



QualityRights

Promoting human rights in mental health

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

(PILOT VERSION)

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**World Health
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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/

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 has been developed to provide training and guidance on how to integrate a human rights approach in mental health and related areas, based on international human rights instruments, in particular the UN Convention on the Rights of Persons with Disabilities (CRPD).

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 stigma develops and the relationship between stigma, discrimination and denial of rights.
- Understand the concept of disability.
- Acquire an understanding of the Convention on the Rights of Persons with Disabilities (CRPD) and how this instrument is central to respecting, protecting and fulfilling human rights of persons with disabilities.
- Be able to identify the ways in which people with psychosocial, intellectual and cognitive disabilities are denied their rights.
- Be able to apply knowledge of the CRPD to real life scenarios and identify violation of the rights of persons with disabilities.
- Be able to identify concrete ways to respect and uphold the rights of people with psychosocial, intellectual and cognitive disabilities.

Topics

Topic 1: Understanding stigma, discrimination and denial of rights

Topic 2: Understanding disability from a human rights' perspective

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

Topic 4: Applying the CRPD to real life scenarios

Topic 5: Zooming in on legal capacity and freedom from violence and abuse

Topic 6: Empowering people to defend CRPD rights

Topic 7: Taking action to promote the right to legal capacity and freedom from violence and abuse

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: False beliefs and negative stereotypes* for all participants
- Copies of *Annex 2: UDHR full text with associated simplified version* for all participants
- Copies of *Annex 3: CRPD original with associated easy read version* for all participants
- Copies of *Annex 4: Joan's story* for all participants
- Copies of *Annex 5: Three short scenarios* for all participants

Time

Approximately 8 hours

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.

In addition to this training

The facilitator is encouraged to organise for one or more people with psychosocial, intellectual and cognitive disabilities to come and speak about things that they have achieved in their lives.

Also, the facilitator may want to organise a screening of the following video:

WITF, I go home (1) (56:46 min.) <http://video.witf.org/video/2365712709/>

(Date accessed 06/07/2016)

This video can be shown at the end of the training (for example, during dinner time) to bridge this module with the module on *Improving mental health and related service environments and promoting community inclusion*.

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: Understanding stigma, discrimination and denial of rights

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



Exercise 1.1: That's not who I am: Stereotypes & Disability (30 min.)

Ask participants to split into groups of 4 persons and to list answers to the following question:

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

Allow 5 minutes for discussion and ask each group to nominate a spokesperson to share their lists with the rest of the participants. Unique examples should be listed on a flip chart by the facilitator.

Examples may include: people hold false views about people with psychosocial, intellectual and cognitive disabilities; like that they are incapable of working.

The facilitator may wish to highlight that perceptions and attitudes towards people with psychosocial, intellectual and cognitive disabilities are sometimes different, depending on the context. However both also face many *similar* challenges in the way they are seen and perceived in society.

After this initial discussion, show the following presentation.



Presentation: Stereotypes (5 min.)

People distinguish and label human difference, such as country of origin, skin colours, sexual preferences and food preferences. This is something that we all do in our everyday life in order to organise and simplify our world.

A stereotype is different, it is:

A widely held, fixed, oversimplified and often wrong, image or idea of a particular (labelled) person or group of people.

Unfortunately, people with psychosocial, intellectual and cognitive disabilities have often been linked to negative stereotypes.

For example, mental health and other practitioners may sometimes have a very limited view or perception of people with psychosocial, intellectual and cognitive disabilities, because they only see them at a very specific time in their life (e.g. when they are experiencing distress or in a crisis). They

do not see them at other times in their life and therefore only get a very limited view of the person concerned, which does not accurately reflect the person 'as a whole'.

At the end of the presentation, distribute the list of negative stereotypes about people with psychosocial, intellectual and cognitive disabilities (Appendix 1) to participants.



Exercise 1.2: False beliefs about people with psychosocial, intellectual and cognitive disabilities (15 min.)

Distribute to participants copies of Appendix 1 (False beliefs and negative stereotypes) (2).

