or questions?**
- **Are there any themes here that we have already discussed?**
- **In what ways is this Convention important for people with psychosocial, intellectual or cognitive disabilities?**



Presentation: Introduction to the Convention on the Rights of Persons with Disability (35 min.)

The group can be reassured at this point that the purpose of this session is not to have an exhaustive knowledge of the Convention and know each article in detail. The purpose is for participants to have a general overview and understand how the Convention relates to people with psychosocial, intellectual or cognitive disabilities.

Start by asking participants what they know about the role of the United Nations and the Universal Declaration on Human Rights (already discussed in the module *Human rights*).

If a recap is necessary, highlight the following:

The UN is an organization formed by countries. It was created after World War II in order to promote integration and peaceful relationships among nations. Therefore, the adoption of the Universal Declaration of Human Rights (UDHR) by the General Assembly of the UN in 1948 was a landmark moment for human rights across the world. Subsequently, several other human rights treaties were also adopted, which aimed to guarantee the exercise of a full range of civil, political, economic, social and cultural rights for all.

The UDHR and other international human rights instruments include rights that we should ALL be able to enjoy. However, in spite of the existence of these instruments, persons with disabilities, still continue to experience violations and discrimination across the world.

At this point ask participants if they have previously heard about the Convention on the Rights of Persons with Disabilities (CRPD) and what they know about it.

The Convention on the Rights of Persons with Disabilities (CRPD) was adopted in 2006 by the United Nations in response to discrimination and human rights violations experienced by people with disability across the world. Significantly, it was drafted with input and active engagement and participation of persons with disabilities and disabled peoples' organizations (DPOs).

The Convention is a major step towards changing the negative perceptions of disability in society and ensuring that countries recognize that people with disabilities, as right-holders, must be provided with the opportunities to live life to their fullest potential, on an equal basis with all other people.

The Convention was not intended to create new rights but to demonstrate how existing rights apply to people with disabilities.

The Convention adopts the social and human rights models of disability. It recognizes: “that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others” (Preamble to the CRPD).

People with psychosocial, intellectual or cognitive disabilities face many barriers and forms of discrimination in their everyday life, which prevent them from participating in society. That is why they are protected by the Convention, just like other persons with disabilities.

The argument that people with psychosocial, intellectual or cognitive disabilities are not “persons with disabilities” because they have an “illness” is not valid under the social and the human rights models.

The Convention is a legally binding instrument. This means that, by ratifying this Convention, countries are under the obligation to take a full range of measures to ensure that people with disabilities have the same rights as everyone, are treated fairly and equally and are not discriminated against. Actions to be taken by States Parties include the adoption of legislation, policies and other measures to realize the rights recognized in the Convention. Actions also include modifying or abolishing existing laws, policies, regulations, customs and practices that discriminate against persons with disabilities.

At this point, the facilitator should discuss with participants whether or not their countries have signed and ratified the CRPD. If their countries have not ratified the CRPD it should be emphasized how important it is for people to be informed about the CRPD so that they can conduct advocacy and start implementing its principles on a day-to-day basis.

A list of the signatures and ratifications of the CRPD can be found here:

https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-15&chapter=4&lang=en
(accessed 23 November 2018)

An important implication of the CRPD is that it requires a shift in the way people with psychosocial, intellectual or cognitive disabilities are perceived by society and in the way mental health and social services operate. Institutionalization and forced admission and treatment perpetuate exclusion and are not acceptable under the Convention.

On the contrary, services need to provide community-based support and promote inclusion. The **recovery approach** is consistent with the CRPD and with a human rights model of disability. This approach respects people’s rights and autonomy, acknowledges their strengths and supports social connectedness, hope, empowerment and positive risk-taking. It takes into account all of the social determinants of mental health, such as relationships, education and employment (i.e. all the elements of a person’s life which have meaning and which can have a positive or negative impact on their mental health).

This topic is developed in the modules on *Recovery and the right to health in mental health and social services* and *Recovery practices for mental health and well-being*.

Since the adoption of the CRPD, many United Nations experts and bodies have reaffirmed that this shift is necessary. For instance:

- **The Human Rights Council adopted two resolutions in 2016 (5) and 2017 (6) both stating that “persons with mental health conditions or psychosocial disabilities, in particular persons using mental health services, may be subject to, inter alia, widespread discrimination, stigma, prejudice, violence, social exclusion and segregation, unlawful or arbitrary institutionalization, overmedicalization and treatment practices that fail to respect their autonomy, will and preferences.”**
- **The High Commissioner for Human Rights issued a report in 2017 which recommended a number of policy shifts to support the realization of the full human rights of people with psychosocial disabilities, such as the systematic inclusion of human rights in policy and the recognition of the individual’s autonomy, agency and dignity (7).**
- **The Special Rapporteur on the Right to Health also issued a landmark report in 2017 on the right to mental health, calling for a paradigm shift in order to end human rights violations against persons with intellectual, cognitive or psychosocial disabilities (8).**
- **The Special Rapporteur on the Rights of Persons with Disabilities has reaffirmed in various reports the necessity to end discrimination and human rights violations towards people with disabilities, including people with psychosocial, intellectual or cognitive disabilities.**



Presentation: The articles of the CRPD (60 min.)

Two options are possible for this presentation, depending on the time allocated to this module:

Option 1 (short): *This is the preferred option.* Ask participants to split into groups of 3–4. Give them 20 minutes to read the CRPD and to discuss its implications in groups. Then ask if there are any questions about the specific articles of the Convention. If clarifications are necessary, it is possible to refer to specific articles or sections of the presentation below. If there are no questions, challenge participants directly by asking questions such as “What does the CRPD say about involuntary treatment, guardianship, etc.?” and “What do you think about that?” If participants find it difficult to answer these questions, reassure them that the questions will be discussed again later in the training. At the end of this session show the EQUASS Europe video and the INTAR India video which are available at the end of this topic.

Option 2 (long): *(This option should only be chosen if the training on this module on Mental health, disability and human rights is being conducted over a period of several days.)* Go through the following presentations explaining the different articles of the CRPD. Pause at intervals during the presentation and ask the group if there are any questions

This presentation examines each article of the CRPD.

Ask participants to refer to their own copy of Annex 3 (The Convention on the Rights of Persons with Disabilities). Remind them that below each article of the Convention they can refer to text written in simplified language.

Encourage participants to ask questions during the presentation.

The preamble to the CRPD outlines important principles that apply to all the Convention's articles. These principles include:

- **Affirming the interrelatedness of all human rights and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination;**
- **Recognizing disability as an evolving concept resulting from interactions, attitudinal and environmental barriers;**
- **Recognizing the diversity of persons with disabilities;**
- **Recognizing the importance of autonomy, independence and the freedom to make one's own choices, as well as opportunities to be actively involved in decision-making processes about policies and programmes; and**
- **Concern about multiple forms of discrimination across "race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status" as well as particular risks faced by groups such as women and girls, children, and people living in poverty.**

Article 1: Purpose

Article 1 explains that the purpose of the CRPD is to make sure that persons with disabilities enjoy all their human rights and fundamental freedoms and to promote respect for their inherent dignity.

This article also defines who are considered "persons with disabilities" for the purpose of the Convention. As we have seen, the CRPD endorses the social and human rights models of disability. Therefore, "people with disabilities" are defined as persons who have long-term impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Article 2: Definitions

Article 2 outlines the definitions used in the Convention.

Ask participants to read the definitions in their copies of the CRPD. They can use the easy-read version of the article to better understand it. If some of the definitions are not clear, take time to discuss them with the group.

- **Communication**
- **Language**
- **Discrimination on the basis of disability**
- **Reasonable accommodation**
- **Universal design**

Article 3: General principles

The general principles that guide the Convention are in many ways inspired by the UDHR. However, the CRPD specifically applies these principles to the lives of people with disabilities.

Ask participants if anyone would want to read the principles outlined in article 3. Ask the group if they find any of the principles particularly meaningful and why.

- **Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons.**
- **Non-discrimination.**
- **Full and effective participation and inclusion in society.**
- **Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity.**
- **Equality of opportunity.**
- **Equality between men and women.**
- **Respect for the evolving capacity of children with disabilities and respect for the rights of children with disabilities to preserve their identities.**

Article 3 underpins the whole of the CRPD. It is particularly important because all other articles of the Convention are interpreted with the principles of article 3 specifically in mind.

Explain that, these principles will be expanded and explained further across the other articles of the Convention.

Article 4: Government responsibilities

Article 4 outlines the obligations of governments in respecting, protecting and fulfilling the rights enshrined in the CRPD. They are required to do this via:

- **laws**
- **policies**
- **education and training**
- **other actions**

Very importantly, this article requires governments to involve people with disabilities and ask for their input when they make new laws and policies.

This Convention shows that there is now a new way of thinking about disabilities. In the past the common view was that disability was only a health issue or a "defect".

The CRPD shows us that disability is not just about giving people health services and treatments. It is about providing people with disabilities with opportunities for employment, education, housing and social services in addition to proper health services.

Disability is not just the responsibility of health workers and other professionals; it is the responsibility of society as a whole.

In particular, governments have major responsibilities with regard to changing outdated laws. Existing laws are often based on negative stereotypes of people with psychosocial, intellectual or cognitive

disabilities. Basic rights such as the right to vote, the right to liberty, the right to give informed consent to treatment, the right to decide where and with whom to live, the right to exercise their role as parents are legally denied to them (this will be developed later in the presentation).

Ask participants if they have any questions/comments,, or if they need clarifications, to make sure they all understood the key elements of this article.

Article 5: Equality and non-discrimination

At this point ask the group to recap the definition of discrimination.

This article means that countries are required to recognize that all persons are equal, to prevent and prohibit discrimination and to make sure that laws protect people with disabilities against discrimination.

For example:

- **When employers discriminate against people with disabilities they should be sanctioned.**
- **When laws authorize people with psychosocial, intellectual or cognitive disabilities to be treated without their consent, these laws should be repealed.**
- **Reasonable accommodations must be provided to people with disabilities (e.g. governments can make laws and/or provide funding to ensure that all buildings are accessible to people with disabilities).**
- **Even when laws do not seem discriminatory on their surface, governments should also make sure they do not have a discriminatory effect on people with disabilities (e.g. the law guarantees the right to vote to everyone but does not provide accommodation for people with disabilities to access polling stations).**

Ask participants if they can give examples of reasonable accommodations for people with psychosocial, intellectual or cognitive disabilities. Possible answers may include (9):

- Adapting the job task.
- Modifying hours or schedule at work.
- Providing orientation and training on disability and on creating a flexible and accommodating work environment to co-workers and supervisors.
- Modifying work rules and procedures.
- Modifying work tasks, goals, hours and schedules at specific times when required by the person.
- Providing personal support in the workplace.
- Providing educational support in schools (e.g. teaching assistants) for children with special learning requirements.
- Providing extra time to make formal decisions (e.g. in health care, banking or insurance contracts).
- Providing information in plain language, easy-to-read formats, large print or by providing pictures.

This article also explains that when countries take measures and make accommodations that are specific to persons with disabilities but aim at achieving equality with the general population, this is NOT considered discriminatory towards people with disabilities.

Article 6: Women with disabilities

The CRPD acknowledges that women with disabilities experience particular injustice and multiple forms of discrimination and states that countries must make sure that they enjoy equal rights.

- **For example, in many countries, women and girls with disabilities are victims of forced contraception, abortion or sterilization. They are also at higher risk of becoming victims of abuse and less likely to have their voices heard.**

Article 7: Children with disabilities

Article 7 requires that when actions are taken regarding children with disabilities, their best interest must be the primary consideration.

It also recognizes that children with disabilities have the right to express their views and that their views must be given due weight in all decisions affecting them, without discrimination based on disability. They should be provided with the appropriate assistance to realize this right.

- **Children with disabilities have, for example, the same right as other children to give their opinion about the care and treatment they receive or about other life decisions such as with whom they should live if their parents are separated.**
- **If they have difficulties in expressing themselves, children with disabilities should receive support to give their opinion – for instance by being given explanations in plain language, with visual support, a trusted person or by being given additional time.**

At this point, give participants the opportunity to ask questions.

Article 8: Awareness-raising

As we have seen in the previous session, the lack of awareness and education about mental health and human rights leads to discrimination and denial of human rights.

Countries must take measures to:

- **Raise awareness about the rights and dignity of people with disabilities.**
- **Combat stereotypes, prejudice and harmful practices, including those related to sex and age.**
- **Promote awareness of the capabilities and contributions to society of persons with disabilities.**

Article 8 is about giving information to all people about the rights of persons with disabilities.

This is an opportunity to discuss with participants how people with psychosocial, intellectual and cognitive disabilities are generally depicted by the media. Ask the group if they can think of good ways to raise awareness about mental health and human rights (e.g. via social networks, education in school, posters, etc.).

Ways to raise awareness include:

- **Organize campaigns to change perceptions about people with disabilities and promote their rights.**
- **Teaching about the rights of persons with disabilities in schools (education).**
- **Stimulate the media to spread accurate information about human rights violations, the rights of people with disabilities, and law reform initiatives and to highlight the contributions of people with disabilities.**
- **Implement other awareness-raising strategies and programmes across diverse audiences and sectors.**

Article 9: Accessibility

Ask the group to read through the areas covered by article 9. Then read the text of the article out loud.

Accessibility is a broad concept and is not just about people with disabilities being physically able to gain entry to a building.

It means that people with disabilities should be able to access and participate in all areas of life on an equal basis with others.

- **The physical environment should enable people with disabilities to participate in society. For example, people with disabilities should have access to schools, workplaces, universities, shops, markets, cinemas, cafes, restaurants, stadiums, theatres, books, etc.**
- **Nobody should deny anyone access to activities because they have a disability.**
- **Access to information is key in the modern world and people with disabilities should benefit from modern technology.**
- **Communication is a key component of accessibility. Persons who uses alternative modes and methods of communication should be accommodated according to their need.**

Article 10: Right to life

People with disabilities have the right to life on an equal basis to everybody else.

This includes, for example, making sure the life expectancy of persons with disabilities is not reduced and avoiding preventable death due to a lack of access to services or other circumstances.

- **In many countries, the conditions in institutions or other long-stay residential homes or facilities can be very bad (inadequate food, lack of fresh air, poor hygiene standards, adverse effects of medication, heavy medication that includes prescription of multiple and potentially interacting drugs, lack of access to general health services). This has extremely negative consequences for people's life expectancy and can violate their right to life.**

Article 11: Situations of risk and humanitarian emergencies

During an emergency (e.g. armed conflict or natural disaster such as a hurricane) people with disabilities should be properly protected.

