



**QualityRights**

# Creating mental health and related services free from coercion, violence and abuse

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*WHO QualityRights training to act, unite and empower for mental health*

**(PILOT VERSION)**

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# What is the WHO QualityRights initiative?



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

- 1** Build capacity to understand and promote human rights, recovery and independent living in the community.
- 2** Create community based and recovery oriented services that respect and promote human rights.
- 3** Improve the quality of care and human rights conditions in inpatient, outpatient and community based mental health and related services.
- 4** Develop a civil society movement to conduct advocacy and influence policy-making to promote human rights.
- 5** Reform national policies and legislation in line with best practice, the CRPD and other international human rights standards.

For more information: [http://www.who.int/mental\\_health/policy/quality\\_rights/en/](http://www.who.int/mental_health/policy/quality_rights/en/)

# WHO QualityRights - Guidance and training tools

The following guidance and training tools are available as part of the WHO QualityRights initiative:

## Service assessment and improvement tools

- The WHO QualityRights Assessment Tool Kit
- Implementing improvement plans for service change

## Training tools

### Core modules

- Understanding human rights
- Promoting human rights in mental health
- Improving mental health and related service environments and promoting community inclusion
- Realising recovery and the right to health in mental health and related services
- Protecting the right to legal capacity in mental health and related services
- Creating mental health and related services free from coercion, violence and abuse ←

### Advanced modules

- Realising supported decision making and advance planning
- Strategies to end the use of seclusion, restraint and other coercive practices
- Promoting recovery in mental health and related services
- Promoting recovery in mental health and related services: handbook for personal use and teaching

## Guidance tools

- Providing individualized peer support in mental health and related areas
- Creating peer support groups in mental health and related areas
- Setting up and operating a civil society organization in mental health and related areas
- Advocacy actions to promote human rights in mental health and related areas
- Putting in place policy and procedures for mental health and related services (in preparation)
- Developing national and state-level policy and legislation in mental health and related areas (in preparation)
- Guidance on CRPD compliant community-based services and supports in mental health and related areas (in preparation)

## About this training and guidance

This document provides training and guidance on the reasons for, and the impact of, violence, coercion and abuse within mental health and related settings. It also provides guidance on how to implement strategies to end the use of coercion, violence and abuse in these settings.

### Who is this training workshop 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 related services**
- **Managers of general health, mental health and related services**
- **Mental health and other practitioners** (e.g. doctors, nurses, psychiatrists, psychiatric nurses, neurologists, geriatricians, psychologists, occupational therapists, social workers, peers supporters and volunteers)
- **Other staff working in or delivering mental health and related services** (e.g. attendants, cleaning, cooking, maintenance staff)
- **Non-Governmental Organizations (NGOs), associations and faith-based organizations working in the area of mental health, human rights or other relevant areas** (e.g. Organizations of Persons with Disabilities (DPOs); Organization of users/survivors of psychiatry, Advocacy Organizations)
- **Families, care partners and others support people**
- **Ministry of Health policymakers**
- **Other government institutions and services** (e.g. the police, the judiciary, prison staff, law reform commissions, disability councils and national human rights institutions)
- **Other relevant organizations and stakeholders** (e.g. advocates, lawyers and legal aid organizations)

### Who should deliver the training?

Training should be delivered by a multi-disciplinary team including people with psychosocial, intellectual and cognitive disabilities, DPOs, professionals working in the area of mental health and related services, families and others with lived and/or professional experience in the area of mental health

The team conducting the training may differ depending on focus. For example, if the training is about addressing the rights of people with a psychosocial disability, it would be more important to have representatives from that group as leads to delivering the training rather than people with dementia, intellectual disabilities, autism or others and vice versa. However, nothing precludes the possibility of having multiple groups leading the training.



# Guidance for facilitators

## Principles for running the training programme

### *Participation and interaction*

Participation and interaction are crucial to the success of the training. By providing sufficient space and time, the facilitator must first and foremost make sure that the people who are using mental health and related services are being listened to and included. Certain power dynamics within services might make some people reluctant to express their views. In general, the facilitator must emphasize the importance of including the views of all participants.

Some people may feel quite shy and not express themselves. Facilitators should make sure to encourage and engage everyone. Usually, after people have expressed themselves once, they are more able and willing to speak and engage in ongoing discussions. The training is a shared learning experience.

Facilitators are expected to engage participants in a way that draws on the experience and knowledge already existing within the group participating in the training. They will need to supervise and monitor the dynamics and discussions among participants.

### *Cultural sensitivity*

Facilitators should be mindful of using culturally sensitive language and providing examples relevant to people living in the country or region where the training is taking place. In addition, facilitators should make sure that the specific 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 when carrying out the training.

### *Open, non-judgmental 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 the situation within the service, organisation or association, not to name and blame individuals for their particular conduct in the past. Facilitators should ensure that during the training, no-one is targeted in a way that makes them feel uncomfortable (e.g. attributing the blame to staff or families, etc.). Facilitators should avoid interrupting participants. It is not necessary to agree with people to effectively communicate with them. It may be necessary to withhold criticisms in order to fully understand a person's perspective.

### *Use of language*

In addition, facilitators should be mindful of the diversity of the audience. People participating 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. avoiding the use of highly specialised medical, legalistic and technical terms, acronyms, etc.) and to ensure that all participants understand the key concepts and messages. With this in mind, facilitators should pause, take the time to ask and discuss questions with participants to ensure that concepts and messages are properly understood.

### *Operating in the current legislature and policy context*

During the training, some participants may express concerns about the legislative or policy context in their countries. Indeed, some of the content may contradict national legislation or policy. For example, the topic on supported decision making may appear to conflict with existing national guardianship laws. Similarly, laws that provide for involuntary detention and treatment contradict

the overall approach of these modules. This can raise issues and concerns, particularly around professional liability.

First, facilitators should reassure participants that the modules are not intended to encourage practices which conflict with the requirements of the law. When the law and policy contradict the standards of the CRPD it is important to advocate for policy change and law reform. In this context it is also necessary to acknowledge that it will not happen immediately. However, 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. For example, even if guardians are officially mandated to make decisions on people's behalf based on a country's law, this does not prevent them from supporting people in reaching their own decisions and from ultimately respecting their choices. In this way, they will be making important strides towards implementing a supported decision making approach.

Throughout the training, facilitators should encourage participants to discuss how the new paradigms, actions and strategies promoted in the training materials can be implemented within the parameters of existing policy and law frameworks. Hopefully, the shift in attitudes and practices, along with effective advocacy, will lead to change in policy and law reform.

#### *Being positive and inspiring*

Facilitators should emphasise that the training is not about lecturing people or telling people what to do but to give them the basic knowledge and tools to find solutions for themselves. Most likely many participants already carry out many positive actions. It is possible to build on these to demonstrate that everybody can be an actor for change.

#### *Group work*

Throughout the exercises of the training, the facilitator needs to assess carefully whether participants will benefit from being placed in separate groups or in mixed groups that include both people who are using the service, staff, and family and care partners. As noted earlier, feelings of disempowerment, hesitation and fear, which can arise in mixed groups if participants do not feel comfortable in that setting, should be taken into account. Exercises are based on participation and discussion and should allow participants to reach solutions by themselves. The facilitators' role is to guide plenary discussions and when appropriate, prompt with specific ideas or challenges to facilitate the discussion.

#### *Facilitator notes*

The training modules incorporate 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 intended to be read out to participants are written in **black**.

## Preliminary note on language

We acknowledge that language and terminology reflects the evolving conceptualisation of disability and that different terms will be used by different people across contexts over time. People must be able to decide on the words that others use to describe them. It is an individual choice to self-identify or not, but human rights still apply to everyone, everywhere.

Above all, a diagnosis or disability should never define a person because we are all individuals, with a unique personality, autonomy, dreams, goals and aspirations and relationships to others.

The choice of terminology adopted in this document has been selected for the sake of inclusiveness.

The term psychosocial disability includes 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 people's full and effective participation in society.

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

In relation to mental health, some people prefer using expressions 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 stigmatising.

In addition, the use of the term "mental health and related services" in these modules refers to a wide range of services including for example, community mental health centres, primary care clinics, outpatient care provided by general hospitals, psychiatric hospitals, psychiatric wards in general hospitals, rehabilitation centres, day care centres, orphanages, homes for older people, memory clinics, homes for children and other 'group' homes, as well as home-based services and supports provided by a wide range of health and social care providers within public, private and non-governmental sectors.

# Learning objectives, topics and resources

## Learning objectives

Participants will:

- Understand how and why violence, coercion and abuse occur in mental health settings.
- Understand the impact of violence, coercion and abuse.
- Apply knowledge of the CRPD to understand how it protects people with disabilities from violence, coercion and abuse.
- Understand and address attitudes, power relations and dynamics in mental health settings.
- Understand and apply different approaches and strategies for diffusing difficult and tense situations.

## Topics covered

Note: The issue of seclusion and restraint will be addressed in depth in the module *Strategies to end the use of seclusion, restraint and other coercive practices*.