False beliefs and negative stereotypes about people with psychosocial, intellectual and cognitive disabilities

They cannot be self-sufficient/are excessively dependent.
They are dangerous/a threat/violent/unpredictable.
They have no insight into their condition.
They cannot recover.
They brought it upon themselves/ they just need to snap out of it.
They are naive, like children, and cannot make any decisions for themselves.
They are possessed by demons.
They should be locked up.
They are to be pitied.
They are helpless.
They are cursed/disability is a punishment for evil.
They have lives not worth living and contribute nothing to society.
They are better off at home.
They cannot work.
They cannot achieve things.
They cannot have a family/cannot be good parents.
They need to be cured/treated and helped by medical professionals.
They need special, separate educational programs.
They cannot be involved in cultural/recreational activities.
They are unable to learn.
They need life-long care.
They are unreliable as friends and should be avoided.
They cannot be trusted/ cannot keep secrets.
They cannot contribute intelligently to a discussion and their ideas have no value.
Their life experiences and perspective on matters affecting them is irrelevant.

Explain to the group that:

We will now compare the list we created as a group with the list in the hand-out:

- Were your lists similar to this one?

Allow the group to describe the reasons for the similarities and differences. They can reflect on how society views people with psychosocial, intellectual, and cognitive disabilities and why this may differ from stereotypes related to other groups (doctors / politicians).

- Does your list contain any other beliefs not on the list provided?
- Do you disagree with any of the statements on this list?
- Why do you think people (or you) hold these beliefs?

Use this as an opportunity to explore the common labels/abusive words (e.g. mad, manic, mental case, schizophrenic, demented).

Ask participants:

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

Once they have given some examples, explore with participants the terms and language that they think are acceptable when referring to or addressing this group of people in their own context and country. For example some may find the term 'people with a psychiatric diagnosis' acceptable while others will not. Others may prefer 'people with mental disorders' or 'people with psychosocial disabilities' etc. When referring to people who are using mental health and related services, some may prefer 'consumers', 'psychiatric survivors' while still others 'mental health service users'.

After this discussion, ask participants to give examples of times they have seen people go against these stereotypes. It is important to spend some time on this topic.



Presentation: What is stigma and how does it occur? (10 min.)

Very often people with psychosocial, intellectual and cognitive disabilities are stigmatized by others and experience "stigma".

While there is no clear definition of stigma, it is an experience that is strongly felt by people who have been labelled and/or marginalised; it can have serious consequences on their lives.

Generally it brings experiences and feelings of:

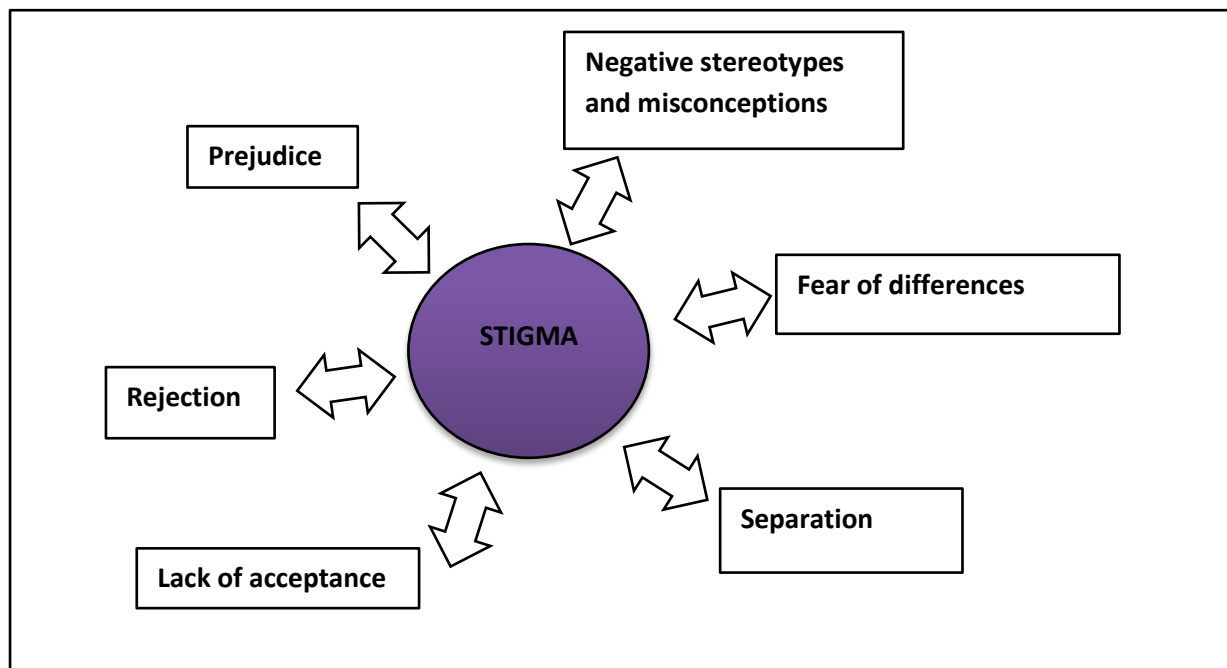
- shame
- blame
- hopelessness
- distress
- reluctance to seek/or accept help