- Often during emergencies, the specific requirements of persons with disabilities are not taken into account. Sometimes they are simply neglected and overlooked during the relief efforts. As a consequence persons with disabilities are more likely to die or to suffer injuries.
- During emergencies, people detained in mental health or social services are particularly at risk. Sometimes, the staff may flee the area and abandon the residents.
- Preparation for emergencies and disasters is just as important as management of them when they occur and during the reconstruction afterwards. The specific needs of people with disabilities should be considered at each stage.

Ask the group if any clarification is necessary at this point in the presentation.

Article 12: Equal recognition before the law

People with disabilities have the right to equal recognition before the law.

Article 12 states that people with disabilities have the right to make decisions and choices for themselves.

This is called the **right to legal capacity**.

This article also recognizes that when it is challenging for people to make decisions on their own, they have a right to receive support if they wish.

Mechanisms should be in place to make sure that people are not abused by their supporters and that their will and preferences are always respected.

Article 12 affirms in particular that people with disabilities have the right to own or inherit property, control their own financial affairs, have access to financial credits and must not be arbitrarily deprived of their property.

Inform participants that this is a key article of the Convention. It will be explored in greater depth later in this module and also in the module on *Legal capacity and the right to decide* and the specialized module on *Supported decision-making and advance planning*.

Article 13: Access to justice

When people with disabilities require the law to intervene for them they must have fair and equal access to lawyers and courts.

Despite the fact that people with disabilities frequently have their rights violated, they have no or very limited opportunities to make a complaint about this to the courts.

For instance: sometimes people cannot seek redress when they are victims of a crime because they are considered to be “unreliable”. The laws themselves may be a barrier to accessing justice (e.g. where national laws allow for deprivation of legal capacity, many people under guardianship cannot bring a claim before a court and only their guardian can do that for them; people who are involuntarily detained in mental health or social care institutions may be unable or restricted in bringing a complaint before the courts).

The CRPD requires that countries enable people with disabilities to have access to justice mechanisms on an equal basis with others. If necessary, they should be able to receive support to access these mechanisms. Countries are also responsible for training people on how to provide legal services for people with disabilities effectively.

It is important to note that courts and tribunals in countries need to recognize the full implications of CRPD rights to make sure that people with disabilities can obtain redress when these rights are violated.

Article 14: Liberty and security of person

Article 14 states that people with disabilities should not be deprived of their liberty unlawfully or arbitrarily. And the existence of a disability shall in no case justify detention.

This means that persons with psychosocial, intellectual or cognitive disability cannot be involuntarily detained in mental health services or other facilities such as institutions, prayer camps, sheds or houses.

Detention on the basis of a diagnosed or perceived disability is not allowed, even when additional reasons or criteria are given for the detention, such as “need for treatment”, “presumed dangerous” or “lack of insight”.

- **Laws in many countries authorize people with psychosocial, intellectual or cognitive disabilities to be detained on the basis of their diagnosis and perceived dangerousness. This is despite the fact that other groups at higher risk of violence (e.g. gang members, persons abusing alcohol with history of domestic violence) cannot be detained on the basis of the risk of increased violence.**

People with disabilities can be deprived of liberty only for the same reasons as any other person (e.g. they can be detained in prison if they have committed a crime) but they cannot be detained for reasons that would not cause people *without* disabilities to be detained.

Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

People with disabilities must not be subjected to torture and other cruel, inhuman or degrading treatment or punishment.

- **It’s important to note that experts at the United Nations have said that coercive practices in the mental health context – such as forced treatment, seclusion and restraint, electroconvulsive therapy (ECT) and psychosurgery without informed consent – can be considered as a form of torture and ill-treatment (10), (11),(12),(13),(14).**

In addition, people with disabilities must not be subjected to medical or scientific experimentation unless they provide informed consent. In other words, they can participate in medical or scientific experimentation only when they make an explicit and voluntary informed choice to do so.

Countries must do everything possible to prevent torture or cruel, inhuman or degrading treatment of persons with disabilities.

Article 16: Freedom from exploitation, violence and abuse

Exploitation, violence and abuse can take many forms and can happen everywhere. Being beaten, mocked, harassed, sexually assaulted or coerced to work without fair pay are only some examples of abuses that people may face.

According to article 16:

- **Countries must make laws and rules and take other necessary measures to protect people with disabilities from exploitation, violence and abuse in the home and in the community. They should pay particular attention to women and children.**
- **Countries must provide support and information to people with disabilities, their families and careers to recognize and report exploitation, violence and abuse.**
- **Countries must make sure that services for people with disabilities are regularly and properly checked, monitored and investigated to make sure that abuses do not occur.**
- **When people with disabilities are victims of abuses, they should be supported to bring attention to this and to take necessary actions to report it. They should also be provided with the support necessary to recover from the event.**
- **Countries must make sure that complaints and signs of abuse are identified and investigated and that abusers face criminal charges.**

[This issue of abuses against people with psychosocial, intellectual or cognitive disabilities will be addressed later in this module as well as in the module on *Freedom from coercion, violence and abuse*.](#)

Article 17: Protecting the integrity of the person

People with disabilities have a right to respect for their physical and mental integrity on an equal basis with others.

- **This means that their body and mind must be respected.**
- **For instance, they should not be tortured, beaten, raped or otherwise abused, they should not be given treatment or surgery without their consent, they should not be sterilized against their will, etc.**

Article 18: Liberty of movement and nationality

According to article 18, people with disabilities have a right to:

- **liberty of movement**
- **freedom to choose their residence**
- **a nationality**

People with disabilities are free to have passports and other identity documents, to travel abroad and return to their country, and change their nationality on an equal basis with others. This right should not be restricted on the basis of a disability.

For example, people with disabilities are sometimes denied travel or access to a country because there are concerns that they are going to be a burden on the health and/or social system. In consequence they are denied the right to liberty of movement.

Children with disabilities must be particularly protected. They should:

- **be registered immediately after birth**
- **be given a name**
- **have a nationality, and**
- **as far as possible, know and be cared for by their parents**

This is very important because in some countries babies born with disabilities are not declared to the authorities and are hidden from society. When they grow up, because they have no legal existence, they cannot attend school and are denied access to many other services and opportunities.

Ask participants if anyone wishes to ask questions or clarify anything.

Article 19: Living independently and being included in the community

Ask one participant to read the following:

People with disabilities have a right to:

- **live in the community**
- **be included in the community**
- **participate in the community**

This means people with disabilities must be able to:

- **Choose their place of residence, decide where to live (their city, town, village, neighbourhood, apartment and whether they should live in a place where they can receive specific support or not).**
- **Decide with whom to live (alone, with their family, with friends, etc.). They cannot be forced to live in a specific living arrangement.**
- **Have access to a wide range of support and services to enable them to live in their chosen community (in-home, residential and other community support services, personal assistance, etc.).**
- **Have access to the same services and facilities in the community as the rest of the population.**

The following video emphasizes how community inclusion is important for people living with dementia:

Love, loss and laughter - Living with dementia, Fire Films (15:59)
<https://youtu.be/0-N4cOKRLtQ> (accessed 9 April 2019).

Article 19 will be explored in more depth later in this module.

Article 20: Personal mobility

Persons with disabilities should have the greatest possible mobility and independence.

- This is important because people with disabilities are often unable to go where they want in the community (e.g. shops, markets, public spaces, cinemas, schools, stadiums, government buildings parks, places of worship, etc.) because of environmental, physical and other barriers which hinder their access to the community.
- Article 20 means that people with disabilities must have access to affordable, good-quality mobility aids, devices and assistive technologies (e.g. wheelchairs, scooters, walkers, canes, crutches, prosthetic and orthotic devices, hearing aids, computer assistive devices) to enable them to lead full lives in the community.

Article 21: Freedom of expression and opinion, and access to information

On an equal basis with others, people with disabilities have the right to:

- think and say what they want
- receive and give information.
- Often people with psychosocial, intellectual or cognitive disabilities are not given full information about their health or mental health care and have no access to their medical record, to other opinions and views, or to information about other important supports and services in the community (e.g. peer support groups).
- Also, persons with disabilities are often denied information about legal mechanisms to protect their rights (e.g. complaints procedures).
- In addition, the views and perspectives of people with psychosocial, intellectual or cognitive disabilities are often disregarded and ignored. This article makes sure they have a right to express themselves freely and emphasizes that their views should be valued and respected.

This article means that there is a special responsibility to provide information to people with disabilities in a way that they can access and understand. This may include providing for easy-to-read/simple language text, giving additional explanations, taking more time, using sign language, Braille, pictograms and interactive tools.

Any information for the general public, whether provided by states or by private entities, should also be made accessible to persons with disabilities.

Article 22: Respect for privacy

According to article 22, no one should:

- interfere with the privacy, family life, home or correspondence of persons with disabilities;
- attack their honour and reputation.
- confidential information about people with disabilities (medical, social information, information about rehabilitation, etc.) which can be held, for instance, by medical or social services should be kept private.
- best practices with regard to privacy in services allow individuals to retain control of information about themselves, to decide with whom the service provider can share the information, to access records about them at all times and to have records returned or destroyed when no longer necessary for a particular task being carried out by the service provider at the request of the individual.

The right to privacy is very broad. For example when mental health or other practitioners enter uninvited into people's homes or rooms, they are violating the person's right to privacy. When mental health or social care institutions open and/or withhold people's correspondence, this also violates their right to privacy.

Again, ask participants at this point whether any clarification is necessary.

Article 23: Respect for home and the family

Respect for home and the family is also often denied to people with disabilities. They are often prevented from being in or experiencing personal and sexual relations and from leading their own family lives. The right to marry is often restricted for people with disability because of guardianship measures or eligibility criteria.

According to article 23, people with disabilities should enjoy the same right to marry, have a family and have personal relationships as everyone else. Countries must support them in realizing this right. In particular, countries should ensure that people with disabilities have the following rights:

- **The right to marry and found a family.**
- **The right to decide freely to have children or not (including when and how many).**
- **The right not to be sterilized or prevented from having children by any other method.**
 - This is very important because many women with disabilities in various countries are sterilized against their will or without their knowledge.
- **The right not to be prevented from exercising their rights and duties as parents. Children should not be separated from their parents on the basis of the parent's or child's disability:**
 - Many parents with psychosocial or intellectual disabilities are assumed to be incapable of parenting on the basis of their disability.
 - When required, parenting support should be provided.
- **Children with disabilities have a right to live with their family on an equal basis with others. When they cannot live with their own family, they should be taken care of by their wider family or in the community in a family setting (e.g. with foster parents).**
 - Sometimes, parents of children with disabilities are told after birth that they should give up their children. Children are then placed in the social care system and in many cases are sent to institutions where they are not cared for properly. This has significant and negative consequences on their well-being and development.
 - According to the CRPD, children with disabilities should not be abandoned and segregated in institutions.

To illustrate this topic, show participants the following videos:

1/Living with mental health problems in Russia, Sky News (4:23)



Warning: This video may provoke strong emotional responses from some people.

Facilitators should be mindful of this and, prior to this activity, should let participants know that they should feel free to voice it, 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.

<https://youtu.be/fw5V5orgJ-0> (accessed 9 April 2019).

This video tells the story of a couple diagnosed as having a mental health condition and being forced to abort their first baby and having to fight to keep their second child.

2/ NZ Herald (2017) "He's the love-light of my life" - Intellectually disabled couple reveal normal life (1:15 min.):

http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11833202 (accessed 24 January 2018).

In this video a woman with an intellectual disability shares her excitement about her upcoming marriage.

Article 24: Education

This right to education is often denied to people with disabilities.

- **In some countries, children are institutionalized and do not have the opportunity to receive an education, or do not receive an education of equal quality to that of other children. For instance, children and young adults with psychosocial disabilities may find their education interrupted because they are confined for periods of time to mental health inpatient services.**
- **Special education is in many cases poorly resourced and does not provide real opportunities for learning skills and developing oneself.**
- **In addition, when families find themselves unable to afford education for all of their children, those with disabilities may be the first to be deprived of the opportunity of going to school.**
- **Even when children do have the opportunity to go to school, they often lack the support they may require because the school is unable to accommodate different learning needs. Children with disabilities may also encounter negative attitudes and bullying. This leads to significantly higher rates of drop-out and failure.**

The impact of this lack of education is large-scale and long-term, as reflected in higher rates of incarceration, unemployment and poverty as adults (15).

According to Article 24, education systems must be inclusive of persons with disabilities at each level of education and lifelong learning for children and adults. This means that, like everyone else, people with disabilities have the right to attend primary school, high school and universities, as well as the

right to receive the training needed to get jobs and improve their lives. Education should strengthen knowledge and skills without discrimination.

States must take many steps to ensure this. For example:

- **Make sure that children with disabilities have access to the general education system and that they are not segregated in “special schools”.**
- **Provide reasonable accommodation and support to children in schools.**
- **Facilitate the learning of sign language, Braille or other methods of communication.**
- **Train teachers to work with people with disabilities on the basis of respect for diversity and respect for the learning needs and learning styles of each individual, understanding and respecting their human rights.**
- **Provide access to universities and other training opportunities for adults as well as reasonable accommodations if needed.**

Article 25: Health

Ask if one of the participants would like to volunteer to read the following:

Article 25 means that:

- **People with disabilities have the right to access both mental and physical health services on an equal basis with everyone else, and they should receive the same standard of service as others.**
- **For example, mental health and other practitioners should not treat people with disabilities badly by being disrespectful, neglectful, rude or by denying them care and treatment.**
- **People with disabilities should receive the health services they may need. Services must be close to where people live, even when they live in rural areas (far from a city). Services should also be gender-sensitive.**
- **Health professionals must be aware of the human rights and autonomy of people with disabilities. In particular, health professionals must not act without the informed consent of patients with disabilities.**
 - **This is extremely important because national laws in most countries allow people with disabilities to be treated without their consent in mental health or social services.**
 - **Also, when people are under guardianship measures, someone else can give consent to treatment for them even if they disagree. The CRPD states that this is not allowed.**
- **People with disabilities should not be discriminated against when they seek health or life insurance.**
 - **Insurance companies often refuse to insure people with disabilities or make them pay extremely high prices because they assume that they will have more medical expenses than other persons. People with disabilities should not be denied health care on the basis of disability.**

Article 26: Habilitation and rehabilitation

Habilitation and rehabilitation services are designed to support people in maintaining, gaining, restoring and/or improving the skills necessary to participate in society on a daily basis.

It is important to note that article 26 is not only about habilitation and rehabilitation in the context of health but about the full range of services people may need to live an independent life in the community, including services in all the above areas as well as health. Countries must make sure that people with disabilities can live as independently as possible and must provide services and supports in the work, education, health and social fields to make that happen.