- Topic 1:** What are violence, coercion and abuse?
- Topic 2:** What does the CRPD say about violence, coercion and abuse?
- Topic 3:** What are the impacts of violence, coercion and abuse?
- Topic 4:** Why are these practices happening?
- Topic 5:** Understanding attitudes and power relations
- Topic 6:** Key strategies to avoid and diffuse challenging situations
- Topic 7:** Comfort rooms and sensory approaches
- Topic 8:** Creating a “saying yes” and “can do” culture
- Topic 9:** Individualised plans to prevent and manage tense situations
- Topic 10:** Communication techniques
- Topic 11:** Response Teams
- Topic 12:** Complaints and reporting procedures
- Topic 13:** Stopping violence, coercion and abuse in my service

## Resources required

To optimise 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 intimate environment conducive to free and open discussions
- Flexible, in terms of enabling the change of seating arrangements (for example movable seats so that people can get into groups for group discussions)

## Additional resources needed include:

- Internet access in the room, in order to show videos
- Loud speakers for the video audio
- Projector screen and projector equipment

- 1 or more microphones for facilitator(s) and at least 3 additional wireless microphones for participants
- At least 2 flip charts or similar and paper and pens
- Copies of *Annex 1: CRPD original with associated simplified version* for all participants
- Copies of *Annex 2: Identifying and addressing triggers and warning signs* for all participants

### Time

Approximately 6 hours and 30 minutes

### Number of participants

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

#### **Note for topic 2, option 1:**

The facilitator may want to request that one or more people with a psychosocial, intellectual or cognitive disability come and speak about violence, coercion and abuse they have experienced and the impact it has had on their lives.

## Welcome and Introduction

Give participants an opportunity to explain their own background and their expectations for the day (if relevant). **(10 min)**



**Trigger warning:** It is important to highlight at the start of the training that this module may provoke difficult emotions for people who may have been through traumatic experiences of non-recovery approaches. Moreover, mental health and other practitioners may feel that they have been responsible for preventing recovery despite good intentions.

Facilitators should be mindful of this and let participants know that they should feel free to step out of the training session if they need to until they feel able to participate again (please refer to *Guidance for facilitators* for more information).

## Topic 1: What are violence, coercion and abuse?

The purpose of this section is for participants to explore the different types of violence, coercion and abuse that may be experienced in the setting of mental health and related services.



### **Presentation: Introduction to this module (5 min.)**

Although this module applies primarily to the context of mental health and related services, many of the topics and strategies discussed are also relevant for community settings.

It is important to be open to a variety of perspectives when conducting this training module, including the views of people with psychosocial, intellectual and cognitive disabilities, families, care partners, and other supporters.

The need to address the issues of violence, coercion and abuse in mental health and related services does not imply that practitioners working in these services are systematically abusive, nor that people with psychosocial, intellectual and cognitive disabilities or people who are using services more generally are systematically violent. In fact, most people with psychosocial, intellectual or cognitive disabilities or people using services will never be violent- even in crisis situations.

Nevertheless, there are many instances of violence and abuse in mental health and related services in all countries around the world. For this reason, it is essential to foster a culture of safety, openness and transparency in services and to have strategies in place to prevent violence, coercion and abuse from occurring. When such events do occur, it is also necessary to address them in an immediate and effective way. This module provides the knowledge and tools to achieve these goals.

In this module, “violence, coercion and abuse” are considered together as variations of general maltreatment of individuals within mental health settings. The training module will first explore what violence, coercion and abuse are, and how these practices are seen and experienced in the context of a mental health or related service.



### **Exercise 1.1: Spider chart (10 min.)**

For this exercise, use a flip chart to create a spider chart (see Figure 1 below for an example).

Start by writing “Violence, coercion and abuse” in the centre.

Then ask participants:

Can you give examples of violence, coercion and abuse that occur in mental health settings?

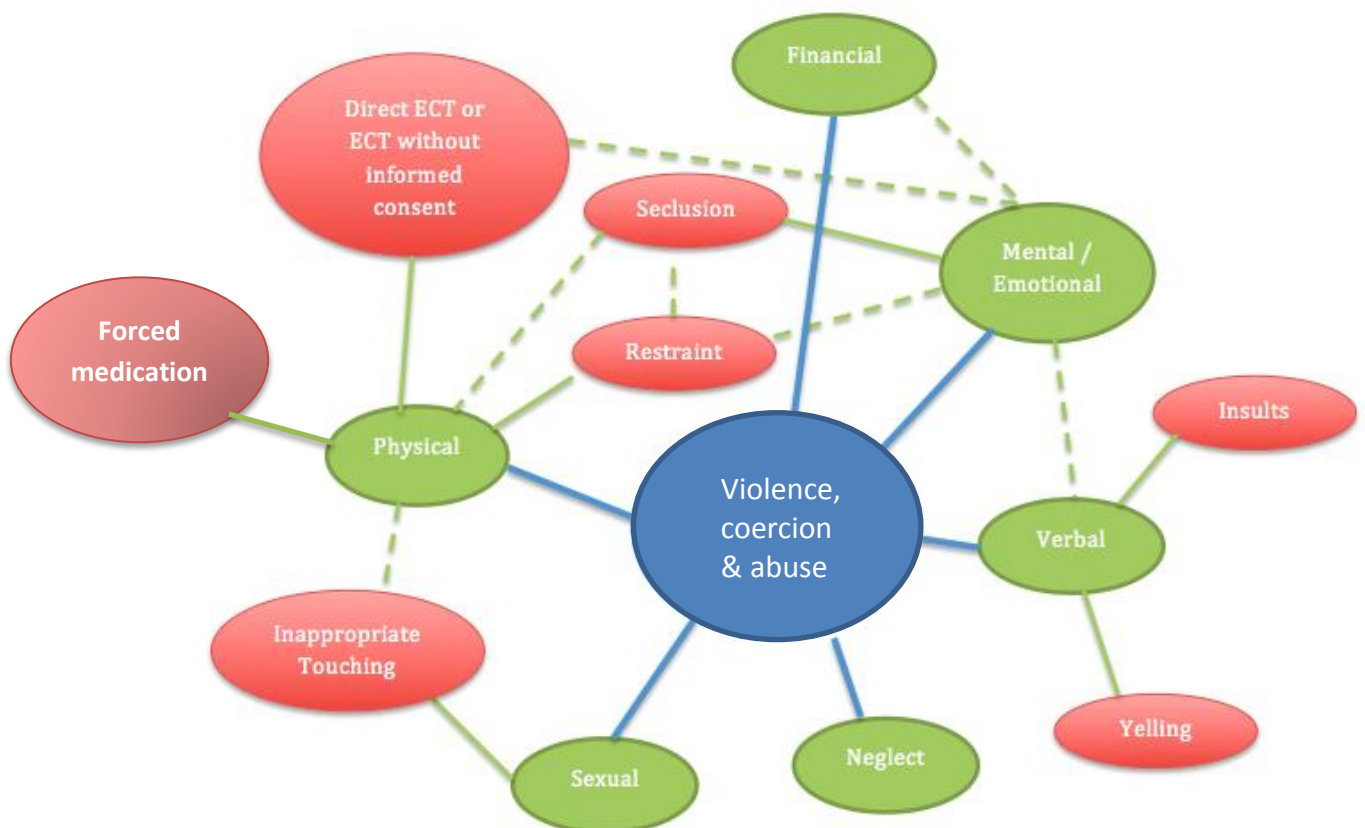
If participants answer by giving a broad category of abuse, coercion or violence (e.g. physical abuse) connect that category to the central bubble and then ask others to provide examples of this category of abuse (e.g. hitting, pushing, etc.).

Link these examples to the relevant categories of violence, coercion and abuse in the spider chart. One example may be relevant to more than one category (e.g. inappropriate touching can be both sexual and physical abuse).

If participants first answer by directly providing an example of abuse (e.g. “hitting”), explain that this type of abuse belongs to the broad category of physical abuse (e.g. “hitting is an example of physical abuse”) and then write both the broad category (i.e. “physical abuse”) and the example (i.e. “hitting”) underneath it, in the spider chart.

In addition to contributions from participants, please be sure to include forced medication, Electro-Convulsive Therapy (ECT) without informed consent, as well as seclusion and restraint, among other examples of coercive practices, violence and abuse. In addition, neglect is often overlooked as a form of abuse and so it is important to also explore this with participants.

As different groups of stakeholders are represented, disagreement may emerge during this exercise. The facilitator should facilitate the discussion and encourage everyone to speak openly.



**Figure 1:** Example of a spider chart outlining various types of violence, coercion and abuse in a mental health setting. Dotted lines indicate implicit connection with another area of violence, coercion or abuse. This is just an example for the facilitator; the actual layout may vary during the session, depending on facilitator’s preference and contributions of participants.





### **Presentation: What are violence, coercion and abuse? (5 min.)**

Violence and abuse are commonly understood as patterns of behaviour resulting in, or having a high likelihood of, harm, including psychological, emotional and physical harm, injury or even death.