Families and mental health and other practitioners working in this area are also affected by stigma, which may lead to a lack of support or resources.

Stigma is both a cause and a consequence of many social factors and community attitudes such as:

- negative stereotypes and misconceptions
- fear of differences
- separation
- lack of acceptance
- rejection
- prejudice

People can also internalize negative beliefs and feelings held by society towards them; this is known as self-stigma.



An effective way of challenging the misconceptions (from exercise 1.2) among the participants themselves would be to have someone with a psychosocial, cognitive or intellectual disability come and talk to the group about things that they have achieved in their life. This can be a very powerful exercise and facilitators should do their best to facilitate this opportunity.



Presentation: Challenging stereotypes in mental health (5 min.)

To break the stereotypes, tell the group that:

We will briefly look at some examples of people who have enjoyed successes in their lives and also experienced mental health issues.

*It is advisable for facilitators to prepare, in advance, examples of well-known people which are more relevant to the participants' context and culture. In doing so, it is important to ensure that the people concerned have **publicly** talked about their mental health issues or experience in the media.*

J. K. Rowling - Author of the Harry Potter books (3)

J. K. Rowling is the famous author of the Harry Potter series. She is an inspiring person who supports several charities. She is also the mother of three children. In 2012, JK Rowling spoke to the media about how, at the height of her fame and fortune, she experienced and received treatment for depression (4).

Catherine Zeta-Jones –Actress (5)

Catherine Zeta-Jones is a very successful actress who has received several awards for her roles. She has talked publicly about her diagnosis of bipolar disorder.

Brian Wilson – Musician of the Beach Boys (6)

Brian Wilson is a world renowned musician and song writer. With the Beach Boys he composed the album 'Pet Sounds' which is considered one of the best albums of music history. He started hearing voices after having taken illicit drugs.

Sir Terry Pratchett OBE – Author (7)

Terry Pratchett was a famous author, best known for his Discworld series of 41 novels. He was diagnosed with a younger onset dementia in 2007 and went on to maintain an optimistic view of life, and to write more books. He worked with the BBC to make a two part documentary series about living with alzheimer's.

Winston Churchill – Former Prime Minister of the United Kingdom (8)

Winston Churchill was Prime Minister of the United Kingdom from 1940 to 1945 and then from 1951 to 1955(9). He was key in inspiring British resistance against the Nazi regime during World War II. He experienced periods of depression that he called his "black dog".

Jack Kerouac – Writer (10)

Jack Kerouac was a famous US write and a leading star of the so called "Beat Generation". His most famous work is the novel 'On the Road'. During his career he experienced periods of depression (11).