These services and supports need to be:

- **available in the community**
- **accessible on a voluntary basis**
- **as close as possible to where people with disabilities live.**

People with disabilities should also have access to peer support services. Peer support is another way through which people with disabilities may develop their potential and create knowledge together, enhancing their capacities to improve their own lives and contribute to the wider community.

Article 27: Work and employment

People with disabilities have the right to work on an equal basis with others.

Governments must, for example:

- **Prohibit discrimination both in access and conditions of employment.**
- **Adopt legislation requiring employers to make reasonable accommodations in the workplace.**
- **Make sure that people with disabilities receive equal pay for work of equal value.**
- **Hire people with disabilities in the public sector.**
- **Promote the hiring of persons with disabilities in the public and private sectors, including through affirmative action (e.g. quotas or incentives for companies).**
- **Promote work-related training and employment opportunities including self-employment, entrepreneurship and opportunities to start one's own business.**

The right to work on an equal basis with others is yet another right that people with psychosocial, intellectual or cognitive disabilities are often denied because they are falsely considered incapable, unreliable or dangerous. Governments must combat these stereotypes through laws, policies and awareness-raising measures developed with the active involvement and leadership of persons with disabilities.

In addition, people with disabilities may face indirect discrimination when laws and practices appear to be neutral but result in people with disability being disproportionately disadvantaged. For instance, people with psychosocial disabilities may be rejected as applicants for jobs because they have had periods of being out of work.

You can show participants the following video:

Kate Swaffer (2019) - Dementia, Disability & Rights
<https://www.youtube.com/watch?v=9USeDHQCKoA&feature=youtu.be> (1:43 min.): (accessed 04 April 2019).

Working together. Ivymount School and PAHO, paho tv, (4.53) <https://youtu.be/WkNNhPnSci8> (accessed 9 April 2019) .

Article 28: Adequate standard of living and social protection

- **In many parts of the world people living with psychosocial, intellectual or cognitive disabilities do not have access to adequate standards of living. Sometimes the conditions in which they live are so bad (neglected facilities, bad-quality food, terrible hygiene conditions, etc.) that they can amount to inhuman and degrading treatment.**
- **In countries where many people are affected by poverty and where social protection mechanisms are limited, persons with disabilities are even more vulnerable to poverty and homelessness.**
- **Article 28 recognizes the right of people with disabilities and their families to social protection without discrimination. It also recognizes the need to ensure access to social protection and poverty reduction programmes for all – particularly vulnerable groups and population segments such as women, girls and older persons with disabilities.**
- **Governments have an obligation to take appropriate steps to promote this right including by ensuring:**
 - access to clean water;
 - access to services and assistance related to disability (benefits, counselling, training, respite services, etc.);
 - access to programmes and services to ensure that people with disabilities do not live in poverty;
 - access to public housing;
 - access to retirement benefits and programmes (pensions, support for the elderly, etc.).

Social protection programmes should not apply additional requirements to people with disabilities who wish to access them (e.g. a requirement to receive medical care in order to access other services, or to give up working in order to receive benefits, etc.).

Article 29: Participation in political and public life

Ask the group to read the list included in article 29.

People with disabilities have the right, like other people, to take part in political and public life:

- **Political life includes the right to vote, run for office, lead campaigns, join political parties, etc.**

- **Public life includes the right to speak publicly, join trade unions, join NGOs and to conduct advocacy campaigns etc.**

People with psychosocial, intellectual or cognitive disabilities are often denied all of these rights, both in law as well as in practice. This is contrary to the CRPD.

Article 30: Participation in cultural life, recreation, leisure and sports

People with disabilities are entitled to access and participate in all areas of life, including:

- **cultural life (e.g. going to museums, theatres and concerts, but also to become singers, actors, comedians, etc.)**
- **recreation**
- **leisure**
- **sports**

To illustrate the importance of ensuring that all people with disabilities have access to opportunities in sport, show the following video:

Interview - Special Olympic athlete Victoria Smith, ESPN, 4 July 2018 (1:38 min.)
<https://youtu.be/k3KASstFTB8> (accessed 9 April 2019).

People with disabilities should have opportunities to develop their intellectual and creative potential both for their own benefit and to contribute to society. They should also have support for diverse cultures and languages, including cultures and languages developed and practised among people with disabilities themselves.

On ending this presentation, ask participants if they have any questions or comments. Also, to make sure they all understand the key elements of the CRPD, ask if they would like any clarifications.

To sum up this topic, show participants one of the following videos:

EQUASS Europe, Quality in Social Services – Understanding the Convention on the Rights of Persons with Disabilities (10:19 min.)
<https://www.youtube.com/watch?v=vwmcv8DVfeo&feature=youtu.be>
 (accessed 9 April 2019).

Decolonizing the mind: a trans-cultural dialogue on rights, inclusion and community. INTAR India 2016. (14:17 min.) <https://youtu.be/wcsHuGEOETg> (accessed 9 April 2019).

Topic 4: Applying the CRPD to real-life scenarios

Time for this topic

Approximately 40 minutes.



Exercise 4.1: Different scenarios (40 min.)

The goal of these exercises is to make sure people understand the key elements of the CRPD and how they can be used in real-life situations.

Inform participants that these scenarios are intended to help them to broadly understand the articles of the CPRD. It will be possible to study more complex scenarios, including scenarios in challenging situations, in other modules.

Depending on the time allowed, the facilitator may decide to select to focus on either the long or the shorter scenarios below.

Option 1: Long scenario A

Select one long scenario from the following two options below.

Distribute copies of the scenario to participants (Annex 1: Amelia's story)

Give participants time to read and discuss the scenario among themselves.

Amelia is a young woman who was diagnosed with Down syndrome. At birth, her parents were told by the staff at the hospital that she was a lost cause and that they should give up on her and place her in an institution. Due to the lack of support in the community, her parents reluctantly decided to do so thinking that she would have more life opportunities. As a consequence, she spent her childhood in an orphanage for children with disabilities. The education she received was provided by the orphanage and was very limited. She could not go to school like other children. When she turned 18, she was moved to an institution for adults.

One day, a crew from the national television service came to make a documentary about the people residing in the institution. The residents were not asked to give permission for being filmed and when the documentary was broadcast on television, many residents, including Joan, were clearly identifiable. Medical information was also disclosed. The documentary depicted the residents in a very negative and stigmatizing way.

The documentary caught the attention of a national human rights NGO which decided to provide support to the residents. When they visited the institution and talked to Amelia, she explained that she was very upset about the images of her shown on television but that she did not know what to do about it. She also explained that she did not like living there but she had never known anything else and that she was very afraid to live outside by herself.

People at the NGO offered to put her in contact with a legal aid service to claim damages in regard to the documentary and to make sure that it would not be broadcast in future. She agreed and, with the support of the legal aid service, initiated a proceeding. However, when she received the paperwork, it was written in very small characters and full of words that she could not understand. She was very distressed at first but when she contacted the legal aid service they offered to meet her to explain the paperwork and to help her fill it in. Ultimately her claim was successful.

The NGOs also supported her to move to a supported house in the community with two other residents. After a few months she gained increasing confidence and decided to start vocational training as part of an employment programme.

Then ask participants:

- **What articles of the CRPD have been violated?**

Ask participants to provide their answers article by article (refer to Annex 3). Participants should specifically refer to the relevant parts or paragraph within each relevant article of the CRPD (as below). They should also be able to explain why they think the article has been violated.

Below, the most obvious answers are given. However participants may also highlight other articles that have been violated or protected. This should be allowed in the discussion.

Articles violated:

- **Article 7 - Children with disabilities**
 - According to article 7, children should enjoy all their human rights and fundamental freedoms on an equal basis with other children.
 - The fact that Amelia could not live with her parents and go to school like other children is a violation of article 7.
 - In addition, article 7 requires that the best interest of the child is the primary consideration in all actions concerning children with disabilities.
 - The fact that Amelia's parents were advised to give up on her and that she was placed in an institution was not in her best interest. This also violates article 7.
- **Article 8 - Awareness-raising**
 - According to article 8, States Parties must combat stereotypes concerning people with disabilities and should encourage the media to portray persons with disabilities in a manner consistent with the purpose of the CRPD.
 - The documentary depicted the residents in a negative and stigmatizing way which is a violation of article 8.
- **Article 9 - Accessibility**
 - Article 9 requires that States Parties make sure that people with a disability can access their environment. This includes access to information.
 - The paperwork for the proceedings was not made accessible to Amelia – i.e. it was not written in plain language. This is a violation of article 9.
- **Article 12 - Equal recognition before the law**
 - Article 12, paragraph 2, requires that people with disabilities are enabled to make their own decisions and choices and that these must be respected.

- Amelia’s decisions, choices, will and preferences were not respected: she was not able to choose where to live and she was not asked if she wanted to participate in the documentary.
- **Article 13 – Access to justice**
 - Article 13 requires that persons with disabilities are provided with reasonable accommodation in order to ensure their effective access to justice.
 - Again, the fact that the legal paperwork was not made accessible to Amelia is a violation of article 13.
- **Article 19 - Living independently and being included in the community**
 - According to article 19, persons with disabilities have equal rights to live in the community with choices equal to those that others have. In particular, they should have the opportunity to choose their place of residence and where and with whom to live.
 - Amelia spent most of her life in an institution, which is a violation of article 19. In addition, the fact that she was moved to an institution for adults suggests that she was not given any choice in this decision.
- **Article 21 - Freedom of expression and opinion, and access to information**
 - Article 21 (b) requires states to accept and facilitate the use of alternative communication and to accommodate for all other accessible means, modes and format of communication used by persons with disabilities in official interactions.
 - The legal paperwork was in a format that Amelia was unable to understand and thus her right to have access to communication modes and formats which meet her needs, as required by article 21, was violated.
- **Article 22 - Respect for privacy**
 - Article 22 guarantees to persons with disabilities respect for their right to privacy, regardless of their place of residence or living arrangements. In addition, article 22 requires States Parties to protect the privacy of personal, health and rehabilitation information of persons with disabilities.
 - The documentary made public images of Amelia without her consent and disclosed medical information which violated article 22.
- **Article 23 - Respect for home and the family**
 - Article 23, paragraph 3, states that children with disabilities have equal rights in relation to family life and that “to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families”.
 - In Amelia’s scenario there is a clear violation of article 23 because her parents had no access to support or information on how to take care of her and consequently they were put in a position of having to abandon her. No efforts were made to prevent family separation.
 - Article 23, paragraph 5, requires that, when the immediate family is unable to take care of a child with disabilities, the child should be taken care of by the wider family or, if that is not possible, in a family setting in the community.
 - The fact that Amelia was sent to an institution goes against the provisions of this paragraph.

- **Article 24 - Education**
 - Article 24 guarantees that persons with disabilities have the right to education which gives them equal chances to reach their full potential. It also requires that children with disabilities are not excluded from the general education system.
 - In this case, Amelia could not go to a mainstream school. In addition, the education she received was very limited which compromised her opportunities to develop confidence and skills.

- **Article 26 - Habilitation and rehabilitation**
 - Article 26 requires that persons with disabilities can access habilitation and rehabilitation services “at the earliest possible stage” and “based on the multidisciplinary assessment of individual needs and strengths”.
 - Amelia is initially unable to access any form of habilitation or rehabilitation service to gain and maintain independence and participate in community life. This is a violation of article 26.

Now ask participants:

- **What articles of the CRPD have been respected, protected or fulfilled?**

Articles respected, protected or fulfilled:

- **Article 9 - Accessibility**
 - Amelia was eventually able to receive support to understand the paperwork for the legal proceeding.

- **Article 12 - Equal recognition before the law**
 - Ultimately, Amelia was able to make decisions and choices and she was supported to do so: she was able to decide where to live and to start vocational training.

- **Article 13 - Access to justice**
 - Amelia was able to seek and obtain a remedy concerning the documentary.

- **Article 19 - Living independently and being included in the community**
 - Amelia was eventually able to live in the community, at a place she wants to live.

- **Article 24 - Education**
 - According to Article 24, paragraph 5, States Parties should ensure that adults with disabilities can access educational opportunities such as vocational training.
 - In this case, Amelia can start vocational training.

- **Article 27 - Work and employment:**
 - Article 27 guarantees to people with disabilities the right to work on an equal basis with others. In particular, it requires States Parties to enable people with disabilities to access “general guidance and vocational training programmes, placement services and vocational and continuing training”. It also requires States Parties to “promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities”.
 - Ultimately, Amelia has access to an employment programme and to vocational training.

Option 1: Long Scenario B

Distribute copies of the following scenario to participants (Annex 1: Karim's story)

Two months ago Karim felt a loss of control, had a gloomy outlook and could not get out of bed for days. Karim wanted to go to sleep and not wake up, feeling so hopeless that he attempted to end his life. He was admitted to hospital and his physical injuries were treated. He was then admitted without his consent to a psychiatric unit. During his time at the psychiatric unit he was restrained to a bed, forced to take medications, isolated in a room and was not consulted regarding his options. He overheard staff discussing his health care, and anyone else could hear his personal information being shared. He wanted to leave but was not allowed to phone his father. Now Karim is reluctant to speak openly about his thoughts of hopelessness for fear that he may be locked up again.

Karim has recently lost interest in spending time with his family and friends. He has periods of time when he has little energy and becomes worried at the prospect of seeing others and then avoids the interaction entirely. His mother told him to toughen up and to avoid sharing how he feels with anyone outside his family due to concern about bringing shame on his parents.

Karim did not complete his schooling and feels this has limited his job opportunities and confidence. When he has managed to secure a job, he has had difficulty maintaining it in the long term. In a recent job working in a cafe, his boss ended his employment within a few weeks without explanation. He continues to search for a new job but feels that he may be rejected once more.

After Karim was released from the hospital, his father prevented him from helping with his sister's children. His father said it was due to concerns that he might harm them. Karim still maintains hope of going back to school, finding a job and having a relationship. He longs for life to return to normal and to laugh with his friends again.

What articles of the CRPD have been violated?

- **Article 12: Equal recognition before the law**
 - Karim was not supported to make health decisions. He also was not consulted about his treatment.
- **Article 14: Liberty and security of the person**
 - Karim was involuntarily admitted to a psychiatric unit.
- **Article 19: Living independently and being included in the community**
 - Karim did not have access to community-based services. His father prevented Karim from seeing his sister's children.
- **Article 22: Respect for privacy**
 - Karim's personal health information was disclosed in a manner that others in the hospital could hear.
- **Article 25: Health**
 - Karim was given medication without his consent.

- **Article 27: Work and employment**
 - His employer should have told him why his employment was terminated. He did not receive accommodations to support him in keeping a job.

Option 2: Three short scenarios

Distribute copies of the three short scenarios to participants (Annex 1: Three short scenarios).

Ask participants to divide into 3 groups. Each group will discuss one of the scenarios and then present its answers to the other groups in plenary.