Coercion on the other hand, can be understood as any action or practice undertaken which is inconsistent with the wishes of the person in question (i.e. undertaken without the person's informed consent).

- For example, seclusion, restraint (including hands-on physical restraint, mechanical or chemical restraint) can be considered to be coercive practices. Forced detention and treatment are also common forms of coercion in mental health and related services and should not occur.
- Economic coercion (i.e. controlling a person's resources to compel a person to do things they don't want to),
- Involuntary sterilisation, contraception or abortion
- Coercion can often be more subtle, for example;
  - People may comply with a treatment because they know or think that there may be negative repercussions or actions taken against them if they do not.
  - In other cases rewards are used as a means of getting someone to do something they don't wish to do.
  - In addition, giving someone medication covertly (for example in their food) can also be considered coercion.

It's important to note that many people view coercive practices such as seclusion and restraint as cruel, inhuman or degrading treatment. For example the United Nations Special Rapporteur on Torture has stated that solitary confinement "of any duration to person with mental disabilities constitute cruel, inhuman and a degrading treatment" and that any restraint for even a short period of time may constitute torture and ill-treatment. He has called for "an absolute ban on restraints and seclusion".<sup>(1, 2)</sup> This issue will be addressed more in depth in the specialised module on *Strategies to end the use of seclusion, restraint and other coercive practices*.

In any form, violence, coercion and abuse violate human rights and profoundly affect individual health and well-being.

The following are working definitions of each category that are likely to cover issues and examples identified by participants in the previous exercise (1.1).

- **Physical violence and abuse (3):** Any intentional and unwanted contact against any person that may or may not inflict injury or harm on the body, including hitting, pushing, pulling, kicking, scratching, slapping, grabbing at clothing or the face, throwing objects, forcefully preventing movement.

- **Mental/emotional violence and abuse (4):** Behaviour that is designed to control and subjugate another person through fear, humiliation, intimidation, and emotional trauma; behaviour that wears away at the victim's sense of self-worth through, for example, berating and belittling, intimidation, threats, deception, misinformation, manipulation, restricting access to family and friends, removing a ramp or assistive device (such as white cane) or mobility devices (such as a wheelchair), removing or controlling communication aids or refusal of assistance to communicate. It's important to note that just because mental or emotional abuse does not involve physical contact or force, does not mean it is not extremely harmful.
- **Verbal violence and abuse:** Demeaning, destructive, and aggressive language that invalidates and trivializes the importance of another person. Examples include name calling, yelling, aggressive or disrespectful speech and using profanity or threats.
- **Sexual violence and abuse:** Rape (i.e. penetration with any body parts or objects), sexual assault, unwanted sexual touching of any part of the body (clothed or unclothed); encouraging a vulnerable individual to engage in sexual activity, including sexual acts with someone else; or intentionally engaging in sexual activity in front of a vulnerable individual.
- **Neglect:** The failure, whether deliberate or inadvertent, to provide physical, emotional, social or medical attention to a person in need of such attention or simply to ignore that person, for example, failing to provide access to care, treatment or medication, failing to assist with daily living needs (such as bathing, dressing and eating) and failing to provide food or water.



***Exercise option: Violence, abuse and coercion in my service***



**Trigger warning**

A possible exercise at this point is for the facilitator to lead an open discussion regarding the specific types of violence, coercion and abuse that are experienced in participants' own service. This kind of exercise would require extensive facilitation, as it may involve accusations towards individuals and blaming that could quickly escalate into conflict. Alternatively, participants might feel too uncomfortable or intimidated to discuss instances of violence, coercion or abuse due to fear of retribution.

A possible way to deal with this issue is to ask participants to write, anonymously on a piece of paper, different forms of violence and abuse that they have experienced or witnessed in the service, without naming specific individuals or places.

The list can then be placed in a box and read out by the facilitator.

## Topic 2: What does the CRPD say about violence, coercion and abuse?

The purpose of this section is to encourage participants to recall articles of the CRPD in relation to violence, coercion and abuse.



### **Exercise 2.1: Recalling the CRPD (5 min.)**

Ask participants to take their copies of the CRPD (Annex 1). Then ask the group:

What does the CRPD say about violence, coercion and abuse?

This question is meant to re-introduce the content and relevance of the CRPD to the topic of violence, abuse and coercion in mental health settings. Encourage participants to share their thoughts, even guesses, as this will help them re-engage with the CRPD. After a few minutes of participants sharing ideas, continue with the following presentations.



### **Presentation: CRPD Articles (20 min.)**

The UN Convention on the Rights of Persons with Disabilities protects people against violence, coercion and abuse.

All the articles of the Convention are interrelated and relevant to this topic, for example, when women enjoy their right to work and employment (article 27), they are less at risk of domestic violence and sexual exploitation by their partner because they are more financially independent. However, only the most directly relevant articles are presented here.

#### **Article 10: The right to life**

Article 10 requires countries to take measures to protect the right to life of people with disabilities.

Ending violence, coercion and abuse which can lead to death, is an important measure to protect the right to life.

#### **Article 12: Equal recognition before the law**

Article 12 recognizes that people with disabilities have the right to legal capacity, that is – to make their own decisions and to have their decisions respected by others. By recognizing this right, and ensuring that people's choices are respected, the CRPD protects people with disabilities against many forms of violence, coercion and abuse

Article 12 is particularly important for protecting against forced treatment, forced sterilization or abortion and so on.

The provisions of Article 12 are explained in more depth in the module on *Protecting the right to legal capacity in mental health and related services* and *Realising supported decision making and advance planning*.

#### **Article 14: Liberty and security of the person**

The Committee on the Rights of Persons with Disabilities has clearly established that article 14 prohibits involuntary detention in mental health or social care facilities (5).

This is extremely important because detention in these facilities is frequently accompanied by– and is the setting for –violence, coercion and abuse (6).

Prohibiting involuntary detention therefore prevents many forms of violence, coercion and abuse from occurring in mental health settings.

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

Article 15 states that people with disabilities must not be treated cruelly or tortured, e.g. beaten, sexually abused and forcibly give ECT.

People with disabilities must not be subjected to medical or scientific experimentation, unless they provide voluntary informed consent (for example, in relation to a clinical trial where people are administered drugs that are being tested).

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

- It's important to note that experts at the United Nations have said that some forms of abusive and coercive practices, for example seclusion and restraint, Electro-Convulsive Therapy and psychosurgery without informed consent, are in some cases considered as forms of torture and ill-treatment (7),(6). WHO has stated that ECT should never be given without informed consent and in its unmodified form (i.e. without anesthetic and muscle relaxant).

#### **Article 16: Freedom from exploitation, violence and abuse**

Exploitation, violence and abuse can take many forms and can occur in health care settings as well as within the community.

Article 16 requires that:

- Countries implement 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.
- Countries provide support and information to people with disabilities, their families and careers to recognize and report exploitation, violence and abuse.

- Countries ensure that services for people with disabilities are properly checked and monitored to make sure that abuses do not occur.
- When people with disabilities are victims of abuses, they should receive the support they need to recover and get their lives back.
- Countries must put in place policies, laws and other measures to ensure that abuses are investigated and that abusers are brought before the courts.

### **Article 17: Protecting the integrity of the person**

Article 17 states that people with disabilities have their physical and mental integrity respected on an equal basis with others.

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

These issues are covered in more detail in the *modules Protecting the right to legal capacity in mental health and related services* and *Realising supported decision making and advance planning*.

### Topic 3: What are the impacts of violence, coercion and abuse?

The purpose of this section is to present participants with real examples of the negative impact of violence, coercion and abuse in mental health settings.

Highlight to participants that:

- As noted, the CRPD has many articles which are clearly defining what is considered to be violence, abuse and coercive practices.
- It also has several articles which state what countries need to do to prevent and protect people from these practices.
- Very often people undertake these practices without any real thought or idea about the actual consequences of their actions on the person concerned. In order to put an end to these practices therefore, it is important to think about, understand and internalise the very real impact that violence, abuse and coercion has on people.
- This is what we will be exploring in this topic.

Three options are given below, in order of preference, based on the potential for impact on participants that each option can have. One or more of the options will be followed by group exercise 3.1.

Exercise options:

**Option 1:** Interviews with survivors of violence, coercion or abuse in a mental health or related service

**Option 2:** Videos dealing with violence, coercion and abuse and its survivors

**Option 3:** Quotes from survivors of violence, coercion and abuse

## **Option 1**

### ***Face to face discussion with survivors of coercion, violence and abuse***

Option 1 is the preferred option and the facilitator should try and arrange for one or more survivors of coercion, violence and abuse in mental health settings to tell their story during this training.

The careful selection of a speaker (or speakers) bringing a survivor perspective is key in this process. Some people may not be ready to publicly talk about their experience or may have a tendency to minimise or justify the abuse that they have suffered.

Invite survivors of violence, coercion and abuse in mental health settings to attend the session and share their experience with the group.