Deepika Padukone –Actress (12)

Deepika Padukone is one of the most famous Bollywood actresses. She was diagnosed with depression and has spoken about this publicly and in the press. She has created a foundation called “Live, Love, Laugh” to help raise awareness about mental health and support people experiencing depression: <http://www.thelivelovelaughfoundation.org/>

It is important to highlight that ordinary, non-famous people with psychosocial, intellectual and cognitive disabilities achieve great things in their lives and have refused to be defined or limited by a label or diagnosis.

At this point it is possible to show the following video to participants:

The Gestalt Project (2012) Stop the Stigma (Mental Health Video KCM), Directed by Kian Connor (13) (4:09 min.): <https://www.youtube.com/watch?v=QficvVNlxTI> Date accessed 07/06/2016

This video illustrates the importance of seeing individuals beyond psychiatric labels/diagnosis.

If relevant to the participants’ context it is also possible to show the following video which gives examples of achievements and realisations made by people who have experienced mental health issues throughout history.

Depression and Bipolar Support Alliance (2015) A world without (14)(3:07 min.)
<https://www.youtube.com/watch?v=l49WdbK1lFI> Date accessed 07/06/2016



Exercise 1.3: We all have the same rights! (5 min.)

The objective of this activity is to identify the reasons for and impacts of the denial of human rights for people with psychosocial, intellectual and cognitive disabilities. The aim is to help participants understand that people with psychosocial, intellectual and cognitive disabilities have the same rights as all other people but that these rights are often not respected, protected or fulfilled.

Ask the following question to participants:

What do you understand by the word “discrimination”?

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



Presentation: Definition of 'discrimination' (10 min.)

Discrimination means any distinction, exclusion or restriction on the basis of characteristics (such as race, gender, sexual orientation, disability, etc.) which has the purpose or effect of impairing or nullifying the recognition, enjoyment of exercise, on an equal basis with others, of human rights and fundamental freedoms in political, economic, social, cultural, civil or any other fields (15).

This definition is adapted from the Convention on the Rights of Person with Disabilities which will be used in the next session. A more simple way of defining 'discrimination' is when people are treated unfairly because of one or more characteristics and, as a consequence, are deprived of their human rights.

Now ask participants the following questions (allow participants time to respond to these - answers may take some time to emerge):

Describe a time when you felt that you were discriminated against?

Try to ask for examples from all of the different stakeholders represented in the room.

Can you think of an occasion when someone made a decision or judgement about you based on wrong information and/or misperceptions?

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

Ask the person(s) who have responded to also explain the reasons why they feel this misinformation existed (causes).

What impact did this have on you?

Ask the participant to think about how the discrimination affected them that day, their future attitudes, did they feel less valued as a person?



Exercise 1.4: Rights of people with psychosocial, intellectual and cognitive disabilities (30 min.)

This next part of the task involves thinking about the human rights studied in the Understanding Human Rights module and how they relate to people with psychosocial, intellectual and cognitive disabilities:

Ask participants to look at their copy of the UDHR (Appendix 2). The focus of this exercise is still the [UDHR](#). **The Convention on the Rights on Persons with Disabilities will be introduced in the next session.**

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

The objective here is to let participants think about real life experiences that might affect people with psychosocial, intellectual and cognitive disabilities and to let them link these experiences with human rights issues.

Participants might answer that people with psychosocial, intellectual and cognitive disabilities cannot enjoy some rights.

Examples of answers:

- **Article 19:** They are often denied the right to express themselves, to have their opinions heard.
- **Article 16:** Their right to marry and start a family is often violated.
- **Article 13:** They are often denied the right to freedom of movement, for example when they are detained in facilities.
- **Article 23:** Their right to work is not always respected; people with psychosocial, intellectual and cognitive disabilities are often discriminated against and denied employment opportunities.
- **Article 25:** Many people with psychosocial, intellectual and cognitive disabilities do not have access to good quality services for physical or mental health as well as to social services or supports that they require to achieve an adequate standard of living in the community.
- **Article 9 and 10:** The right not to be subjected to arbitrary arrest or detention is also often violated, as they are often detained in mental health or social care institutions or prisons without their consent.