During the feedback session, each scenario should be projected on the screen.

Explain to participants the following:

- **We will now look at 3 scenarios that involve people with psychosocial, intellectual or cognitive disabilities (Annex 1).**
- **In each scenario, identify the rights that are being denied or enjoyed using your hand-out on the rights in the CRPD (Annex 3).**

The rights that we highlight are not exhaustive and participants may discuss additional rights from the Convention. If this is the case, encourage participants to explain why they have selected a particular article/right.

Scenario - Minsuh's story

Minsuh is a 27-year-old woman. When she was 20, she first began to hear frightening voices and to have thoughts that people were trying to send her messages through the television. Her voices ceased for several years and during this time she got married. She was also able to receive support from a psychologist and an occupational therapist to help her work through some of the concerns that were troubling her.

Recently, she has started to hear the voices again and has become increasingly distressed, to the point where her husband decided to call an emergency doctor. The doctor committed Minsuh to a psychiatric hospital against her will. The hospital is far away from her home town and from her loved ones. At the hospital, Minsuh is told that she must take a neuroleptic drug, which she does not want to do.

On her first day there, she sees hospital staff putting a man in restraints and giving him an injection. She is told that this is because the man refused to take the medication. She becomes frightened and agrees to take the medication which makes her feel unwell and out of touch with her emotions. She explains this to the doctor, but the doctor's only proposal is to increase the dosage. She doesn't know what to do. She wants to get out and stop taking the medication but lack of contact with family and friends has left her isolated, feeling lonely, despondent and powerless about her situation.

Some of the rights violated include (participants may mention additional rights to those listed below):

- **Article 12 - Equal recognition before the law**
 - Minsuh should have been consulted in order to determine whether she wanted to go to the hospital or not. She has been denied the right to make decisions concerning her own treatment and care.
 - Minsuh should have been given time to make decisions with support if necessary.
- **Article 14 - Liberty and security of the person**
 - Minsuh has been involuntarily admitted to the psychiatric hospital. She has been deprived of her liberty on the basis that she has a disability.
- **Article 17 - Protecting the integrity of the person**
 - Her involuntary detention violated her right to physical and mental integrity.
- **Article 19 - Living independently and being included in the community**
 - By being forced to stay in a hospital, Minsuh was deprived of her right to live in the community. Minsuh should have been offered the possibility to receive additional support in the community.
- **Article 23 - Respect for home and the family**
 - Her right to respect for her home and family life was not respected because she was forcefully removed from her home and taken away from her family
- **Article 25 - Health**
 - Minsuh should have access to health care in her own community but she has been forced to move away.
 - Minsuh's consent to treatment was not free and informed. She accepted to take the medication only because she was frightened of the consequences if she did not comply.
- **Article 26 - Habilitation and rehabilitation**
 - She is denied access to her psychologist and occupational therapist who previously provided her with helpful support.

Scenario – Claire's story

Claire is a 35-year-old woman with an intellectual disability. She lives with her family, and her mother is her primary care partner. She has many friends in the neighbourhood and is able to visit them when she likes. Claire works in a local restaurant and enjoys meeting new customers and seeing them leave happy after a good meal. In her spare time Claire plays badminton in a local sports club. She is also a member of a group that supports people with intellectual disabilities. Next summer she is hoping to have saved enough money to go on a short trip with some friends.

Some of the rights being enjoyed include (participants may mention additional rights to those listed below):

- **Article 14 - Liberty and security of the person**
 - Claire is free to visit her friends in the neighbourhood.

- **Article 19 - Living independently and being included in the community**
 - Claire has access to supports and services (e.g. a support group) that enable her to live independently in the community.
- **Article 27 - Work and employment**
 - She works in a restaurant.
- **Article 29 - Participation in political and public life**
 - Claire is a member of a support group.
- **Article 30 - Participation in cultural life, recreation, leisure and sports**
 - She plays badminton for a club.

Scenario - Pradeep's story

Pradeep is 75-year-old man with dementia. He has lived in a small, comfortable care home in his community for some time now and he has been very content there. His main care partner at the care home, Seema, knows that at times Pradeep can act in ways that people find upsetting. In these situations, she knows how to help him to regain control in a calm way. However, Seema was unable to come into work for several weeks and was replaced by Vikram who did not know Pradeep so well and did not understand his actions or behaviour when he became distressed.

One day Pradeep was particularly distressed and agitated. Vikram tries to get him to take sedative medication but he refuses. Vikram then straps Pradeep to the bed and forcefully gives him the medication. When Pradeep's relatives come to visit him, they notice that he has bruises all over his body. Pradeep informs them that his new care partner at the home had been violent with him. His relatives were extremely upset at the way Pradeep was treated and asked for an explanation from the care home staff. They urged the management to take measures to prevent this from happening again.

Rights previously being enjoyed in the care home include (participants may mention additional rights to those listed below):

- **Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment**
 - Initially Pradeep was not ill-treated or treated with force.
- **Article 16 - Freedom from exploitation, violence or abuse**
 - Initially, Seema managed to support Pradeep without the use of violence.
- **Article 19 - Living independently and being included in the community**
 - The care home is based in the community and he is happy about living there.
- **Article 28 - Adequate standard of living and social protection**
 - Overall, the care home seems to be a good and caring environment.

Rights being denied by his new care partner Vikram include (participants may mention additional rights to those listed below):

- **Article 12 - Equal recognition before the law**
 - Pradeep is forced to take medication and thus denied the right to make a decision for himself.

- **Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment**
 - Pradeep is now subject to ill-treatment and treatment by force.

- **Article 16 - Freedom from exploitation, violence or abuse**
 - Pradeep has bruises on his body because he has suffered violence and abuse.

Explain to participants that in the following topics, they will zoom in on specific articles of the CRPD. Articles 12, 16 and 19 are used as entry points to understanding the CRPD but many other articles are useful and relevant to the topics that are discussed below. All the articles are interrelated.

Topic 5: Zooming in on article 12 – Equal recognition before the law

Time for this topic

Approximately 1 hour and 5 minutes.

Article 12 will be addressed further in the modules on *Legal capacity and the right to decide in mental health and social services*, and on *Supported decision-making and advance planning*.



Exercise 5.1: Zooming in on article 12 - The right to equal recognition before the law (15 min.)

Depending on the knowledge of participants and on the extent to which the CRPD has been explained previously in this module, it may be necessary to go through each paragraph of article 12 with participants.

Alternatively, participants can be given a few minutes to read the article for themselves.

The easy-to-read version may be used to support participants' understanding. Provide any clarification that is necessary.

Article 12 (16), (17) - Equal recognition before the law

1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.

The law must recognize that people with disabilities are human beings with rights and responsibilities like anyone else.

2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.

People with disabilities have the same rights as everybody else and must be able to use them. People with disabilities must be able to act under the law which means they can engage in transactions and create, modify or end legal relationships. They can make their own decisions and others must respect their decisions.

3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.

When it is hard for people with disabilities to make decisions on their own, they have the right to receive support to help them make decisions.

4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the

shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.

When people receive support to make decisions, they must be protected against possible abuse. Also:

- The support that the person receives should respect the rights of the person and what the person wants;
 - It should not be in the interest of or benefit others;
 - The persons providing support should not try to influence the person to make decisions they do not want to make
 - There should be the right amount of support for what the person needs;
 - The support should be for as short a time as possible;
 - It should be checked regularly by an authority which can be trusted.
5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

Countries must protect the equal rights of people with disabilities:

- To have or be given property;
- To control their money;
- To borrow money; and
- Not to have their homes or money taken away from them.

Having read this right, consider the following question:

What does the current law(s) say about legal capacity in your country?

Some examples may include:

- We have a guardianship law that deprives people of their legal capacity.
- In our country, administrators are appointed to deal with the property and affairs of people with disabilities.



Presentation: Article 12 of the CRPD – Equal recognition before the law (35 min.)

Article 12 is a key right of the CRPD. In fact, it underlies all the other rights. If people are not able to enjoy their right to legal capacity, it is very likely that they won't be able to enjoy other rights.

Article 12 includes a number of different elements:

1. Equal recognition before the law

Article 12 requires the recognition of people with disabilities as persons before the law. This means that they should be protected by, and experience the benefits of, all laws in a country on an equal basis with all other people.

2. Legal capacity and decision-making

Very often people with disabilities are denied the protection and benefits of the law. For instance, in some countries, the law may prevent them from getting married because of their disability, or may not allow them to sign contracts (e.g. to rent or buy a home), or they may be denied the right to spend their own money.

According to article 12, people with disabilities have the right to make their own decisions and fully enjoy their right to legal capacity.

The right to legal capacity includes:

- **the right to hold rights**
- **the right to exercise these rights.**

People with disabilities have often been denied the possibility to exercise their rights, resulting in them being prevented from making their own decisions. That is why the right to legal capacity is often said to be “**the right to decide**”.

- **For example: the right to accept or refuse treatment, to buy a house, to decide where to live, etc.**

The right to legal capacity concerns all areas of life.

The CRPD states that people with disabilities have the right to make decisions in all aspects of life, including:

- **formal decisions: signing contracts, marrying, buying property, consenting to treatment, etc.**
- **informal, day-to-day decisions: deciding about clothes, meals, activities, personal relationships, etc.**

Mental health, guardianship and other related laws in countries around the world deprive people with psychosocial, intellectual or cognitive disabilities from making formal decisions (marriage, buying property and signing contracts, giving or refusing to give consent to health care and treatment). Instead, decisions are often made by court-appointed guardians, mental health and other practitioners and families. This formal practice of substitute decision-making has different names in different countries (e.g. guardianship, conservatorship, surrogate, supervision, mentorship, etc.). Mental health and related laws also allow practitioners or other persons to make decisions for people, including against their will, such as admitting them to mental health or related services and administering treatment.

People with psychosocial, intellectual or cognitive disabilities may also be deprived of the right to make informal, day-to-day decisions. These decisions may be made by others, particularly families and other care partners.

Making one's own decisions is something that many people take for granted. Yet it is often not a reality for many people with disabilities.

It is profoundly disempowering to deny people the right and opportunity to make decisions in their lives. Taking away an individual's right to make decisions in daily life deprives persons from having any control over their lives and from having their own identity.

Why is the right to make decisions important?

- **It allows people to control their own lives.**
- **It allows people to be full members of their community and for others to respect them as such.**
- **It allows people to better defend themselves against abuses, exploitation and discrimination.**
- **It conveys to everyone that people with psychosocial, intellectual or cognitive disabilities must be respected and treated as equals**

3. Supported decision-making

The CRPD acknowledges that at varying times people may need support to make decisions on their own. In such situations, people must be provided with the opportunity to have support. This is known as **supported decision-making**.

Support and supporters

Supported decision-making might involve enabling people with disabilities to identify people that they know and trust who can support them to make decisions, whether formal, informal or both. Supporters may sometimes be legally recognized (e.g. they may be specified as appointed supporters in representation agreements, advance directives, etc.). Supporters can also be informally designated by the person (natural supports, partner, circle of friends, etc.). Where such support networks do not exist, people can be assisted in establishing one.

Supporters can do many things. For example, they can:

- **offer emotional or practical support;**
- **assist in communication and accommodation;**
- **discuss issues with the person concerned;**
- **take time to understand the will and preference of the person;**
- **help the person to identify the advantages and disadvantages of a decision;**
- **help the person to weigh up different options or to identify alternatives;**
- **help the person to communicate their decisions to others (e.g. banks, utility companies, restaurants, mental health and other practitioners).**

Supported decision-making gives people the freedom to choose a person who can communicate their wishes and preferences when they are unable to do so themselves.

Supporters should not make decisions on behalf of the person or exercise undue influence over them. That is why it is important that people are able to choose supporters who they trust to provide the type of support they need and/or to communicate their decisions if that is desired. Supporters should also respect the fact that persons with disabilities are free to change their minds at all times.

Varying needs for support

It is important to note that support needs to be tailored to the person. Because the ability to make decisions can vary at different times in life, a person may need different levels of support. At times they may need no support in decision-making at all, at other times a small amount of support, and yet at others, more intensive support.

For example, persons with dementia may initially need no or minimal support, whereas later they may need more intensive support. In addition, some people may require support only for complex decisions while others may require support for simple, daily decisions. In situations of stress, people may need more support than at other times. It is important to build on people's unique abilities to provide appropriate support.

Respecting the will and preferences of the person

All decisions and forms of support (including the more intensive) must be based on the **will and preferences** of the person concerned, not on what others' perceive as being in their best interest.

Sometimes it may not be feasible to determine the person's actual will and preferences, even after using alternative communication methods, accommodations or other forms of support. In those situations, others have to make a **best interpretation of the will and preferences of the person**. This might entail finding out what the person has said they would want in these particular circumstances or drawing on one's knowledge of the person (e.g. finding what values and beliefs the person holds that may be relevant to the situation). Even when a decision based on the best interpretation of the will and preferences of the person has to be made, attempts should be made regularly afterwards to check how the person is responding to the decision and whether their ability to communicate decisions has improved.

This is very different from traditional models like substitute decision-making and guardianship where the "best interest" of the person is defined by other people (e.g. mental health and other practitioners, family members, guardians) even against the person's will.

The CRPD says models which do not respect the will and preferences of the person violate human rights and must be replaced by supported decision-making.

What is crucial about Article 12 is that people must be able to make decisions for themselves about all aspects of their lives. It includes the right to take risks and to make mistakes, like anyone else. It is also essential to remember that supported decision-making is voluntary. It cannot be imposed on a person. If someone refuses offers of support, their wish must be respected.

Facilitators need to be prepared for questions about applying article 12 in challenging situations (e.g. when a person appears to others to be completely unable to communicate, or when a person makes a decision that appears dangerous to others, etc.). The person must always drive decisions about his or her life, even in challenging situations which will require individualized support as determined by the person to be helpful. Building relationships and understanding the individual's will and

preferences in advance will often help to ensure that effective knowledge and strategies are in place to respect the individual's right to decide, even in challenging circumstances.

Participants may also raise concern about their current legal and policy context. Remind the group that it is important to advocate for policy change and law reform. Even though changes in laws and policies may not happen immediately, a lot can be done at the individual level on a day-by-day basis to change attitudes and practices.

These issues are covered in more detail in the module on *Supported decision-making and advance planning* which addresses more complex examples. However, participants may be encouraged to think in advance about these issues.



Exercise 5.2: What changes does article 12 bring? (15 min.)