If a survivor(s) of violence, coercion or abuse in the mental health context is identified and willing to speak, a general format is as follows:

- A. Introduction to the session and speaker(s) by the facilitator
- B. The survivor(s) shares their stories, as much or as little as they feel comfortable.  
Encourage them to talk about the types of abuse they have experienced as well as the impact of these on them.
- C. Questions, answers and discussion period from participants. The facilitator is encouraged to mediate questions to ensure the speaker(s) feel comfortable and supported in sharing their story with the group. The speaker(s) should by no means be made to feel obligated to respond to uncomfortable, inappropriate, or intrusive questions. Speakers should also not be made to feel that they are being interrogated by the group.

## **Option 2**

### ***Videos of violence, coercion and abuse in services (45 min.)***

Show videos of interviews/testimonials of survivors of violence, coercion or abuse in mental health settings. Examples include the following:

- A. (3:27) “Graphic Video of Teen Being Restrained, Shocked Played in Court,” FOX Undercover, 18 May 2012, <http://videosift.com/news/video/Graphic-video-of-teen-being-shocked-played-in-court> Date accessed 07/06/2016
- B. (15 min.) “BBC Panorama: Undercover Care: The Abuse Exposed,” BBC, 2011, <https://www.youtube.com/watch?v=Qy3qg32hKFc> Date accessed 07/06/2016
- C. (52 seconds) BBC News. ‘I couldn't move. I couldn't breathe’ <http://www.bbc.com/news/uk-england-37427665>
- D. (5 min.) “Exposing Serbia’s Dark Secrets,” NBC News Investigates, August 2008, <https://www.youtube.com/watch?v=q1kbayAdlgg> Date accessed 07/06/2016
- E. (12:22) “Open Paradigm Project – Dorothy Dundas”, May 2013, <https://www.youtube.com/watch?v=5MnSvjDGjFA> Date accessed 07/06/2016
- F. (3:45) “Ghana: Abuse of people with disabilities”, Human Rights Watch, October 2012, [https://www.youtube.com/watch?v=n7HRnXxY\\_go](https://www.youtube.com/watch?v=n7HRnXxY_go) Date accessed 07/06/2016
- G. (4:57) “Uganda: People with Psychosocial Disabilities Demand, “End The Abuse!””, MDAC, 7 April 2016, <http://www.mdac.org/en/news/uganda-people-psychosocial-disabilities-demand-end-abuse> Date accessed 07/06/2016



It is necessary to emphasise to participants that:

- The abuses shown in these videos are obvious and extreme, however it is important to understand that violence and abuse can take many forms and can happen anywhere.

Remind participants of the different forms of violence, coercion and abuse discussed in Topic 1.



### **Option 3**

Show the following quotes about violence, coercion or abuse in services. This option may be combined with Option 1 and/or Option 2 for a more comprehensive session.

#### ***Quotes from survivors of violence, coercion or abuse (20 min.)***

“I was on a very heavy amount of Valium, not to where I was unconscious, but add the sedative effect to my already defeated self, I was putty... I was like an abused dog that if you went up to and gave another kick to she wouldn't have flinched. I was in a bad way, and therefore I was hugely open to abuse.”(8) *Catherine, ex-mental health service user.*

“The ECT was a violent and damaging assault on my brain and my very soul. It made me emotionally worse, not better. I became catatonic and desperately in fear for my life.”(9)

*Dorothy*

“After they unlocked the door and they dragged me in there, they said, well you can't keep your clothes for danger issues. And they made strip me down. They kept a video on me the whole time. For a girl who is awkward and is in there for issues of abuse at home, all that did was extend my hate.”(10)

*A woman in seclusion and restraint as an adolescent*

“There was no point me telling anybody. Who's going to believe a mental patient – a mental inpatient – over a longstanding member of staff who was seemingly highly respected and regarded by his colleagues? It is an open playing field for predators in that environment. Who is going to speak up when they have been in a mental health institution?”(8)

*W. Martin*

“The nurses would make us have the medications in front of them. If I complained that there were too many tablets, the nurse would sometimes forcefully put the pills in my mouth and stroke my throat to send them down, the way I feed my dogs....I woke up one night and I couldn't move; my body was in intense physical pain. A nurse came and jabbed an injection into my body, without even taking off my clothes. You are treated worse than animals; it's an alternate reality.”

*46-year-old woman with a perceived psychosocial disability, Delhi, August 25, 2013.(11)*

“I was locked up at Chestnut Lodge Hospital for one year, during which time I spent one month forcibly restrained to a chair facing the wall. Why? Because I was a 'danger' to myself. I was taken out of restraints for 20 minutes a day and led in circles around the chair on a leash. I was stripped of all personal effects, including my wedding band. I wore only a white sheet. The psychiatrist and staff mocked me, calling me... a 'dog.' I was broken eventually. I began babbling to myself. [The psychiatrist] placed me in the quiet room. There were faeces on the walls and floor so they gave me a mop and said clean it up. I tried to escape, but was tackled and put back in restraints... Eventually I learned the catch phrases and behaviour required for discharge. I faked my way out. That was 20 years ago. To this day, I am traumatized...”(12)

*W. Martin*



### **Exercise 3.1: Violence, coercion and abuse have impacts (10 min.)**

After going through one or more of the previous exercises, brainstorm with the group various impacts of violence, coercion and abuse in mental health and related services. Write down examples given by participants in a list. Where necessary, refer to previous exercises to stimulate discussion.

**What do you think are some of the impacts of these practices?** Within the discussion, highlight the impact, not only on people experiencing these practices, but also on mental health and other practitioners, care partners, family members and other people involved.

Some examples of impacts include, but are not limited to:

- Emotional trauma
- Physical health consequences such as injury and even death
- Negative impact on mental health
- Poor recovery outcomes
- Humiliation
- Loss of trust in the staff, the service, and the system
- Bad reputation for staff and mental health and related services
- Loss of respect for staff
- Loss of job for staff
- Lack of job fulfilment for staff
- Emotional scars, demoralisation, also for people experiencing the abuse, and also on staff and families
- Funding for services limited or withdrawn
- Shutting down of the service
- Police enquiry

In addition, if this issue does not arise during the discussion, it is important to make the point that:

People WHO have already experienced violence and abuse in their lives as well as coercive practices in services such as seclusion and restraint, and the associated feelings of loss of control, fear and humiliation, may feel that they have very little choice but to defend themselves, even violently, against a renewed coercive intervention.

***“If we want people to stop acting violently, perhaps we need to stop treating them violently.”(13)***

Sera Davidow, Director of Western Mass Recovery Learning Community.

## Topic 4: Why are these practices happening?

The purpose of this section is to help participants become aware of reasons why violence, coercion and abuse occur in mental health and related services.



### **Exercise 4.1: Reasons why violence, coercion and abuse occurs in services (5 min.)**

Begin this topic with a brainstorming session with the group about reasons why these practices might occur in services

Ask participants:

What are some of the reasons why violence, coercion and abuse occur?

Make a list of the reasons given by participants on the flip chart.

Participants may have difficulty identifying reasons why violence, coercion and abuse occur. If the group reaches a standstill, try encouraging participants to view the situation from different perspectives: from the perspective of an individual staff member, a security s member, or a person from the administration, and encourage them to think about the facility policies, culture, etc. (e.g. ask: “What would cause a staff member to act abusively towards a person?”)

Be prepared to discuss the issue of people using the services being considered responsible for the use of coercion or violence by staff, as this may be brought up by participants. A response should include how violence, coercion and abuse are never justified, even when individuals may be acting in a way that is challenging.

Alternatives to these practices must always be sought in order to safeguard the wellbeing of people using the services.

Some reasons why violence, coercion and abusive practices occur include (but are not limited to):

- People feeling that it is the only way to “manage” behaviours perceived as challenging and unawareness of alternative methods
- People with psychosocial, intellectual and cognitive disabilities/users of mental health and related services are dehumanized in the eyes of practitioners and others
- Staffing shortages
- Need for control
- People believing that it is justified/not a problem
- Historically unchallenged use of these practices
- Fear that the person or others may be in danger if coercion is not used
- People acting in a way that is perceived to be challenging/aggressive

- Lack of staff supervision and disciplinary action for inappropriate behaviour or practices
- Lack of training in human rights
- Services being isolated from the community, lack of interactions and linkages between the services and the community and lack of monitoring of services
- Practices allowed by the service and / or by local or national law and policy
- People in the service being afraid for their safety
- Practitioners not properly screened before being accepted for employment in the service (i.e. some may have a prior history of abuse, bullying or criminal activity).

Then show the slide below to participants and compare it with the answers written on the flip chart.



**Presentation: Reasons why violence, coercion and abuse occur in services (10 min.)**

Explain to participants that:

We will look at some of the reasons why violence, coercion and abuse occur. You will recognise some of your responses on this slide.

This slide lists some reasons why violence, coercion and abuse occur in mental health and related services. Some of the reasons are linked to attitudes, others to knowledge and skills (or lack of) and yet others to management practices.