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

- What do you think are the barriers that prevent people from enjoying these rights?

This is an opportunity to have the group discuss examples when people with psychosocial, intellectual and cognitive disabilities are unfairly treated based on prejudices that exists within laws, policies, attitudes and practices.

Encourage the group to link the definition of discrimination to the examples that have been discussed. It will be useful to have the definition in the presentation displayed at this point.

Examples:

- Discriminatory attitudes may result in a person losing a job or not getting a job despite having the same or better qualifications as other candidates for the job.
- Discriminatory laws may prevent people ever being employed in a job in the first place. For example, the law may state that people lose all their disability benefits if they work.
- Discriminatory practices in areas like health insurance sometimes deny coverage to people with psychosocial, intellectual and cognitive disabilities.

After prompting with these examples, ask participants if they themselves consider these examples to be discrimination.

Then ask the group:

- What effect does this have on people's lives?

Example:

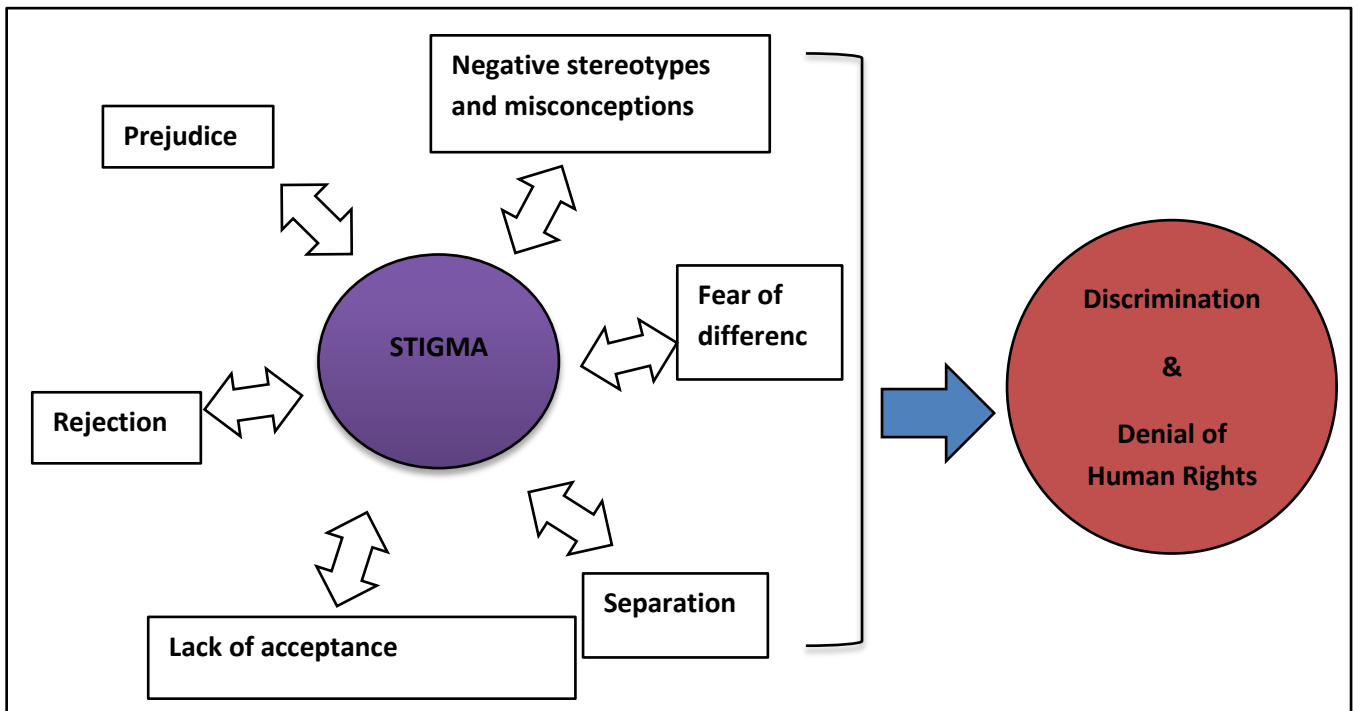
Participants might say that being excluded from the workforce creates poverty, prevents social inclusion, hinders the possibility of accessing adequate care, erodes self-confidence, and creates a feeling of marginalization and isolation. In turn this has a negative impact on mental health as it hinders hope, enthusiasm and motivation.