Ask participants the following question:

- **How would respecting and implementing article 12 improve the lives of people with psychosocial, intellectual and cognitive disabilities?**

Possible responses might include:

- People with disabilities will have greater control over their lives.
- They will be empowered to make decisions such as where they want to live, the number of children they want to have, whether to receive treatment, etc.
- If people with disabilities are finding it difficult to make decisions about their finances or other matters on their own, they can access appropriate support to make these important life decisions.
- Respecting the right to make your own decisions can help change power imbalances between people who are using services and the service providers.
- If this right is respected, people with disabilities will be equal to everyone else.
- People with disabilities will lead more fulfilling lives.
- People with disabilities will feel and be respected and will gain more confidence.
- People with disabilities will be able to get married.
- They will be able to rent or buy a home.
- They will be able to decide how to spend their money.
- Forced institutionalization will be ended and people will be able to decide where to live.
- Others will become familiar with their preferences, will have to listen to them and will respect their decisions.
- People with disabilities will be able to find support to make decisions based on their own wills and preferences instead of having others make decisions for them based on perceived best interest.

Topic 6: Zooming in on article 16 – Freedom from exploitation, violence and abuse

Time for this topic

Approximately 30 minutes.



Exercise 6.1: Discussion on article 16 (18),(17) of the CRPD - Freedom from exploitation, violence and abuse (15 min.)

Again, it may be necessary to read through article 16 of the CRPD together with participants and to provide any necessary explanation.

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

Countries must make laws and rules to make sure that people with disabilities are protected within and outside their home from violence, and from being exploited or abused.

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.

Countries must prevent abuse by giving support, information and training to persons with disabilities, their families and caregivers. Everybody should learn how to avoid, recognize and report violence and abuse. They should make sure that support for preventing abuse takes into account women, older persons, children and persons with different kinds of disabilities.

3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

Countries must make sure that services that support people with disabilities are properly checked by an independent body.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

Countries must make sure that people with disabilities who have been abused get the help and support they need to keep them safe and help them recover from the abuse.

5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Countries must make sure they create laws and policies (including ones that focus on women and children) to effectively find out if abuses are occurring, to investigate these and take abusers to court.

Ask participants:

What other articles of the CRPD are relevant to the topics of exploitation, violence and abuse?

Many articles of the CRPD are relevant to this topic, the most obvious answers include:

- **Article 10 (the right to life)**
- **Article 14 (the right to liberty and security of the person)**
- **Article 15 (the right to freedom from torture or cruel, inhuman or degrading treatment or punishment)**
- **Article 17 (protecting the integrity of the person)**



Exercise 6.2: Freedom from exploitation, violence and abuse (15 min.)



Warning: This activity may provoke strong emotional responses from some people.

Facilitators should be mindful of this. Prior to this activity, let participants know that they should feel free to voice their emotions, 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.

Some participants may raise the issues of seclusion and restraints and forced admission and treatment in mental health and social services during this exercise. Inform the group that these topics will be discussed in more depth in other modules.

Ask participants to consider this question:

- **What kinds of violence, exploitation and abuse do you think people with psychosocial, intellectual or cognitive disabilities experience?**

Possible responses may include:

- They are often victims of physical, sexual, emotional abuse and neglect in the community and in services (e.g. through chaining, shackling, isolation in rooms or sheds, abuses by religious or traditional healers).
- They can be victims of financial exploitation (e.g. family members may forcibly move them into residential care in order to sell the family home and take over their finances or assets)
- Many experience seclusion and restraint, detention and forced treatment in mental health and social services. They may be threatened with these practices if they do not consent to treatment.
- They can be victims of forced sterilization or abortion.
- People who use mental health and social services are often neglected, not offered any meaningful activities and are heavily medicated so that they are “easier to manage”.
- People with disabilities are sometimes used for medical experiments without their informed consent.
- They are sometimes ill-treated by law enforcement officials.
- They may be bullied, raped or robbed.

Then ask the group:

- **How would being free from exploitation, violence and abuse improve the lives of people with psychosocial, intellectual and cognitive disabilities?**

Possible responses may include:

- They will be free from abuse (physical, emotional and sexual), and can feel safe in the community and in places where they are supposed to be receiving support, and can trust the people who provide them with care and support.
- They will be free from seclusion, physical and chemical restraints, forced treatment, forced sterilization or abortion as well as other coercive practices.
- They will always have a say in what treatments they receive and will never be forced into a treatment they do not want.
- They will be treated with dignity and respect.

Topic 7: Zooming in on article 19 – Living independently and being included in the community

Time for this topic

Approximately 20 minutes.



Exercise 7.1: Discussion on article 19 of the CRPD – Living independently and being included in the community (10 min.)

Ask participants the following question:

What does it mean for you to live independently and to be included in the community?

Then, if necessary, ask participants to read through article 19 of the CRPD, using the following slides:

Article 19 - Living independently and being included in the community

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

People with disabilities have the right to live like other people and to have the same choices in life. Countries should make sure that people with disabilities:

- a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

Can choose where to live and with who. They should not be forced to live somewhere if they do not want to;

- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

Have access to a lot of different community services so they can live with others in the community. They should not live in places that isolate them or keeps them away from their community;

- c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Have access to the same community services as all other people.



Presentation: Article 19 of the CRPD – The right to live independently and to be included in the community (10 min.) (19), (20), (21)

Article 19 has 3 key dimensions:

1. **Choice:** Persons with disabilities must be able to choose from the same range of service and support options as other people. They should have the same opportunities for choice and control over their lives as anyone else.
 - **To make choices, people need to be able to exercise their legal capacity. Article 12 is very important to the realization of article 19: it allows people to make decisions about where and with whom to live but also day-to-day decisions such as when to go out, what to eat, what to wear, whether to sleep late in the morning or go to bed late at night, be inside or indoor, have tablecloth and candles on the table, have pets or listen to music. These actions and decisions, whether big or small are part of who we are. Therefore, being able to make choices about them is essential to one's autonomy and freedom.**
 - **Choice also means that people cannot be forcibly admitted to institutions. It doesn't matter whether the institutions are big or small or where they are located. If services do not respect people's choices on a day-to-day basis (e.g. who can visit, what to eat, what activities to do) they are not in line with article 19.**
2. **Support:** A wide range of support services should be available to enable people to live in the community.
 - **People with disabilities should have choice and control over their support and should be able to make decisions about the type of support they want, and how, where and by whom it should be provided.**
 - **Support services may include: cash transfers (e.g. social benefits), personal assistance, help with self-care, crisis respite, help with advance planning, family crisis services, mediation, help with housekeeping and transportation, raising children, taking care of pets, selecting caregivers.**
 - **It is important to remember that people have the choice whether to interact with mental health services or not. Persons with psychosocial, intellectual or cognitive disabilities may not want to access mental health services and may prefer other forms of support.**
 - **People have the right to create their own supports, to access personal assistance and other supports outside the mental health system, to access all services and facilities provided to members of the community such as fitness training, yoga, cultural activities and religious worship.**
3. **Availability of community services and facilities:** Services and facilities available to the general population must be available to persons with disabilities (e.g. they have the right to go to a public school, to access the job market, to access health services, use shelters, use public transportation, go shopping, go to the cinema, etc.).

- The community is not a specific geographical or physical location; it is all places where people interact with each other. Therefore, people with disabilities should be able to be independent in the community everywhere and for all types of activities.
- Many services, even if they are located in the community, may not be inclusive and may perpetuate segregation and exclusion (e.g. group homes, sheltered workshops, day-care centres).
- In some countries, people tend to live with their families with several generations under the same roof while in other countries having a place on one's own is an important component of what being independent means.
- When article 19 refers to independent living, it does not mean that people with disabilities must live on their own, live away from their home, do everything by themselves or manage without support. Rather, article 19 means that people with disabilities must have the same choices in terms of living arrangements, and all other areas of life, as all other people in their community. Therefore, States Parties must develop a variety of services that are culturally appropriate for their specific communities, including indigenous peoples, ethnic minority groups and people living in rural areas.
- In summary, article 19 has important implications for people with psychosocial, intellectual and cognitive disabilities. In particular, it prohibits forced institutionalization of people in mental health or social services and requires that people have access to a wide range of services (not only mental health and social services) to support them in living in the community.

For a short presentation of article 19 of the CRPD, show participants the following video:

UN CRPD: What is article 19 and independent living? Mental Health Europe (3:06) <https://youtu.be/gv7fJ2kJXKo> (accessed 9 April 2019).

Subtitles are available for this video by clicking on the "subtitles/closed caption" button.



Reflective exercise (5 min.)

Ask participants to think about the following question before the next topic:

- Do you think that the rights outlined in the CRPD are currently protected, respected and fulfilled for people with psychosocial, intellectual and cognitive disabilities?

Topic 8: Empowering people to defend CRPD rights

Time for this topic

Approximately 1 hour and 5 minutes.



Reflection from previous topics (15 min.)

Give participants the opportunity to share their thoughts on the question asked at the end of the previous topic:

- **Do you think that the rights outlined in the CRPD are currently protected, respected and fulfilled for people with psychosocial, intellectual and cognitive disabilities?**

This reflective exercise provides the transition for participants to start thinking about how they can have a positive impact on the human rights of people with psychosocial, intellectual and cognitive disabilities. Try to focus the discussion beyond the mental health and social services context, so that participants explore the roles of individuals or groups in the wider society in protecting the rights in the CRPD.

The CRPD in the context of mental health and social services will be explored in more depth in the modules on *Recovery and the right to health*, *Legal capacity and the right to decide*, and *Freedom from coercion, violence and abuse*.



Exercise 8.1: Why should I get involved and will it change anything? (30 min.)

For this exercise you will be using the list of CRPD rights available in Annex 3. The purpose is to begin a discussion on why participants should be involved in the promotion of the rights of people with psychosocial, intellectual or cognitive disabilities and what they can do. This discussion should address each group represented in the room. To guide them, ask the following questions:

- **Why is it important that you, as an individual, actively uphold the rights of people with psychosocial, intellectual and cognitive disabilities?**

Encourage participants to speak from their own perspectives (e.g. as a person with lived experience, a family member, mental health worker or other professional, a human rights advocate or others). Remember that people may belong to more than one group.

Potential answers from people with psychosocial, intellectual and cognitive disabilities:

- Leading the way in formulating our rights, remedies, new attitudes and practices can contribute to changing the world in a positive way.
- Protecting and respecting our rights enable us to be heard and seen and to create knowledge from our shared experience.

- The more our rights are respected, the more we can contribute a wide array of expertise, skills and talents which can benefit everyone.
- Our struggle is linked with other people's struggles against discrimination of any kind, poverty and power imbalance.
- We are human beings and should have the same opportunities as everyone else.
- We know what is best for us, what is helpful and what is not helpful and harmful.
- We have the right to participate in all actions and issues affecting us and to provide leadership and guidance to those who want to join us in making changes .

Potential answers from mental health and other practitioners:

- I want to provide support to the people who come to my service.
- It is my legal obligation.
- This is part of my job and my responsibility.
- It is the right thing to do.
- By providing care and support that respects people's rights, people are more likely to accept the services we provide, to respond well to our care and support and to recover.
- I aim to provide services of quality that are freely chosen by people and which do not go against their will.

Potential answers from family members and care partners:

- I want what is best for my relative and these rights give them the best opportunities to live a good life.
- I want to have an important role in enabling my relative to live a more fulfilling life by respecting their rights, accepting their choices and changing some of my actions.

Potential answers for other groups represented:

- As a peer supporter, it is my role to support others in realizing their rights.
- As an advocate, I have an important role to play in raising awareness in society and claiming rights.
- As a lawyer, my job is to support people in claiming their rights in court and I want to be able to do so successfully.
- As a public official, it is my obligation to respect international law and give full effect to the rights of the CRPD.
- As a member of the police, it is my duty to protect all citizens, including citizens with disabilities.
- As a teacher, I want education to be more inclusive of persons with disabilities.
- As a religious or community leader, it is my duty to support all members of my community, including marginalized groups such as people with disabilities.

After this initial discussion, ask the group:

- **Can you think of some concrete actions that you could undertake to make the rights in the CRPD a reality?**

In answering this question, it is important for participants to understand that respecting the rights in the CRPD may involve changing their own day-to-day practices.

Potential answers from people with psychosocial, intellectual and cognitive disabilities:

- I can support others whose rights have been violated.
- I can help others to understand our rights.
- I can start to explain my rights to others, including my family.
- I can speak with local officials about the need for change.
- I can help other persons in the same situation.
- I can talk about my experience to raise awareness about disability and human rights and make recommendations for change in law, policy and practices.
- I can work on creating support alternatives and/or advocacy actions.
- I can connect with local, national, regional and international organizations of persons with disabilities and other allies to share information and experience about strategies to claim our rights.
- I can use my professional training and skills as a lawyer / artist / journalist/ researcher / writer/ support worker/ mental health or other practitioner to benefit the movement and promote change.
- I can bring my perspective of a person with a disability to my work as a lawyer, artist, journalist, researcher or mental health or other practitioner.
- I can speak with lawyers, human rights advocates, national human rights institutions, NGOs, journalists and other potential allies to seek their support and collaboration in changing laws and seeking redress for people whose rights have been violated.

Potential answers from mental health and other practitioners:

- I can make sure that my clinical practice respects the principles and rights in the CRPD.
- I can train and inform other staff about human rights and make sure that my colleagues understand the rights in the CRPD.
- I can talk to people with psychosocial, intellectual or cognitive disabilities in my workplace about their rights.
- I can listen to people with psychosocial, intellectual or cognitive disabilities when they raise issues about rights that I may not have considered before.
- I can speak to the service management about action that can be taken in my service to improve respect for people's rights.
- I can speak with local officials about the need for change.
- I can make sure people with psychosocial, intellectual or cognitive disabilities participate in decisions concerning the running of the service.
- I can respect and support people's right to choose, including to choose their own understanding of their distress and what care, support and/or treatment options they want to have.
- I can offer people different perspectives and potential explanations of their distress.
- I can join national and/or international advocacy efforts to promote a human rights-based approach in services.

Potential answers from family members and other care partners:

- I can help my relative voice their wishes and preferences and support them in explaining these to others to make sure they get the support they want.
- I can tell my relative what I have learned about their rights, and explain it to them as best as I can.
- I can support my relative in a respectful way.

- I can refrain from overprotecting my relative.
- I can make sure that I listen to and respect the views and decisions of my relative.
- I can support and encourage my relative to make decisions and become more independent.
- I can make sure that the rights of my relative are being respected by other family members, by mental health workers and other practitioners, etc.
- I can speak with local officials about the need for change, and about the creation of the services to meet my relative's needs and services that my family needs.
- I can help my relatives to claim their rights .
- I can support my relative to engage with networks of people and activities such as sports clubs and leisure and cultural activities.
- I can raise awareness in my community in order to break down stigma, stereotypes and prejudices.