**ATTITUDE**

- People believe that the use of violence, coercion or abuse is justified or necessary to control a behaviour perceived as challenging
- People believing that sometimes practices such as seclusion and restraints are inevitable
- Power dynamics (attitude and management)

**KNOWLEDGE AND SKILLS**

- Insufficient training on alternative methods for diffusing violent and challenging situations
- People not being informed and educated about human rights issues

**POLICY AND MANAGEMENT**

- Lack of supervision in the mental health or related service
- Local/national legislation or policies permitting these practices
- Service policy or protocols allowing practices such as seclusion and restraint, involuntary admission and treatment etc.
- Abuses in services not visible to outside world due to lack of monitoring, services isolated from community, lack of interaction and linkages between the service and the community
- Culture of violence, coercion and abuse in services
- Not enough staff to responsibly manage tense, difficult or conflict situations
- Lack of human resources in mental health and related services

To pre-empt the following topic on Understanding attitudes and power relations engage participants in thinking about how violence, coercion and abuse can be prevented ask the group:

Think about instances of violence, coercion and abuse in mental health and related services you have heard or read about.

- What causes that led to this incident?
- How do you think it affected all the persons involved, including people using the service, family and service staff?
- How could these incidents have been prevented and what could be changed now to prevent similar incidents from happening in the future?
- Do you have any ideas about alternative strategies that can be used to avoid violence, abuse or coercive practices?

## Topic 5: Understanding attitudes and power relations

The purpose of this topic is to help participants to understand how the mental health and related services setting creates an environment in which power imbalances exist and contribute to coercion, violence and abuse.



### **Exercise 5.1: The meaning of power (10 min.)**

Explain to participants that:

In this exercise, we will discuss the power dynamics in mental health and related services.

Ask the group:

What do you understand by the word power?

Some of the answers may include, but are not limited to:

- Authority
- Force
- Hierarchy
- Unequal/ Unfair
- Repression
- The Boss
- The Expert
- The State



### **Presentation: Power dynamics in mental health and related services (10 min.)**

In this presentation we will be exploring what is meant by the “power dynamics” in mental health and related services.

#### **What is power?**

- Power is the ability to influence the thoughts and behaviour of others (14)
- This often means being able to control or decide what someone can or cannot do.
- Power can lead to violence, exploitation, coercion, abuse and cruel and degrading treatments.

### **What are power dynamics?**

- The term “power dynamics” refers to the different amounts of power various people have in a given place.
- In a mental health or related service, mental health and other practitioners have more power than people using the services. This is often referred to as power imbalance.

### **Why are there differences in power?**

Many differences in power are due to the various roles and responsibilities of people in mental health or related services:

- Staff provide services, are responsible for the running of the service, and implement the services rules and procedures. In this sense, they inherently have power.
- Within the mental health or related service context, people using the services depend on staff for their wellbeing and receiving services. They require the expertise of staff for their treatment and care over which they often have no control. This dependence on staff and lack of control can put them at particularly high risk of coercion and violent and/or abusive treatment.
- When people are involuntarily detained and treated they are often rendered powerless because they often have no control over their care and treatment (e.g. they cannot leave the service or refuse treatment).
- In addition, the mere threat or possibility of being involuntarily detained and treated can often exacerbate the power imbalance: people feel they need to adhere to what staff members offer or prescribe to avoid being deprived of their liberty.

Other factors can influence the power dynamics in mental health and related services:

- The type of clothing worn by staff (e.g. uniforms vs. more casual clothing) and people using the services (service-issued vs. personal);
- The places where people eat meals (e.g. if staff have their own separate cafeteria or meal lounge);
- The nature of communication between people (e.g. staff ‘talk down’ to other people or ignore them/their views, wishes and opinions).
- Dehumanising attitudes;
- Who is taking note and/or keeping files;
- Wearing badges;
- Who has authority and keys to lock certain areas (e.g. locked wards);
- Who is expected to live their lives with written treatment plan, goals, etc. and who just gets to live their lives;
- Who’s voice and opinion is heard and accepted with greater frequency;

Some of these elements may not create power imbalances in themselves but their accumulation may give rise to important power imbalances between people.

As a result of the power dynamics in a service, the behaviour of staff towards people using the service can have a huge impact on their rights as well as their wellbeing and recovery.

Identifying and preventing violence, coercion and abuse can only happen when people acknowledge the unequal power dynamics in a service and change their behaviour accordingly.

While the power dynamic cannot be eliminated completely, it can be limited.

For this to happen mental health and other practitioners need to act with the firm belief that all people, whether they are staff or people using the services, deserve to be treated on an equal basis with others, and with dignity and respect.



**Exercise 5.2: What contributes to power dynamics? (20 min.)**

Ask the group the following questions:

- **What contributes to power dynamics?**
- **How might differences in the clothing people wear contribute to power dynamics?**
  - Clothing sets people apart from one another.
  - People wearing hospital clothes can increase a perception of being different and not of the same status as others.
  - Clothing can distinguish and create hierarchy.
- **How might differences in the places where people eat lunch contribute to power dynamics?**

If people have separate dining facilities, it entrenches differences and helps create an “us and them” environment.

- **How might the way in which staff listen and talk to people using the services to power dynamics?**

When people are not listened to or heard they can feel powerless and not valued. Conversely, active listening and empathy can change power dynamics for the better.

- **What other examples can you think of?**
  - Lack of personal freedoms and choice
  - Lack of privacy (e.g. other people coming to personal space without permission)



- Needing to ask permission for everything
- Curfews
- Separate toilets
- **What are the power dynamics in your service?**
- **Can you think of situations in in your service, where staff have power over people using the service or where people have little power to make their own decisions?**

Some answers might include:

- Choices about treatment and care
- Visiting hours and access to family and friends
- Phone calls
- When to go to sleep and to get up
- Going outside
- Going to occupational therapy
- Choice of food and when to eat
- Decisions about when to take a shower/bath etc.
- When to leave the service
- **What are some of the repercussions that sometimes occur when people using the service do not comply with service rules or with instructions given to them?**
- Seclusion and restraints or other punishments
- Forced detention and treatment
- Leave restrictions
- Delayed discharge (some people may comply with what they are told only to get out sooner)

It is important to note that:

- **Often, the reasons behind why people are not complying with service rules are not explored or taken seriously by staff. Instead, this non-compliance is seen as being due to the person's mental health condition or flawed personality.**

Finally, ask participants:

- **What can be done to overcome this power imbalance?**

Encourage debate around this question as there may be a wide range of answers.

The message to get across to participants is that:

- Everyone deserves to be treated with respect.

- At the same time, it is essential to acknowledge that due to the power imbalance, people using services are at higher risk of violence, coercion and abuse.
- Only once we acknowledge this imbalance can we start to find ways to reduce and overcome it.

Here, it may be necessary to have a short debrief session on how participants are feeling about the issues covered as the previous discussions may have been emotionally difficult for some people.

## Topic 6: Key strategies to avoid and diffuse challenging situations



### ***Presentation: What is an effective and appropriate response to tense situations? (30 min.)***

This presentation describes different ways in which staff may react to tense situations. It distinguishes inappropriate and ineffective response to tense situations from more appropriate and effective responses.

It then identifies five key strategies which can be useful alternatives for managing tense situations and thereby avoiding the use of coercive and abusive practices.

Tense situations often lead to conflict situations that are sometimes “resolved” using force (e.g. violence and coercion).

They typically result from miscommunications and misunderstandings.

They may also result from people ‘playing their roles’ (e.g. staff role to keep control and maintain order in the service).

They also often arise when someone feels they are not being listened to or that their wishes are not being respected.

**When not handled appropriately**, tense situations have the potential to evolve into a crisis, resulting in mental health and other practitioners resorting to physical force or other coercive means to try and control the situation. .

Examples of situations that can escalate into violence include:

- A person feels that he or she is not being listened to by a staff member and becomes annoyed, distressed and agitated;
- A staff member gets frustrated when the person refuses to receive treatment.

### **Inappropriate and ineffective responses or practices**

#### **Seclusion and restraint**

- They can actually make the situation worse.
- There is no evidence that these practices help individuals improve their self-control.
- There is no therapeutic benefit or long term positive impact on behaviour change.
- They can increase feelings of helplessness, fear, distress, frustration, anger and resentment.
- They can lead to a deterioration of a person’s mental health and seriously hinder recovery.
- The practices can result in injury or even death of people who are using the services.
- They can harm the therapeutic relationship between the individual and the staff member.

- They can also leave psychological wounds on staff members who witness or impose these measures.

### **Shouting**

- Often used to assert control and be heard.
- But can increase tension and make people feel even more distressed or agitated.

### **Threats and intimidation**

- Used to coerce people to do or not do something.
- But can make people feel helpless, despondent, afraid, and demeaned.

### **Forceful handling**

- Includes pushing, grabbing, pulling, and other physical force.
- Can cause injuries.
- Can quickly escalate a situation to violence.

### **Appropriate and effective responses**

When dealing with tense situations, it is always important to think about the safety of all the persons around (e.g. asking people whose presence is not necessary to leave the room).