After the discussion highlight to participants that:

- These negatives effects have nothing to do with the disability or diagnosis itself. They are a consequence of stigma and discrimination.



Presentation: The relationship between stigma, discrimination and denial of human rights:
(5 min.)



This figure explains the link between stereotypes discrimination and denial of other human rights.

Here is a concrete example of this relationship:

- **Negative stereotypes**, for example that people with psychosocial, intellectual and cognitive disabilities are not sufficiently intelligent or too “ill” to learn, work, or make decisions for themselves – lead to **stigma**
- **Then in turn, negative stereotypes and stigma can lead to:**
 - **Discrimination:** People with psychosocial, intellectual and cognitive disabilities are denied opportunities and choices in the areas of education and employment.
 - **Denial of human rights:** This discrimination in the areas of education and employment means people with psychosocial, intellectual and cognitive disabilities are not able to exercise their right to education, the right to work and the right to participation.

Ask the group if there are any questions about these links or anything that they did not understand in this session.



Concluding the session (5 min.)

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

Follow participants' answers with these take home messages.

- Stereotypes about people with psychosocial, intellectual and cognitive disabilities lead to discrimination and other violations of human rights.
- Having a psychosocial, intellectual or cognitive disability does not mean a person is weak, unintelligent, incapable or dangerous.
- People with psychosocial, intellectual and cognitive disabilities can and do achieve great things in their lives.

At this point, distribute to participants copies of the UN Convention on the Rights of Persons with Disabilities (Appendix 3).



Reflective exercise (5 min.):

Explain to participants the following:

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

- Even though the UDHR and other treaties are meant to protect the rights of all people, the reality is that for people with disabilities, society continues to deny these rights.
- This is why, in 2006, the UN adopted the Convention on the Rights of Persons with Disabilities. This Convention creates legally binding obligations on countries to promote and protect all the human rights of persons with disability on an equal basis with others.

In preparation for the next session, read through the CRPD and its easy-read version (Annex 3) which protects the human rights of persons with disabilities.

Think about the following questions:

- **Are there any themes here that we have already discussed?**
- **How is this document important for people with psychosocial, intellectual and cognitive disabilities?**

Topic 2: Understanding disability from a human rights' perspective



Reflection from previous topics (15 min.)

Ask the following questions:

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

- Are there any preliminary reactions or questions?
- Why do you think there might have been a need to create a new human rights treaty/convention on the rights of persons with disabilities?



Exercise 2.1: Understanding disability (30 min.)

The goal of this exercise is to pre-empt the presentation on the different models of disability. Participants will consider the barriers faced by people with disabilities in their everyday life. It will help them to move from traditional understandings of disability (charity and medical models) to the current understanding of disability (social and human rights model).

Participants should be divided into 4 groups.

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

- 1) Physical
- 2) Attitudinal
- 3) Communication
- 4) Social

Ask each group to:

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

It may be necessary to provide some initial examples.

After 10-15 min. of discussion, ask each group to nominate a spokesperson to report back to the plenary.

Potential responses from each group might include:

Physical:

- Keeping people locked up or restrained in mental health and related services.
- Physical environment that is not adapted to a person's requirement e.g. Stairs preventing people using wheelchairs to access buildings.

Attitude:

- People being thought of as "abnormal" or different to the rest of society.
- Dehumanizing attitudes.
- Negative attitudes and beliefs about people with disabilities leading to stigma and discrimination.
- Not listening to the views and opinions of people.
- Not being heard by practitioners of the service, family members or others

Communication:

- Not giving people enough time to express themselves or to understand new information
- Not giving the same value to non-verbal ways of communication as to verbal ones.
- Not providing information in a way that a person can understand e.g. Braille for people with visual impairments or easy-read information for people with learning difficulties.