Potential answers from other groups represented:

- As a peer supporter, I can give people the information they need to defend their rights.
- As an advocate, I can launch a campaign to raise awareness about the CRPD.
- As a lawyer, I can bring cases to court to make the government change the law in line with the CRPD.
- As a public official, I can push for law reform in compliance with the CRPD.
- As a member of the police force, I can remain vigilant in order to ensure that persons with disabilities in my community are being treated with respect and that all their rights are respected.
- As a teacher, I can advocate for inclusive education and more training and resources to support the needs of student with disabilities.
- As a religious or community leader, I can raise awareness about the rights of people with disabilities and the importance of respecting and including them as member of the community.

Explain to participants that the rights in the CRPD are human rights and should always be respected, protected and fulfilled.

However it is also valuable to look at the benefits that upholding human rights may have for the different groups concerned.

Therefore ask the group:

If everyone takes action to fulfil the rights of the CRPD, what would be the positive impact of these actions for the following groups:

- **People with psychosocial, intellectual or cognitive disabilities?**
- **Mental health and other practitioners?**
- **Family members and other care partners?**
- **Other relevant persons in the community?**

Potential benefits for people with psychosocial, intellectual or cognitive disabilities:

- They would have greater independence and be less dependent on family, friends and mental health and other practitioners.
- They would feel more empowered to take control over their own life and recovery.
- They would feel more confident that they would not be taken advantage of or abused.

- They would feel more empowered to shed light on human rights violations that they may experience.
- They would be able to develop new skills.
- They would be able to contribute skills and talents to society.
- They would be safe from coercive intervention.

Potential benefits for mental health and other practitioners:

- They would be able to provide better quality of care for people.
- They would see better outcomes for people so they would feel happier in their job.
- They would be able to improve the services provided.
- The service would be a more enjoyable place to work.
- People to whom they provide care and support will lead more fulfilling and dignified lives which in turn would make them proud of their job.

Potential benefits for family members and care partners:

- They would feel happier because their relative will have a better quality of life.
- They can feel proud of their relative's achievement and focus on their strengths and abilities.
- If their relative is receiving good-quality care and support and if their rights are respected, then family members and care partners will feel more confident and less stressed.
- Their relative will be able to become more independent and will be able to engage more fully in family life.

Potential benefits for other relevant persons in the community:

- Peer supporters will be able to support others more efficiently.
- Advocates will be able to help people secure their human rights more effectively.
- Lawyers will be able to defend human rights more effectively in courts.
- Public officials will have the satisfaction of seeing more effective services and supports for people with psychosocial, intellectual or cognitive disabilities.
- Members of the police will be able to work in a more respectful and safe community.
- Teachers will be able to provide education to a diverse group of people.
- Religious or community leaders will see more respect for diversity in the community



Exercise 8.2: Taking action to promote CRPD rights (20 min.)

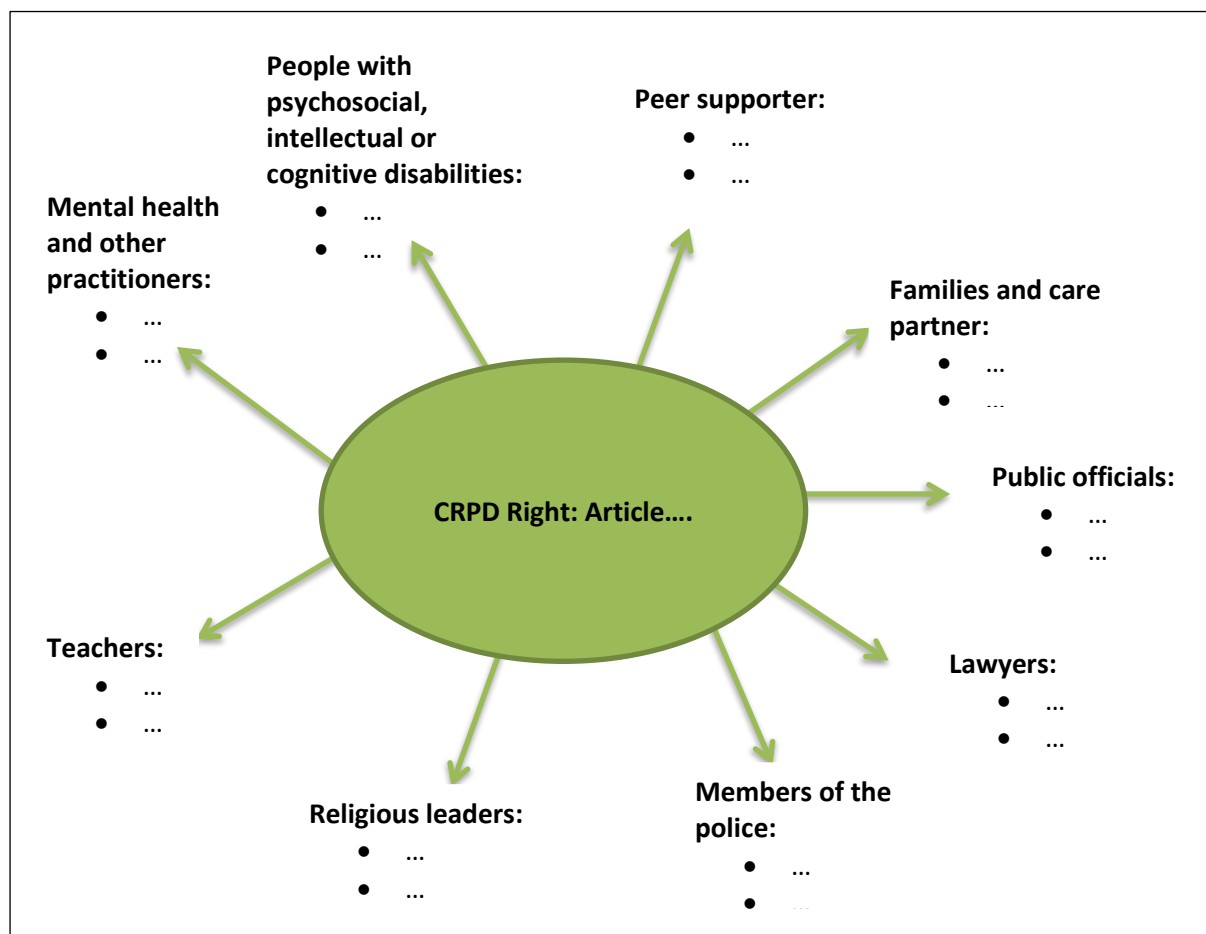
In order to summarize the previous discussion briefly, explain to participants that we all have different roles in society but that we can all contribute to respecting, protecting and fulfilling the rights of people with disabilities.

Ask participants to take their copy of Annex 3 (The rights of the CRPD). Divide participants into 3 groups. Allocate one article (articles 12, 16 and 19) to each group.

Give the 3 groups 15 minutes to discuss the following question and then report back to the plenary:

- **What actions can you take to protect this right of the CRPD?**

When participants report to the plenary, display the answers to the question on the flipchart in the format of a spider diagram (as below). Draw branches from the circle for each group represented.



The diagram above is an example of how the spider diagram might appear. The facilitator can draw a separate spider diagram for each article or add participants' answers to the same diagram.

Potential answers in relation to article 12:

Potential answers from people with psychosocial, intellectual and cognitive disabilities:

- Share with others our knowledge of article 12 and its implications for our rights.
- Assert our right to drive all decisions on all issues affecting us, including treatment, financial, personal and other decisions (e.g. having a partner, intimate relationship, children, how to spend our money, etc.).
- Seek redress and support from others when our right to make decisions has been violated.

Potential answers from mental health and other practitioners

- Respect people's right to make decisions by requesting, and following, their instructions regarding whether they would like to receive certain treatments or not, which type of treatment they wish to receive, and on everyday things such as what activities they would like to do or what food they would like to eat.
- Give people more time to reach a decision.

- Make sure that people can access formal or informal support persons of their choosing to make their decisions
- Inform authorities if we see others failing to treat persons with disabilities with dignity.
- Support people to access complaints mechanisms and/or get in contact with lawyers if they require them.
- Make sure that people have access to information like medical files.
- Facilitate access to independent advocacy organizations and peer support groups.
- Make sure that people have access to their own money and property and respect the decisions that they make around these matters.
- Make sure people with lived experience are employed at all levels of the service (e.g. as peer support workers, managers, etc.).
- Ensure that people are treated equally and given a voice in terms of the running of the service and can participate in quality assessments.

Potential answers from family, care partners and other supporters:

- Always treat our relatives with dignity and respect.
- Make sure we listen to and respect all decisions and choices made by our relatives.
- Support our relatives in decision-making (e.g. by discussing and explaining different options) and help them to communicate their decisions.
- Make sure that others respect our relatives' decisions.
- Support our relatives in accessing complaints mechanisms or getting help from the legal system if needed.
- Make sure we involve and consult our relatives on all decisions and issues affecting family life.

Potential answers from other groups represented:

- Peer supporters can encourage others to respect people's right to make decisions.
- Peer supporters can encourage and support others to voice their preferences and decisions.
- Advocates can campaign for the abolition of guardianship laws and their replacement by laws that introduce supported decision making.
- Lawyers can provide information about the right to legal capacity and support people in bringing claims before courts.
- Public officials can support the repealing of laws that allow for a person's legal capacity to be restricted and support the creation of laws and policies that respect and ensure the right of people with disabilities to make decisions and to access supported decision making mechanisms.
- Public officials and members of the police force can provide information about rights and legal procedures in an easy-to-read format / braille / audio.
- Teachers can support people in accessing the resources they need when they look for information on specific topics.
- Religious and community leaders can provide spiritual guidance when people approach them for advice.

Potential answers in relation to article 16:

Potential answers from people with psychosocial, intellectual and cognitive disabilities:

- Fight to change laws that allow for exploitation, violence and abuse to be perpetuated against us.
- If we feel that we are being abused, inform someone who is trustworthy and also lodge a complaint about this.
- Help others who may be experiencing abuse by supporting them to report abuse.
- Draw attention to our specific concerns and needs, including gender-based issues, related to preventing and addressing abuse.

Potential answers from mental health and other practitioners:

- Always treat people with respect and dignity, regardless of disability, gender, age or other factors.
- Participate in training to eliminate violence, abuse and coercive practices from our practice.
- Make sure that people are not afraid to report abuses and are listened to.
- Make sure that our responses to behaviours we find challenging never involve using force and coercion or hurting the person.
- Allow independent human rights defenders and advocates to access services to support people in filing complaints.
- Establish easily accessible complaints mechanisms and make sure that allegations of abuses are thoroughly investigated and remedied.
- Request further resources and training (e.g. on de-escalation techniques for avoiding or managing crises).
- Ensure that our colleagues uphold the principles of the CRPD in their work, treating all people as equals and without discrimination.

Potential answers from family and other care partners:

- Make sure that we are not behaving in an abusive way.
- Be careful about the way our relatives are being treated by people involved in their care and support.
- If we are concerned about any mistreatment or abuse, reach out to someone who can help.
- Ask to be actively involved in staff training in order to foster respect for the rights of people with disabilities.

Potential answers from other groups represented:

- Peer supporters can support people in accessing complaints mechanisms and can provide emotional and practical support for people who have experienced abuse.
- Advocates can organize training to prevent, identify and report abuse and to highlight how gender, age and other diverse factors need to be considered in doing so.
- Lawyers can support people in legal proceedings when they have been abused and can help them to obtain remedies to their complaints.
- Public officials can repeal laws and regulations that allow coercive practices in services, including detention, non-consensual treatment, seclusion and restraint.
- Public officials can create and fund mechanisms to monitor services for people with psychosocial, intellectual or cognitive disabilities to make sure high-quality standards of care and human rights are being respected.

- Public officials can ensure that laws and mechanisms are in place to make sure that anyone who violates this right is accountable and faces justice.
- Public officials can push for the development of clear guidelines on the correct way to manage crisis situations and on how to avoid coercive practices, violence and abuse.
- Public officials can provide financial and other necessary resources for training and support for mental health and other practitioners.
- Members of the police force can make sure that people with disabilities are able to access procedures to report abuse and that abuses are properly investigated.
- Teachers can educate on the importance of respecting each other and not tolerating any form of bullying.
- Religious and community leaders can make sure they find time to meet people who have been abused and provide support to them.

Potential answers in relation to article 19:

Potential answers from people with psychosocial, intellectual and cognitive disabilities:

- Assert our right to live the life we want, where we want to live it and with whom.
- Advocate to make all facilities and services in our community accessible for us.
- Seek help from lawyers and advocates when we are separated from our community (e.g. because of forced admission to mental health services, because of lack of options for independent or community living, etc.)

Potential answers from mental health and other practitioners

- Make sure that our services respect people's right to live in the community and do not segregate them from their community, even for short periods of time.
- Make sure that our practices are respectful and supportive of people's choices and preferences concerning their way of life and habits.
- Make sure that our service does not impose rules that undermine people's identity and choices (e.g. rigid routines, impersonal group activities, uniform clothing, etc.).

Potential answers from family and other care partners:

- Respect our relatives' day-to-day choices and way of life.
- Support people in accessing facilities and services in the community.
- Support our relatives when it is their wish to (re)gain more independence.
- Talk to people in our community about the right of our relatives to be included in the community.

Potential answers from other groups represented:

- Peer supporters can support people to access housing and other supports and services of their choice.
- Advocates can campaign for the closure of institutions and the development of community services.
- Lawyers can support people in obtaining remedies when they have been segregated from their community.
- Public officials can support deinstitutionalization policies and the creation of a broad range of community services and supports which are accessible to people with disabilities.

- Members of the police can make sure that people with disabilities are not abused, excluded or bullied in the community. They can receive training on how to be open and tolerant to people who demonstrate unusual behaviours in public places.
- Teachers can advocate for more support to enable children with disabilities to attend school.
- Religious and community leaders can make sure that all community spaces and places of worship are accessible and open to people with all variety of disabilities.



Concluding the training (10 min.)

In conclusion, ask the participants the following question:

What are the key points that you have learned from this training?

Once participants have had the opportunity to answer, follow the discussion with these take-home messages.

Take-home messages

- Many actions can be taken to fight discrimination and other human rights violations and to protect, respect and fulfill the rights of persons with disabilities.
- The CRPD is a legally binding Convention that is key to protecting the rights of people with disabilities, including the rights of people with psychosocial, intellectual and cognitive disabilities.
- Everyone can play an important role in making sure that the rights of people with psychosocial disabilities and with intellectual disabilities are respected, protected and fulfilled.