It is important to intervene early (e.g. as soon as warning signs are identified) to make sure that the situation does not escalate into a crisis and to avoid the use of coercive measures.

An appropriate and effective response to a tense situation involves:

- Treating the person concerned with respect and empathy;
- Listening to their concerns and wishes;
- Trying to understand how they are feeling and acknowledging their feelings;
- Asking them how they want to be supported/treated;
- Being patient and supportive;
- Being reassuring;
- Giving the person space and time;
- Keeping calm;
- Finding a non-violent solution to problem.

### **Recognizing and responding to triggers and warning signs**

It is important to try and identify a person's triggers and warning signs of distress, agitation or anger as soon as possible in order to prevent an escalation of the situation into a crisis.

Triggers are situations or stimuli that make a person feel distressed, frustrated, angry, and agitated which in turn can lead to a potentially tense and challenging situation

For example, some triggers might be:

- Feeling like I am not being listened to
- People speaking disrespectfully to me
- Other people using my things without permission
- Loud noises
- Being touched
- Not having choice, control or input

Warning signs are physical or outward signs that someone may be experiencing distress. They are generally unique to each person. However some common examples include(15):

- Restlessness
- Agitation
- Pacing
- Shortness of breath or rapid breathing
- Tightness in the chest
- Sweating
- Clenched teeth
- Crying
- Wringing hands
- Rocking
- Withdrawal, fear, irritation
- Prolonged eye contact
- Increased volume of speech
- Aggression
- Threatening harm

It is important to note that identifying triggers and warning signs should not just be undertaken in relation to people using the services. It should also be undertaken for staff, families and others because they too may have triggers and warning signs that can be managed, in order to avoid the development of a crisis. .

Once triggers and warning signs have been identified, it is possible to put in place a number of key strategies to avoid and diffuse challenging situations. They include:

1. Comfort rooms and sensory approaches
2. Creating a saying “yes” and “can do” culture
3. Individualised Plans to identify and manage triggers and warning signs
4. Communication techniques
5. Response Teams

[Each of these strategies will be elaborated in topics that follow.](#)

## Topic 7: Comfort rooms and sensory approaches



### **Presentation: Using comfort rooms and sensory approaches (16) 5 min.):**

Comfort rooms can provide a soothing space to effectively help a person to calm down, regain composure, and become able to solve conflicts in peaceful ways.(17)

Comfort rooms provide an environment in which people feel safe, secure and in control of themselves. They provide a space in which to calm down,

A comfort room should be used voluntarily, and must not be used as a place of involuntary seclusion. People should never be locked into the room or otherwise prevented from going out.

Often comfort rooms are used in conjunction with sensory approaches and can also help a person to calm down. Sensory approaches are meant to stimulate different senses (touch, hearing, smell, sight, taste) that help a person to feel calmer. They should be used before a situation escalates into a crisis, when warning signs have been identified.

Sensory approaches should also only be used **with the informed consent** of the person and if identified by the person as helpful.

Some examples include:

- Music
- Massage
- Meditation
- Warm water
- Soft blankets, carpets or pillows
- Calming colours
- Low lighting
- Rocking chairs
- Aromatherapy

## Topic 8: Creating a saying “yes” and “can do” culture



### **Presentation: Creating a saying “yes” and “can do” culture (10 min.)**

On admission to a service, people in many cases surrender control to the service and staff. They are far away from their day to day life, their family, friends, social networks, belongings and so on. This ‘loss of control’ and ‘dependency’ on staff for their comfort, security, safety and wellbeing can cause distress, anxiety and frustration. This is particularly true when staff members are not responsive to their needs and requirements.

Mental health and other practitioners often say ‘no’ to peoples’ requests or delay meeting these requests, many times without explanation. This may be due to heavy workloads, staff shortages, poor training, beliefs that fulfilling a request is not in the ‘best interest’ of the person. It may also be due to service regulations or a culture of unresponsiveness in the service more generally.

This can lead to feelings of frustration, distress and dependency by people using the services, which can be misperceived by staff as challenging behaviour and can ultimately lead to a conflictual or crisis situation.

In order to avoid these situations, a key strategy is to create a “saying yes” and “can do” culture within a service. This involves creating a non-judgemental space to think through how decisions are reached and whether it is possible to say ‘yes’ rather than ‘no’ in response to a request from people who are using the services. This will help service staff put people, as well as their needs and requirements, first.

Before saying an automatic ‘no’ to requests from people who are using the services, staff members should first R.E.F.L.E.C.T (18) on the request. Think about:

- R** – Reframe: What would it take to say yes?
- E** – Easy: Is “no” the easy option?
- F** – Feeling: What would it feel like for the person if I say ‘no’?
- L** – Listen: Have I really listened to the person concerned and what they are asking?
- E** – Explain: Can I explain to the person concerned why I am unable to meet their request?
- C** – Creative: Are there creative ways I could use to try and find a way to meet the request of the person?
- T** – Time: Am I giving enough time to consider the request?

Reflecting on these questions encourages participants to think more about their practices and how they can reverse this situation to develop a culture of “First say yes”.

In addition, improving the ability of people who are using the services to be autonomous and self-reliant by providing necessary resources can reduce distress or frustration.

So another important question to be considered by staff is:

Can I give resources to people using the service so that they do not need to make this request and become more autonomous?



## Topic 9: Individualized plans to prevent and manage tense situations



**Presentation: Individualized plans to prevent and manage tense situations (19) (15 min.)**

### **What is an individualized plan?**

Individualised plans are critical for understanding what makes someone feel distressed, agitated, anxious or angry and also how best to respond in these situations.

They can help to resolve tense situations more effectively without the use of coercion, abuse, or violence against the person concerned.

Through the process of developing a plan, it is possible to identify triggers and warning signs for what could potentially become a tense situation, and to outline agreed upon measures that can be taken to manage and prevent the escalation of a tense situation.

It's important to note that it may not be relevant to develop specific individualized plans for all people – not all people will want or need them.

However, for some, developing individualized plans is a key means of avoiding or de-escalating tense or challenging situations in a way that is respectful of the person and their wishes and preferences.

The person developing the plan should let all relevant people – including staff, care partners and others - know about its existence so they know how to support the person to manage challenging situations in an effective and acceptable way.

Mental health and other practitioners, families and other supporters should also develop their own individualized plans; they too may have triggers than can affect their behaviour in challenging situations. It is important that they understand their own triggers and identify calming methods that also work for them so that they are not contributing to creating a tense situation or making a situation worse.

When an individualized plan is made well, it can be beneficial to everyone concerned and provide for a better environment within the mental health and related service or at home.

### **Calming strategies should be introduced into the individualized plan**

After triggers and warning signs have been identified, people should be encouraged and supported to explore what helps them to feel better and regain control (see Topic 6 for more information on triggers and warning signs).

Some examples might include:

- Going for a walk/getting some fresh air
- Having someone acknowledge my feelings
- Taking slow, deep breaths
- Squeezing a ball or blanket
- Being able to yell or cry
- Spending time in the comfort room
- Calling a friend or family member

Individualized plans should be accessible during tense situations (e.g. on record in the service, online registry, etc.) and can be developed as a standalone document or as part of an overall recovery plan or of an advance plan/directive.

In summary, individualized plans:

- Are unique to each person, they focus on the needs of the individual above the needs of the service. Very often services are geared towards following procedures or doing things for ease. A plan requires adaptability, flexibility and also creativity.
- Developed collaboratively and agreed upon by the person concerned and mental health and other practitioners.
- Identifies triggers, warning signs and risk factors for frustration, stress, distress or challenging behaviour.
- Includes strategies to manage the triggers/risk factors before escalation occurs.
- Can be developed with the involvement of family members or other supporters if the person wants.
- Can be incorporated into a recovery plan or advance plan/directives.

These issues are explored in more depth in the module on *Strategies to end the use of seclusion, restraint and other coercive practices*.



### **Exercise 9.1: Making individualized plans (35 min.)**

For this exercise ask the group to divide into pairs.

Distribute copies of *Identifying and addressing triggers and warning signs* (Appendix 2 Identifying and addressing triggers and warning signs).

Ask each group to:

Begin the exercise with one person in each pair interviewing the other about what makes them feel distressed, frustrated, anxious, angry or agitated.

Then discuss what helps the other calm down during stressful situations.

**Interview your partner:**

**A. What makes you feel frustrated, anxious, angry or agitated?**

E.g. People not addressing me by my full name, not making my own decisions, not being listened to, my views being ignored, loud music, feeling crowded with too many people around etc.

**B. What helps you calm down in stressful situations?**

To prompt the discussion, the following questions can also be asked: What do you like to hear from people in these situations? With whom do you want to be? What strategies do you use to calm down? E.g. Going into a quiet room to relax, talking with my sister, relaxing music and a cup of tea.

Finally, fill the table provided in Annex 2.

Using Appendix 2, make an individualised plan with your partner after discussing strategies like the ones mentioned above.

- List the triggers and warning signs
- List the calming strategies

After this first round, have the pairs switch roles and repeat the exercise.