Social:

- Discriminatory laws which exclude people with certain disabilities from marrying, voting or getting jobs.
- Absence of community services and supports.
- Employers not willing to accommodate the needs of people with disabilities and labelling them as unfit to work.
- Employers paying people with disabilities less than people without disabilities for equal work.
- Children being excluded from mainstream school or school activities.

After each group has had the opportunity to report their answers, ask participants:

What, in your opinion, causes disability?

It is expected that some participants will answer that disability is caused by the environment of the person i.e. physical, attitudinal, communication and social barriers. However, participants may still express the view that disability is caused by physical, mental impairment, injury, etc.



Presentation: The different models of disability (16) (20 min.)

Charity model:

- The charity model sees people with disabilities as helpless victims who are to be pitied and who need care and protection.
- This model relies on the goodwill and benevolence of others to 'care and protect' people with disabilities (e.g. through special school, care homes and institutions, through financial or other charity 'handouts') because it is assumed they cannot help themselves. In this way the charity model is very disempowering.
- It is important to note that many charities working in the area of disability do not see people in that way and, on the contrary, work to support their empowerment.

Medical model

- According to the medical model of disability, 'disability' is a health condition needing treatment and people with disabilities are thought to be different to 'what is normal'.
- From the medical model perspective, the problem is believed to be with the person and, the ultimate aim is to cure or 'fix' to the person.
 - For example, people diagnosed with psychosocial, cognitive or intellectual disability and people who are using mental health and related services are sometimes told by mental health and other practitioners that they have a life-long condition, that they will need medication for the rest of their life and that they should give up on some of their goals (e.g. graduating from university, getting a job, having a family, etc.) because they would not perform well. This is a very disempowering message.
 - In addition, what may appear to mental health workers and other practitioners to be symptoms of a mental health condition may be described differently by the persons experiencing them. For example, a person hearing voices or experiencing a crisis may see this as an opportunity to learn about themselves and for growth.

For more information on this topic, encourage participants to read the following document from the British Psychological Society, *Understanding psychiatric diagnosis in adult mental health (17)*, <https://www.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/DCP%20Diagnosis.pdf>

Social model

- According to the social model, 'disability' is understood to result from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others (CRPD, Preamble).
- Under the social model of disability, the problem is believed to be with society, rather than the person. It is up to society to change to accommodate the difference.

- With this model disability can be overcome by changing the physical, attitudinal, communication and social environment to enable people living with impairments to participate in society on an equal basis with others.
- The social model does not mean that medical interventions are never useful; people may need and want medical interventions, for example, to relieve pain or recover body functions. But, the social model considers that it is not the only way that people's life can be enhanced. It considers people as a whole, including in their interactions with their environment. Many mental health and other practitioners already take into consideration all aspects of the person's life in their work.

Human rights model:

- Like the social model, the human rights model recognises that disability is caused by many barriers that prevent people from participating in society on an equal basis with others.
- But it goes further- it considers that diversity and difference are part of humanity and should be valued, not rejected.
- Therefore, persons with disabilities are entitled to equal rights and equal opportunities to participate in society as all other persons.
- Barriers that prevent people with disabilities from participating fully in society and from enjoying their rights are **discriminatory**.
- Therefore, people with disabilities have **the right** to have these barriers removed and to claim their rights.

This table gives examples of how the different models play in practice:

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

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



Presentation: Introduction to the CRPD (35 min.)

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

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

If a recap is necessary, highlight the following:

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

The UDHR and other treaties include rights that we should ALL be able to enjoy. However, in spite of all these international agreements, vulnerable groups, such as people with disabilities, still continue to experience violations and discrimination across the world.

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

The Convention on the Rights of Persons with Disabilities (CRPD) was adopted in 2006 by the United Nations in response to this situation. Significantly, it was drafted with the full and active engagement and participation of people with disabilities, and Disabled Peoples' Organizations (DPOs).