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Annexes

Annex 1: Scenarios

Topic 1: *Presentation: Defining discrimination – Anastasia*

Anastasia lives in the poorest area of a large urban city. She has been suffering from stomach pain for a few weeks. As she does not have enough money to pay for a private doctor, she has to present herself to the emergency department of a general hospital. The emergency staff know her as she was brought by the police for mental health issues before. When she complains to the staff about the stomach pain, they say that she is imagining it and send her away. Two days later she has to be brought back by ambulance and she is diagnosed with a perforated ulcer.

Topic 4: *Exercise 4.1 – Different scenarios, Option 1, Long scenario A: Amelia’s Story*

Amelia is a young woman who was diagnosed with Down syndrome. At birth, her parents were told by the staff at the hospital that she was a lost cause and that they should give up on her and place her in an institution. Due to the lack of support in the community, her parents reluctantly decided to do so thinking that she would have more life opportunities. As a consequence, she spent her childhood in an orphanage for children with disabilities. The education she received was provided by the orphanage and was very limited. She could not go to school like other children. When she turned 18, she was moved to an institution for adults.

One day, a crew from the national television service came to make a documentary about the people residing in the institution. The residents were not asked to give permission for being filmed and when the documentary was broadcast on television, many residents, including Joan, were clearly identifiable. Medical information was also disclosed. The documentary depicted the residents in a very negative and stigmatizing way.

The documentary caught the attention of a national human rights NGO which decided to provide support to the residents. When they visited the institution and talked to Amelia, she explained that she was very upset about the images of her shown on television but that she did not know what to do about it. She also explained that she did not like living there but she had never known anything else and that she was very afraid to live outside by herself.

People at the NGO offered to put her in contact with a legal aid service to claim damages in regard to the documentary and to make sure that it would not be broadcast in future. She agreed and, with the support of the legal aid service, initiated a proceeding. However, when she received the paperwork, it was written in very small characters and full of words that she could not understand. She was very distressed at first but when she contacted the legal aid service they offered to meet her to explain the paperwork and to help her fill it in. Ultimately her claim was successful.

The NGOs also supported her to move to a supported house in the community with two other residents. After a few months she gained increasing confidence and decided to start vocational training as part of an employment programme.

Topic 4: *Exercise 4.1 - Different scenarios, Option 1, Long scenario B: Karim’s story*

Two months ago Karim felt a loss of control, had a gloomy outlook and could not get out of bed for days. Karim wanted to go to sleep and not wake up, feeling so hopeless that he attempted to end his

life. He was admitted to hospital and his physical injuries were treated. He was then admitted without his consent to a psychiatric unit. During his time at the psychiatric unit he was restrained to a bed, forced to take medications, isolated in a room and was not consulted regarding his options. He overheard staff discussing his health care, and anyone else could hear his personal information being shared. He wanted to leave but was not allowed to phone his father. Now Karim is reluctant to speak openly about his thoughts of hopelessness for fear that he may be locked up again.

Karim has recently lost interest in spending time with his family and friends. He has periods of time when he has little energy and becomes worried at the prospect of seeing others and then avoids the interaction entirely. His mother told him to toughen up and to avoid sharing how he feels with anyone outside his family due to concern about bringing shame on his parents.

Karim did not complete his schooling and feels this has limited his job opportunities and confidence. When he has managed to secure a job, he has had difficulty maintaining it in the long term. In a recent job working in a cafe, his boss ended his employment within a few weeks without explanation. He continues to search for a new job but feels that he may be rejected once more.

After Karim was released from the hospital, his father prevented him from helping with his sister's children. His father said it was due to concerns that he might harm them. Karim still maintains hope of going back to school, finding a job and having a relationship. He longs for life to return to normal and to laugh with his friends again.

Topic 4: Exercise 4.1 – Different scenarios, Option 2, Minsuh

Minsuh is a 27-year-old woman. When she was 20, she first began to hear frightening voices and to have thoughts that people were trying to send her messages through the television. Her voices ceased for several years and during this time she got married. She was also able to receive support from a psychologist and an occupational therapist to help her work through some of the concerns that were troubling her.

Recently, she has started to hear the voices again and has become increasingly distressed, to the point where her husband decided to call an emergency doctor. The doctor committed Minsuh to a psychiatric hospital against her will. The hospital is far away from her home town and from her loved ones. At the hospital, Minsuh is told that she must take a neuroleptic drug, which she does not want to do.

On her first day there, she sees hospital staff putting a man in restraints and giving him an injection. She is told that this is because the man refused to take the medication. She becomes frightened and agrees to take the medication which makes her feel unwell and out of touch with her emotions. She explains this to the doctor, but the doctor's only proposal is to increase the dosage. She doesn't know what to do. She wants to get out and stop taking the medication but lack of contact with family and friends has left her isolated, feeling lonely, despondent and powerless about her situation.

Topic 4: Exercise 4.1 – Different scenarios, Option 2, Claire

Claire is a 35-year-old woman with an intellectual disability. She lives with her family, and her mother is her primary care partner. She has many friends in the neighbourhood and is able to visit them when she likes. Claire works in a local restaurant and enjoys meeting new customers and seeing them leave happy after a good meal. In her spare time Claire plays badminton in a local sports club. She is also a member of a group that supports people with intellectual disabilities. Next summer she is hoping to have saved enough money to go on a short trip with some friends.

Topic 4: Exercise 4.1 – Different scenarios, Option 2, Pradeep

Pradeep is 75-year-old man with dementia. He has lived in a small, comfortable care home in his community for some time now and he has been very content there. His main care partner at the care home, Seema, knows that at times Pradeep can act in ways that people find upsetting. In these situations, she knows how to help him to regain control in a calm way. However, Seema was unable to come into work for several weeks and was replaced by Vikram who did not know Pradeep so well and did not understand his actions or behaviour when he became distressed.

One day Pradeep was particularly distressed and agitated. Vikram tries to get him to take sedative medication but he refuses. Vikram then straps Pradeep to the bed and forcefully gives him the medication. When Pradeep's relatives come to visit him, they notice that he has bruises all over his body. Pradeep informs them that his new care partner at the home had been violent with him. His relatives were extremely upset at the way Pradeep was treated and asked for an explanation from the care home staff. They urged the management to take measures to prevent this from happening again.

Annex 2: The Universal Declaration Of Human Rights 1948

(Original version with 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.

Annex 3: The Convention on the Rights of Persons with Disabilities

(Original version with simplified version)^{3,4,5}

Different language versions (including sign language) are accessible at the following link:

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html> (accessed 5 March 2018).

Article 1 - Purpose of the Convention

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The goal of this Convention is to make sure that people with disabilities have the same rights as everybody else and that they are respected by others.

Article 2 – Definitions

For the purposes of the present Convention:

"Communication" includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;

"Language" includes spoken and signed languages and other forms of non spoken languages;

"Discrimination on the basis of disability" means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political,

³ Committee on the Rights of Persons with Disabilities. General comment No. 5, Article 9, on living independently and being included in the community (document CRPD/C/GC/5, online publication). Geneva: Convention on the Rights of Persons with Disabilities; 2017.
(https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolNo=CRPD%2fC%2fGC%2f5&Lang=en, accessed 18 November 2018).

⁴ Convention on the Rights of Persons with Disabilities (CRPD). United Nations (UN) General Assembly Resolution A/RES/61/106, 24 January 2007. New York (NY): United Nations; 2007.
(<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>, accessed 20 November 2018).

⁵ United Nations (UN) Enable. International agreement on the rights of disabled people (easy-read version) [online publication]. New York (NY): United Nations; 2012.
(<https://resourcecentre.savethechildren.net/sites/default/files/documents/6761.pdf>, accessed 2 February 2017).

economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation;

"Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;

"Universal design" means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

"Communication" means all the ways used by people with disabilities to talk and understand information, for example computers, easy-read or Braille.

"Discrimination" means being treated unfairly because you have a disability. It includes not getting reasonable accommodation.

"Language" means any way people talk to each other, including sign language.

"Reasonable accommodation" means modifications of the environment which allow people with disabilities to enjoy their rights (for example this includes making adjustments and accommodations in educational, employment, and other contexts to make sure that people with disabilities have the same opportunities as others).

"Universal design" means products and items made for and usable by everybody, including people with disabilities.

Article 3 - General Principles

The principles of the present Convention shall be:

- a. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- b. Non-discrimination;
- c. Full and effective participation and inclusion in society;
- d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- e. Equality of opportunity;
- f. Accessibility;
- g. Equality between men and women;
- h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

The basic ideas of the convention are:

- a. People must be respected for who they are and are free to make their own choices;
- b. No one should be discriminated against (i.e. treated unfairly);
- c. People with disabilities have the right to be part of, and participate in, the life of the community and society;
- d. Everybody, including people with disabilities, is different and this is a good thing. People with disabilities must be respected and accepted like everybody else;
- e. Everyone should have the same chances in life;
- f. People with disabilities should have access to all the services and activities that others enjoy;
- g. Men and women are equal;
- h. The capacities of children with disabilities to make decisions and to do things for themselves will develop as they grow up and this needs to be respected.

Article 4 - General Obligations

1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:
 - a. To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;
 - b. To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
 - c. To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;
 - d. To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;
 - e. To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;
 - f. To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;
 - g. To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;

- h. To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;
 - i. To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention so as to better provide the assistance and services guaranteed by those rights.
2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.
 3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.
 4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.
 5. The provisions of the present Convention shall extend to all parts of federal states without any limitations or exceptions.

What do countries need to do?

1. All countries should make sure the rights of people with disabilities are respected and that they are treated equally. They do this by:
 - a. Making or changing laws and rules;
 - b. Changing law, rules or behaviours that cause people with disabilities to be treated unfairly;
 - c. Taking into account the human rights of people with disabilities anytime they put in place a policy or programme;
 - d. Not doing things that are against the Convention and making sure that the government and authorities respect this Convention;
 - e. Taking steps to make sure that people, organizations or companies treat people with disabilities equally and fairly.
 - f. Developing items and services that everybody can use;
 - g. Developing and using technology to help people with disabilities and making sure that they can access this technology without spending a lot of money;
 - h. Giving accessible information to people about things or services that can be useful and helpful;

- i. Training people so they can respect the rights protected by this Convention.
- 2. All countries should do as much as they can afford to make sure people with disabilities are not discriminated against.
- 3. All countries should involve people with disabilities in making new laws and policies.
- 4. When countries have rules or laws which are even better than the Convention, they should not change them.
- 5. The Convention applies everywhere in countries.

Article 5 - Equality and non-discrimination

- 1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.
 - 2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.
 - 3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.
 - 4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.
- 1. Countries agree that everyone is equal.
 - 2. Discrimination against people with disabilities is not allowed and the law protects people against discrimination.
 - 3. Countries should make sure that people get the reasonable accommodation they need (i.e. that modifications and adjustments are made within society so that people can access information, services, activities and opportunities like everybody else).
 - 4. When countries make specific laws or rules to make sure that people with disabilities are equal in practice, this is not discrimination.

Article 6 - Women with disabilities

- 1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.
1. Women and girls with disabilities are often treated even more unfairly. They should also enjoy all their human rights.
2. Countries should make sure that women and girls have enough chances in life and power and control over their lives to enjoy all the rights of the Convention.

Article 7 - Children with disabilities

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.
1. Children with disabilities should enjoy their human rights, like other children.
2. When things are done for children, what is best for them is the most important thing to think about.
3. Countries should make sure that children with disabilities have the right to give their opinion. Their point of view should be respected more and more as they grow up and mature. When necessary, help needs to be given to children to express their opinion.

Article 8 - Awareness raising

1. States Parties undertake to adopt immediate, effective and appropriate measures:
 - a. To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;
 - b. To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;
 - c. To promote awareness of the capabilities and contributions of persons with disabilities.
2. Measures to this end include:
 - a. Initiating and maintaining effective public awareness campaigns designed:
 - i. To nurture receptiveness to the rights of persons with disabilities;

- ii. To promote positive perceptions and greater social awareness towards persons with disabilities;
- iii. To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;
- b. Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;
- c. Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;
- d. Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.

1. Countries should immediately:

- a. Help everybody realise that people with disabilities have equal rights;
- b. Combat false ideas about people with disabilities and practices which hurt them;
- c. Show that persons with disabilities can and do contribute to society.

2. They should do this by:

- a. Campaigning to make people think positively about disability.
- b. Teaching children and adults the importance of respecting the rights of people with disabilities.
- c. Encouraging the media to talk positively and in a respectful way about people with disabilities.
- d. Supporting other awareness-raising programmes.

Article 9 - Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:
 - a. Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
 - b. Information, communications and other services, including electronic services and emergency services.
 2. States Parties shall also take appropriate measures to:
 - a. Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
 - b. Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
 - c. Provide training for stakeholders on accessibility issues facing persons with disabilities;
 - d. Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
 - e. Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
 - f. Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
 - g. Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;
 - h. Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.
-
1. To make it possible for people with disabilities to be with others in society and to do the same activities as others, countries should give them access to transport, information, buildings, services and any other service or item to allow this. Countries should also remove all the obstacles that make it difficult for people to be with others in society.
 2. They should do this by:
 - a. Making rules to make public buildings and services accessible to people with disabilities;
 - b. Making sure that building and services offered by private companies (or other private organisations) are accessible to people with disabilities;
 - c. Training people on accessibility;
 - d. Writing signs in public buildings in Braille and in simple language or form so that everybody can understand;

- e. Making persons available to guide people with disabilities in public buildings, for example guides, readers and people who can translate sign language;
- f. Promoting other forms of assistance;
- g. Making sure that people with disabilities have access to new technology like internet;
- h. Supporting the creation of technology and tools which are already accessible to everybody so that people can buy them at a low price.

Article 10 - Right to life

States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.

Everybody has the right to life. Countries must make sure that people with disabilities enjoy this right like everybody else.

Article 11 – Situations of risk and humanitarian emergencies

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

Countries must make sure that people with disabilities are properly protected during dangerous situations like wars and natural disasters (for example, hurricanes, earthquakes, floods, etc.).

Article 12 - Equal recognition before the law

1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.
2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.
3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.
4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.
5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other

forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

1. The law must recognize that people with disabilities are human beings with rights and responsibilities like anyone else.
2. People with disabilities have the same rights as everybody else and must be able to use them. People with disabilities must be able to act under the law which means they can engage in transactions and create, modify or end legal relationships. They can make their own decisions and others must respect their decisions.
3. When it is hard for people with disabilities to make decisions on their own, they have the right to receive support to help them make decisions.
4. When people receive support to make decisions, they must be protected against possible abuse. Also:
 - The support that the person receives should respect the rights of the person and what the person wants;
 - It should not be in the interest of or benefit others;
 - The persons providing support should not try to influence the person to make a decision they do not want to make;
 - There should be the right amount of support for what the person needs;
 - The support should be for as short a time as possible;
 - It should be checked regularly by an authority which can be trusted.
5. Countries must protect the equal rights of people with disabilities:
 - To have or be given property;
 - To control their money;
 - To borrow money; and
 - Not to have their homes or money taken away from them.