## Topic 10: Communication techniques



### **Presentation: Communication skills (10 min.)**

Good communication skills are essential for the day to day running of an effective service that is responsive to people's needs.

Good communication skills are also essential when approaching a tense situation. Using these skills is one of the most effective ways of managing tense and challenging situations in a way that is respectful and avoids coercive practices.

These techniques seek to make the person feel respected, listened to, valued and supported.

When people feel that they are being listened to, they are more likely to communicate more openly and clearly, allowing a peaceful resolution to the situation.

### **The nature of communication**

Here is a quote about the importance of communication as a means of avoiding coercion:

*"I'm not sure it's the exact words that are most important, but rather, the **tone** of voice, **body language** and the physical **environment** of the verbalization..." (20)*

The quote highlights that there is a lot more to communication than the words that we use.

Good communication can help avoid and resolve tense situations.

Communication should be:

- **Respectful:** Treating everyone in the situation with respect and dignity.
- **Attentive:** Devoting full attention to the person concerned.
- **Affirming:** Supporting and encouraging the person's ability to find ways to calm themselves and resolve the situation.
- **Positive:** Encouraging the person to see and focus on the good aspects of the situation.
- **Empathetic:** Putting in effort to understand the thoughts and feelings of the person concerned and everyone involved.
- **Patient:** Taking as much time as necessary to hear the concerns of the person and reach a fair and peaceful resolution to the situation.
- **Culturally sensitive:** It is important to be mindful of the cultural context, and cultural codes and specificities when communicating – e.g. it may be appropriate to talk slowly to a person or to maintain eye contact in some contexts, in others it may not etc.

## What people want to hear (21)

What follows is a list of supportive phrases which was developed by a group of people with mental health diagnoses. These phrases are positive, affirming and show patience.

They are intended to promote good communication as a means of resolving tense situations without violence.

Get each participant to read out one of the bullets/items, one by one.

- You're doing well.
- I know this is temporary and you will be ready soon to go on.
- Count on me.
- You don't have to prove anything to anybody.
- I know you will get through this.
- You are a very valuable person.
- Always focus on remembering your achievements...not only your problems.
- How can I help you?
- Tell me what you want/need?
- I am here to listen.
- I respect your views.
- I'm here for you.
- We can work together through this.
- It's OK to feel like that.
- What do you need at this time?
- Don't give up.
- I can't promise, but I'll do my best to help.

Ask participants if they think that these sentences are helpful. Then highlight that:

The key elements of these phrases is that they are positive, affirming, encouraging and that they show patience.

## Active listening (22)

**Active listening is an essential aspect of good communication and helps people feel heard and understood.**

- It is a structured form of listening that focuses the attention on the speaker.
- The listener gives full attention to the speaker. By paying full attention to the speaker, the listener will be able to ask relevant questions because they are actively engaged in the conversation. This is also important for building trust.
- Active listening can be demonstrated by non-verbal actions (nodding, looking in the eyes, open body language e.g. unfolded arms).
- Listener repeats in own words what they think the speaker has said. This is important because very often we hear what we *expect* to hear rather than what has actually been said. So by paraphrasing what has been said, the listener can ensure that they are truly understand what the person has said. This is not about parroting what the person has said. It is about understanding the true or underlying meaning about what has been said.
- The listener does not agree or disagree, but reaffirms what the speaker has said.
- This kind of dialogue leads to greater understanding of the thoughts, feelings and motivations of the speaker.

### Benefits of active listening

- Promotes attentiveness
- Avoids misunderstandings
- Encourages people to open up and say more
- Prevents escalation of a situation
- More likely to lead to a mutually beneficial solution to the situation



#### ***Exercise 10.1: Key phrases for calming a tense situation (23) (10 min.)***

This exercise is designed to help participants to think about the reactions that everyone has to certain phrases, and how common phrases used by mental health and other practitioners can evoke powerful (and at times negative) emotional responses.

**Read the following phrases:**

1. Would it be helpful to you if we sit down and talk about the problem together?
2. If you don't calm down, I will have to restrain you.
3. You are going to be OK.
4. Calm down!
5. I am here to help you.
6. You are being unreasonable.
7. We can solve this problem together.
8. Do you want to talk about how you are feeling?
9. You are being childish.
10. What can I do to help?

Go through each phrase with participants, asking the following:

- How do these words make you feel?
- Do you think this would be helpful in calming a tense situation? Why or why not?

After going through all the phrases, ask the group the following:

- Do you currently use any of these types of phrases when you are confronted with a difficult situation?
- Can you think of other things to say that might help calm tense situations?
- What are some things you have heard others say that are not helpful?
- Can you think of helpful words to say instead of these unhelpful things?
- How can your tone of voice, body language and posture communicate beyond words?

Finish this exercise by saying the following to participants:

- Even through these simple phrases we can see that the words that we use have an important impact on how they make people feel, and this is particularly true in tense situations.
- Simple phrases like this can either make us feel calmer/less threatened, or else can make us feel more tense and upset
- It is important to note that what may seem to be a helpful phrase to some people, may not be to others. The context, culture, who is saying the phrase and also the intention behind the phrase all determine how they are received by others.

At this point show participants the following video which shows an example of effective communication technique to de-escalate a tense situation.

**DBSAlliance Understanding Agitation: De-escalation here (24)**

<https://youtu.be/6B9Kqg6jFel?t=207> (9:14 min., starting at 3:30) Date accessed 01/07/2016

At the end of the video give participants the opportunity to share their thoughts. Ask the group:

What do you think of these techniques?

Do you think that you would be able to implement these approaches?



## Topic 11: Response teams



### **Presentation: Response team (RT) (25) (15 min.)**

Now we will explore Response Teams (RT) as a key strategy for managing tense situations. Response teams are being used in different countries. The best known example of its use is in Pennsylvania's hospitals where they have achieved a massive reduction in the use of coercive measures within psychiatric hospitals as well as forensic units. The Pennsylvania example will be described later in Topic 13 (26).

### **What is a Response team?**

A Response team (RT) is a core group of trained people responsible for intervening/responding when there is likely to be a crisis or emergency considered to be "un-manageable" by those present at the scene.

The RTs are trained to manage crises by using communication and de-escalation skills to diffuse and safely resolve a challenging situation. As RTs gain more experience on the ground, their effectiveness in diffusing crises increases over time.

**The purpose of the teams is to always respond to challenging situations in a non-violent and non-coercive way. It is important to ensure that the RT does not evolve over time into a team that itself uses coercive and violent measures to manage tense and crisis situations.**

It is important to note however, that the intervention of a Response Team is only necessary in certain crisis situations where other strategies are not appropriate or have not worked. In many instances, people may simply need some time and space to overcome their distress on their own or with support from staff and others.

### **Who can be part of a RT?**

The group can include:

- Mental health and other practitioners (aides, nurses, doctors, and others);
- Other members (including people with psychosocial, intellectual and cognitive disabilities, peer supporters, community advocates and family members/ care partners).
- One core group is assigned to the service on a day-to-day basis.
- In addition, there are also "on-call members":
  - they do not stay permanently at the service.
  - they are called in on a needs basis.
  - they can be called in on at short notice and should be able to report to the emergency location quickly.

## How does a RT work?

RTs come to the scene of the crisis in a short period of time.

The core intervention focuses on the development of a non-intrusive, non-controlling, non-confrontational and actively empathic relationship with the person in crisis without having to resort to 'controlling' the person (i.e. avoiding seclusion, restraints, forced medication, sedatives or tranquilisers).

In short, RTs and their interventions can be characterized as "being with", "standing by attentively" and "trying to put your yourself into the other person's shoes".

RT members work towards building a relationship with the person, working with them to understand the immediate circumstances and relevant background that precipitated the crisis.

They should also have access to individualised plans for managing crisis, advance and/or recovery plans so they can determine what the person wants to happen in a crisis and the most effective response according to the person's will and preferences. Over time this will lead to relationships based on shared knowledge and trust.

Once the crisis has been resolved:

- A debriefing session is held with members of the RT to discuss the response and review the outcome and determine what worked, what did not work and how things can be managed better the next time a crisis emerges.
- A separate debriefing session is conducted with the person concerned when they are feeling ready, in order to better understand what the person went through, what their triggers were and how appropriately the RT dealt with the situation and how they can improve.
  - This is also a chance to discuss how and what the person concerned believes would be the best response for de-escalating a crisis in the future.
  - It is also an opportunity to develop or review an individualised plan for difusing crises in the future.
- There should also be debriefing sessions with other people (e.g. family members, care partners and other supporters) who interact with and provide support to the person concerned.
  - This helps to identify how previous actions and interactions may have led to rising tensionsand identify what supporters can do in the future to avoid contributing to a rise in tensions.



### **Exercise 11.1: Creating a Response Team (15 min.)**

This exercise is meant to help participants come up with a list of steps that can be taken to create a Response Team (RT) in their service.

Ask participants to split into groups of 3-4 members.

Allocate each group one or two of the following questions:

- Who can you involve?
- How could people who are not staff members be included as part of the RT (e.g. can they be available at the service on a day to day basis or they can be 'on call' to come quickly to the service to support people in a crisis situation?)
- What skills do you think would be necessary for the members of the RT?
- How can you organize the training for this team?
- Are there costs involved in setting up a RT and if so, how could it be funded?

Give each group 15 minutes to discuss the questions.

After the discussion, ask one person in each group to volunteer to share their answer with other participants.

## Topic 12: Complaints and reporting procedures

The purpose of this section is to introduce complaints and reporting policies and procedures as a way of preventing and responding to violence, coercion and abuse in mental health and related services. It is important to make sure people have a way of speaking out against violence, coercion and abuse. Accountability is an essential part of a rights based approach in mental health and related services.

More detailed guidance on how services can develop and implement complaint and reporting procedures are provided in the guide *Policies and procedures for mental health and related services*.

The following presentation introduces key information about complaints and reporting procedures. The presentation is followed by prompts for discussion about how participants can implement these procedures in their service.



### ***Presentation: Procedure for reporting complaints, coercion, violence and abuse (20 min.)***

Establishing a reporting procedure for reporting complaints, coercion, violence and abuse is central to preventing and stopping abuse from occurring.

#### Elements of an effective reporting procedure

Any procedure should be independent from the mental health or related services and from government. People will be reluctant to make a complaint or to report abuse, no matter how minor or serious the incident, because of the potential negative repercussions on their treatment and care in addition to concerns about retaliation.

Independent bodies could include ombudsperson offices (27), human rights institutions/commissions or other appropriate bodies. An independent body or person can also be effective when based within the mental health service itself. The key is that they remain truly independent and are not pressured by staff or influenced by their surroundings to handle complaints in a certain way.

In addition to independence, other important features include:

- Accessibility to the complaints mechanism
- Assistance by trusted persons (e.g. family peer workers, independent advocacy services) to help someone, with their consent, file a complaint or report violence, or abusive practices
- Timely processing and response to complaints

## Cases of serious legal concern

These slides are designed to remind participants that in serious cases of violence, coercion and abuse, complaints need to be managed externally by the criminal justice system.

Some reports of violence, coercion and abuse are criminal (e.g. physical abuse, rape) and require criminal investigations and proceedings. These should be reported directly to the police in addition to being reported to the independent body dealing with violence, coercion and complaints.

Criminal legislation within the country must also be applied to incidents occurring in mental health and related services in order to protect people who are using services from violence and abuse.



***Presentation: Complimentary strategies for addressing complaints, coercion, violence and abuse (28) (5 min.)***

In addition to having a body that receives and investigates complaints and reports of violence, coercion and abuse it is useful to invite an independent body or service to conduct periodic but regular “Check-Ins”, in which they talk to people who are using the service, families and staff members. The advantage of this process is that it is proactive.

Mental health and related services can be creative in introducing other mechanisms that allow people to make complaints in a way that they feel safe, for example, by placing a “Suggestion Box” in an accessible, but relatively private, area for people to place complaints anonymously.

### Service culture

A reporting mechanism for complaints, violence, coercion and abuse needs to be supported by a culture of improvement in the mental health and related services.

A culture of quality improvement in the service means:

- Listening and learning through feedback from people. Any review process should always include feedback from the person who has experienced violence, coercion or abuse.
- Encouraging people to share their feedback, and provide them with assurances that their opinions are valued.
- Establishing complaints processes that are fair and transparent.
- Creating a service culture that values the safety and wellbeing of all people in the service.
- Instilling attitudes among mental health and other practitioners that consider complaints as opportunities for growth and improvement of services, rather than personal attacks.
- Providing access to independent advocacy services.



### **Exercise 12.1: Access to external complaints mechanisms (5 min.)**

Ask participants:

How can mental health and related services facilitate access to external complaints mechanisms?

Some answers may include:

- Post phone numbers of public agencies or NGOs that deal with violence, coercion and abuse next to a phone that is accessible to people.
- Include relevant phone numbers and contact addresses in a leaflet provided to all people in the service.
- Make sure that people have access to phones that are reasonably private (e.g. not next to the nurse station or in the middle of a corridor).
- Partner with local agencies or NGOs who specialize in handling violence, coercion and abuse to have regular visits in the service during which people can meet with NGO or agency members anonymously.

## Topic 13: Stopping violence, coercion and abuse in my mental health or related service

The purpose of this section is for participants to apply the concepts and strategies discussed in this training for preventing violence, coercion and abuse in their own service.



### ***Ending abusive practices in services is possible! Example (10 min.)***

- **The Pennsylvania example (26)**

In the 1990s, the Pennsylvania Department of Public Welfare instituted an active program to reduce and ultimately eliminate seclusion and restraints in mental health and forensic hospitals. All the hospitals have been seclusion free for several years and are approaching zero-use of restraints.

The programme was realised through a combination of training, monitoring, policy revisions, cultural change, data transparency, the use of response teams and by adopting a recovery approach to providing mental health and related services.

Research evaluating the impact of the program from 2001 to 2010 (29),(30) showed significant reductions in the use of seclusion and restraint over this period across the State. During the span of the study, the use of unscheduled medication an indicator of the use of seclusion and restraints, also declined. Furthermore, contrary to fears, there was no increase in assaults on staff staff; in some cases, the number of assaults on staff even decreased. Overall the program illustrated that it is possible to create environments that are safe and provide support to everyone involved in the service, without further traumatising the individuals using the mental health and related service.

After this initial presentation, show the slide summarising the topics covered so far in order to provide a reference point for the brainstorming session. Encourage participants to think of strategies and policies and procedures that can be used to stop violence, coercion and abuse in their service.



### ***Presentation: Recap of strategies for understanding and stopping violence, coercion and abuse (5 min.)***

- Addressing Power Dynamics
- Strategies to avoid coercion, violence and abuse:
  1. Recognizing and responding to triggers and warning signs
  2. Comfort rooms and sensory approaches
  3. Creating a “Saying yes” and “can do” culture
  4. Individualised plans to prevent and manage tense situations
  5. Communication techniques
  6. Response Teams



### **Exercise 13.1: What can you do to prevent violence, coercion and abuse? (10 min.)**

Ask the group:

What can you do to prevent abuse in your service?

Brainstorm with participants a list of ways that violence, coercion and abuse can be prevented within their mental health services.

Possible answers from participants may include but are not limited to:

- I can report incidences of violence, coercion or abuse which I witness to senior members of staff
- We could establish a Response Team.
- We can create/strengthen mechanisms by which people can report these practices.
- We can give staff the opportunity to have more training on good communication techniques.
- We can start to implement individualised plans to prevent and manage tense situations.
- We can develop processes for reporting complaints of violence, coercion and abuse within the service.
- We can have open discussions with all the people concerned about what constitute coercion, abuse and violence and how best it can be addressed.
- We can lobby for the creation of a complaint mechanism.
- We can help building a culture of trust between all the stakeholders.
- We can organise regular meetings to discuss the different strategies and make sure that they are implemented.

Ask participants:

**Conclusion: What have we learned?**

What are 3 key points that you have learned from this session?

After the discussion, show the slide on take home messages.



### **Presentation: Concluding the session (5 min.)**

- Every person deserves to be treated with respect and dignity at all times.
- An unequal power dynamic exists in every mental health and related service. Mental health and other practitioners need to be mindful of this and try to reduce this imbalance when they interact with people using the services.



- Many things can be done to prevent violence, coercion and abuse in mental health or related services, such as giving people a way of safely reporting these abusive practices and making sure that their complaints are effectively and appropriately managed and addressed.
- We can all play a role in preventing violence, coercion and abuse in mental health and related services. Doing so will help create an environment in which the rights and well-being of people are promoted and in which staff are able to do their job well. Everyone in the service will benefit!

# Annexes

## Annex 1: The Convention on the Rights of Persons with Disabilities

(Original version **with associated simplified version**)<sup>(31),(32)</sup>

### 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, 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, organisations 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 adult 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 building, 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 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 possible against 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 interests 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 enough support for what the person needs;
  - The support should be as short as possible;
  - It should be checked regularly by an authority which can be trusted.
5. Countries must protect the 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.

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 care partners, 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. There should be extra support for women and children.

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 keeps 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. Encourage 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 other 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 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 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;

Make sure that people working in the areas of recreation, tourism, leisure and sport can help people with disabilities.

## Annex 2: Identifying and addressing triggers and warning signs

(33), (34),(35),(36)

### My Triggers

To manage your ups and downs the first thing to do is to identify your triggers. Triggers **are things that happen – external events or circumstances – that may cause you to feel anxious, scared, miserable or discouraged**. The table below shows some examples of common triggers, and actions to be taken to stay well when those triggers occur:

My Triggers
What to do

## My Warning Signs

Warning signs are **changes in your feelings, thoughts or behaviour that suggest things are not quite right**. Warning signs are important because if you recognise them and take action early you may be able to prevent a crisis occurring. List your warning signs in the box below.

My Warning Signs
What to do

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