Article 13 - Access to Justice

1. States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.
 2. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.
-
1. People with disabilities have the same rights to go to court, take other people to court or take part in what happens in courts as anyone else.

People with disabilities should have support to make sure they can access justice.

2. Countries should train people working in courts and tribunals and also police and prison staff so they can help people with disabilities to access justice.

Article 14 - Liberty and security of person

1. States Parties shall ensure that persons with disabilities, on an equal basis with others:
 - a. Enjoy the right to liberty and security of person;
 - b. Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.
 2. States Parties shall ensure that if persons with disabilities are deprived of their liberty through any process, they are, on an equal basis with others, entitled to guarantees in accordance with international human rights law and shall be treated in compliance with the objectives and principles of this Convention, including by provision of reasonable accommodation.
-
1. People with disabilities have the right:
 - a. To be free like other people. The law must protect their freedom.
 - b. Not to be detained or imprisoned because they have a disability.
 2. If people with disabilities are imprisoned, they must be protected by international human rights law and treated in a way that respects the objectives and principles of this Convention.

Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment

1. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation.
 2. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.
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1. People with disabilities must not be tortured or treated cruelly. They cannot be experimented on by doctors or scientists unless they freely agree.
 2. Countries should do everything possible to make sure that people with disabilities are not tortured or treated cruelly.

Article 16 - Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.
 3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.
 4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.
 5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.
1. Countries must make laws and rules to make sure that people with disabilities are protected within and outside their home from violence, and from being exploited or abused.
 2. Countries must prevent abuse by giving support, information and training to persons with disabilities, their families and care partners. Everybody should learn how to avoid, recognize and report violence and abuse. They should make sure that support for preventing abuse takes into account women, older persons, children and persons with different kinds of disabilities.
 3. Countries must make sure that services that support people with disabilities are properly checked by an independent body.
 4. Countries must make sure that people with disabilities who have been abused get the help and support they need to keep them safe and help them recover from the abuse.
 5. Countries must make sure they create laws and policies (including ones that focus on women and children) to effectively find out if abuses are occurring, to investigate these and take abusers to court.

Article 17 - Protecting the integrity of the person

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

People with disability should have their body and mind respected. Nobody should hurt their body and mind.

Article 18 - Liberty of movement and nationality

1. States Parties shall recognize the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others, including by ensuring that persons with disabilities:
 - a. Have the right to acquire and change a nationality and are not deprived of their nationality arbitrarily or on the basis of disability;
 - b. Are not deprived, on the basis of disability, of their ability to obtain, possess and utilize documentation of their nationality or other documentation of identification, or to utilize relevant processes such as immigration proceedings, that may be needed to facilitate exercise of the right to liberty of movement;
 - c. Are free to leave any country, including their own;
 - d. Are not deprived, arbitrarily or on the basis of disability, of the right to enter their own country.
2. Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents.

1. People with disabilities have the right to move around, to choose where to live and to have a country. Countries should make sure that:
 - a. People with disabilities have a right to a nationality and they can decide to change their nationality if they want. They must not be refused to have a nationality for unjust reasons or because they have a disability;
 - b. People with disabilities have the right to have identity papers, like passports, and to use them. They must have access to procedures for immigration;
 - c. They must be able to leave any country including their own;
 - d. They must not be unjustly stopped from coming back to their own country.
2. Children with disabilities have the right to be registered at birth and to have a name, to have a nationality, and if possible, to know their parents and be cared for by them.

Article 19 - Living independently and being included in the community

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

- c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

People with disabilities have the right to live like other people and to have the same choices in life. Countries should make sure that people with disabilities:

- a. Can choose where to live and with who. They should not be forced to live somewhere if they do not want to;
- b. Have access to a lot of different community services so they can live with others in the community. They should not live in places that isolate them or keep them away from their community;
- c. Have access to the same community services as all other people.

Article 20 - Personal mobility

States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- a. Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
- b. Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
- c. Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;
- d. Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

Countries should make sure that people with disabilities can get about as much as possible. They do this by:

- a. Helping people to get about when and how they want and for a low price;
- b. Helping people get good and cheap aids, tools and support for their mobility;
- c. Training people on mobility skills (e.g. how to get from place to place with ease, speed, safely and efficiently);
- d. Encouraging companies which make mobility aids to think about all different needs of people with disabilities.

Article 21 - Freedom of expression and opinion, and access to information

States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

- a. Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;
- b. Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;
- c. Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;
- d. Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;
- e. Recognizing and promoting the use of sign languages.

People with disabilities have the right to say and think what they want. They also have the right to receive and give information. To do this they can use different forms of communication. Countries must respect this right by:

- a. Making sure that information is given in a way that people with disabilities can understand;
- b. Making sure that people can communicate with officials, for example in sign languages, Braille and other ways;
- c. Telling people working in the private sector to make their information accessible to people with disabilities;
- d. Encouraging the media, including the Internet, to make their service accessible to persons with disabilities;
- e. Recognizing and encouraging the use of sign languages.

Article 22 - Respect for privacy

1. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks.
 2. States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.
-
1. People with disabilities have the right to have a private life, a family and a home. They also have the right to private correspondence like phone calls, letter or email. Nobody should attack their honour and reputation. This should be respected no matter where they live. The law should protect this right.
 2. Countries should make sure that personal information about people with disabilities is kept confidential as is done for other people.

Article 23 - Respect for home and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:
 - a. The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;
 - b. The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;
 - c. Persons with disabilities, including children, retain their fertility on an equal basis with others.
2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.
3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.
4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.
5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

1. People with disabilities have the right to marry, have a family, be parents and have relationships on an equal basis with others.
 - a. People with disabilities have equal rights to get married and start a family as long as both members of the couple want to.
 - b. People with disabilities have a right to decide how many and when to have children. They should receive information about having children.
 - c. People with disabilities should not be prevented from having children, for example by sterilization.
2. People with disabilities have the same rights and responsibilities as others concerning adoption. Countries must support people with disabilities to bring up their children if they need support.
3. Countries should protect children with disabilities from being concealed, abandoned, neglected or kept apart from society, by giving support and information to their families.

4. Countries should make sure children are not taken away from their parents because they have, or their parents have a disability. When a child is taken away from its parents, the law must make sure this is fair and for the good of the child.
5. When parents cannot take care of a child with a disability, the child should stay with other family members. When this is not possible, the child should live within the community in a family setting.

Article 24 – Education

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning directed to:
 - a. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
 - b. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
 - c. Enabling persons with disabilities to participate effectively in a free society.
2. In realizing this right, States Parties shall ensure that:
 - a. Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
 - b. Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
 - c. Reasonable accommodation of the individual's requirements is provided;
 - d. Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
 - e. Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.
3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:
 - a. Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
 - b. Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
 - c. Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.
4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.
1. People with disabilities have the right to education like others. Countries should make sure the education system accept them and that they can learn all their lives so that:
 - a. They can develop their skills and abilities and be accepted and valued in the world;
 - b. They can develop their personality, creativity, talent and other abilities;
 - c. They can do activities with and for others.
2. Countries should make sure that:
 - a. They are not excluded from (kept out of) mainstream education. Children with disabilities must be allowed to go to mainstream primary and secondary schools;
 - b. They must be able to go to inclusive, good and free schools close to home, like other people;
 - c. Schools and universities must make changes to their environment so that children and adults with disabilities can access them;
 - d. People with disabilities must get the support they need to learn;
 - e. The support must be adapted to each person.
3. Countries need to make sure that people with disabilities are able to learn life and social development skills to make sure they can live and participate in society and the life of their community on the same basis as all other people. In order to achieve this, countries must encourage people to learn all the different ways that people with disabilities can use to communicate.
4. Countries must employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille. They must also train people who work in the area of education to learn skills and techniques which will help them to support people with disabilities in getting their education.
5. Countries must make sure that people with disabilities can have access to educational opportunities after they have completed primary and secondary school, including training that is needed in order to get jobs, to help them to improve their lives and to strengthen their knowledge and skills.

Article 25 - Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- a. Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
- b. Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c. Provide these health services as close as possible to people's own communities, including in rural areas;
- d. Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- e. Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- f. Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

People with disabilities should have the same chance as others to be in good health. Countries should make sure that people with disabilities access health services. In particular, they must:

- a. Give people with disabilities access, on an equal basis with everybody else, to all types of health services which are of good quality and not expensive;
- b. Make sure people with disabilities get the types of health services they need because of their disability;
- c. Make sure services are close to people's homes even if they live in the countryside;
- d. Make sure health professionals give the same quality of service to people with disabilities as to others. Health professionals must give enough information to people and must get the consent of people with disabilities before they treat. Countries should train doctors, nurses and others to make sure that they treat people with disability with respect;
- e. Make sure people with disabilities are not discriminated against in health and life insurance and that they have access to these insurances on an equal basis with other people;
- f. Make sure people are not refused care, treatment or food and fluids.

Article 26 - Habilitation and rehabilitation

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:
 - a. Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;
 - b. Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.
2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.
3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

1. Countries should make sure people with disabilities can lead an independent and good life. They must provide them with habilitation and rehabilitation in the areas of health, work, education and social services in order to make this happen.
 - a. Countries must make sure that they look at people with disabilities' needs and strengths at an early stage so that people with disabilities can get the supports and services they need.
 - b. These services must help people with disabilities to be included in society, to live with others and do the same activities as others. These services must be voluntary, and must be close to where people live even if they live in the countryside.
2. Countries need to train habilitation and rehabilitation professionals to provide these services for people with disabilities.
3. Countries need to make sure people with disabilities get different aids and equipment to live in the community.

Article 27 - Work and employment

1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:
 - a. Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment,

- continuance of employment, career advancement and safe and healthy working conditions;
- b. Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
 - c. Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
 - d. Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
 - e. Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
 - f. Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;
 - g. Employ persons with disabilities in the public sector;
 - h. Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
 - i. Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
 - j. Promote the acquisition by persons with disabilities of work experience in the open labour market;
 - k. Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.
2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.
1. People with disabilities have a right to work, like other people. They have the right to earn money and choose their job. Countries must make sure that the right to work of people with disabilities is respected. This includes:
 - a. Not allowing discrimination (i.e. making sure people with disabilities have equal job rights, rules, pay and opportunities);
 - b. Making sure people with disabilities have good and safe working conditions, that they have equal chances at getting jobs and equal pay and that they are not abused at work;
 - c. Making sure people with disabilities have a right to join a trade union like others;
 - d. Making sure people with disabilities can go on work programmes and work training;
 - e. Helping people with disabilities to find and keep jobs as well as get better jobs;
 - f. Helping people with disabilities set up their own businesses;
 - g. Giving people with disabilities jobs in the public sector (public sector jobs for example, include government jobs in public schools and universities, in the police force, in public health services etc.);

- h. Helping companies to give jobs to people with disabilities;
 - i. Making sure people with disabilities get reasonable accommodation in the workplace;
 - j. Helping people with disabilities to get work experience by spending a short period in a workplace to learn what it is like to do that kind of work;
 - k. Helping people with disabilities get a job, get back to work and retain their work through different programmes, supports and services.
2. Countries must make sure that people with disabilities are not forced to do unpaid work.

Article 28 - Adequate standard of living and social protection

1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.
 2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:
 - a. To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;
 - b. To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;
 - c. To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;
 - d. To ensure access by persons with disabilities to public housing programmes;
 - e. To ensure equal access by persons with disabilities to retirement benefits and programmes.
-
1. People with disabilities have an equal right to a satisfactory and acceptable standard of living/living conditions for them and their families. This includes food, clothing, housing and clean water.
 2. People with disabilities have the right to be protected by the state from poverty and bad living conditions. Countries should:
 - a. Give people with disabilities access to clean water and services and aids for their disability, at a price they can afford.
 - b. Make sure people with disabilities, especially girls and women and older people, get help to have better living conditions.
 - c. Make sure people with disabilities who are poor get help from the state to buy the things they need because of their disability.

- d. Make sure people with disabilities have access to public housing programmes.
- e. Make sure people with disabilities get retirement pensions as other people.

Article 29 - Participation in political and public life

States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, and shall undertake to:

- a. Ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected, inter alia, by:
 - i. Ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use;
 - ii. Protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate;
 - iii. Guaranteeing the free expression of the will of persons with disabilities as electors and to this end, where necessary, at their request, allowing assistance in voting by a person of their own choice;
- b. Promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs, including:
 - i. Participation in non-governmental organizations and associations concerned with the public and political life of the country, and in the activities and administration of political parties;
 - ii. Forming and joining organizations of persons with disabilities to represent persons with disabilities at international, national, regional and local levels.

Countries must make sure that people with disabilities are able to take part in politics on the same basis as everybody else. In order to ensure this, countries must:

- a. Take action to make sure that people with disabilities are able to participate in political life, including to vote and to be elected.

This includes:

- i. Making sure voting is easy and understandable to people with disabilities.
- ii. Making sure voting is secret and free. They must also make sure that people with disabilities can stand for election and become public officials.
- iii. Allowing people with disabilities to choose someone to help them with voting if they want to.

- b. Encourage the participation of people with disabilities in public affairs. This means that:
 - i. People with disabilities have the right to join non-governmental organizations and associations.
 - ii. They have the right to create and join organizations of persons with disabilities.

Article 30 - Participation in cultural life, recreation, leisure and sports

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:
 - a. Enjoy access to cultural materials in accessible formats;
 - b. Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;
 - c. Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.
2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.
3. States Parties shall take all appropriate steps, in accordance with international law, to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.
4. Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.
5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:
 - a. To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
 - b. To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
 - c. To ensure that persons with disabilities have access to sporting, recreational and tourism venues;
 - d. To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;
 - e. To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

1. People with disabilities have the right to take part in cultural life like other people. This means that:
 - a. Cultural materials, like books, are accessible.
 - b. Television, films and theatres and other activities are made available in formats that are accessible to people with disabilities.

- c. People with disabilities can access places like theaters, museums, cinemas, libraries and touristic sites.
2. People with disabilities should be supported to express their creative, artistic and intellectual skills.
3. Countries should make sure that the rights of authors on their work do not prevent people with disabilities to access material.
4. The language and culture of people with disabilities should be respected; this includes sign language and deaf cultures.
5. People with disabilities have the right to have fun and take part in sports and leisure activities. Countries must:
 - a. Encourage people with disabilities to access mainstream sporting activities;
 - b. Make sure people with disabilities can create and participate in sporting and recreational activities specific to their disabilities;
 - c. Make sure that persons with disabilities have access to sporting, recreational and tourist places and events;
 - d. Make sure children with disabilities have equal access to all these activities, including at school;
 - e. Make sure that people working in the areas of recreation, tourism, leisure and sport can help people with disabilities.

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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