The CRPD reaffirms the key rights that need to be afforded to people with disabilities. The Convention is a major step towards changing the perception of disability in society and ensuring that countries recognize that people with disabilities must be provided the opportunities to live life to their fullest potential, on an equal basis with all other people.

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

The Convention adopts the social and human rights models of disability. It recognises that:

“disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others” (CRPD, preamble).

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

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

An important implication of the CRPD is that it requires a shift in what mental health and related services deliver and how they do this. Traditional mental health care and treatment, based on institutionalisation and forced treatment of people cannot be acceptable under the Convention.

The CRPD *is* consistent with the **recovery approach** that many people with lived experience and mental health and other practitioners are promoting. This approach is respectful of people’s rights and autonomy, and supports social connectedness, hope, empowerment and positive risk taking. It takes into account all the social determinants of mental health, such as relationships, education, employment (i.e. all the elements of a person’s life which have meaning and which can have a positive or negative impact on their mental health). This topic is developed in the modules on *Realising recovery and the right to health in mental health and related services* and *Promoting recovery in mental health and related services*.

The Convention is a legally binding instrument, it means that by ratifying this Convention, countries are under the obligation to take a full range of measures to ensure that people with disabilities have the same rights as everyone, are treated fairly and equally and are not discriminated against. Measures to be taken by states include adopting all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention. They also include modifying or abolishing existing laws, regulations, customs and practices that discriminate against persons with disabilities.

At this point, the facilitator should discuss with participants whether or not their countries have signed and ratified the CRPD and what it involves in terms of obligations. If their countries have not ratified the CRPD it is important to emphasize how it is important that people are informed about the CRPD so they can conduct advocacy and start implementing its principles on a day to day basis.

A list of the signatures and ratifications of the CRPD can be found here: https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-15&chapter=4&lang=en
The CRPD has extremely important implications for people with psychosocial, intellectual and cognitive disabilities. This will be discussed in more depth in the following sections of this module.



Presentation: The articles of the CRPD (50 min.)

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

Option 1 (long): Show participants the following presentations explaining the different articles of the CRPD. Pause intermittently throughout the presentation and ask the group if there are any questions.

Option 2 (short): Ask participants to split into groups of 3-4. Give them 20 minutes to read the CRPD and discuss its implications as a group. Then ask if there are any questions about the specific articles. If clarifications are necessary, it is possible to use the following presentation. Article 12 and 16 will be explained in more detail at a later stage.

This presentation examines each article of the CRPD.

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

Encourage participants to ask questions during the presentation.

Article 1: Purpose

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

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

Article 2: Definitions

Article 2 outlines the definitions used in the Convention.

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

- Communication
- Language

- Discrimination on the basis of disability
- Reasonable accommodation
- Universal design

Article 3: General principles

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

Ask one of the participants to read the principles outlined in Article 3. Ask the group if they find some of the principle particularly relevant.

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

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

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

Article 4: Government responsibilities

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

- Laws
- Policies
- Education and training
- Other actions

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

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

The Convention moves us away from that way of thinking. It shows us that disability is not just about giving people health services and treatments. It is about providing people with disabilities opportunities for employment, education, housing, social services in addition to health services.

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

In particular governments have major responsibilities with regard to changing outdated laws. Existing laws are often based on negative stereotypes of people with psychosocial, intellectual and cognitive disabilities. Basic rights such as the right to vote, the right to sign contracts, to get a health insurance are legally denied to them. This will be developed later in the presentation.

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

Article 5: Equality and non-discrimination

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

This article means that countries are required to (i) recognise that all persons are equal, (ii) prevent and prohibit discrimination (iii) make sure that laws protect people with disabilities against discrimination.

For example:

- When employers discriminate against people with disabilities they should be sanctioned.
- When laws authorise people with psychosocial, intellectual and cognitive disabilities to be treated without their consent, they should be repealed.
- They ensure that reasonable accommodation is provided to people with disabilities (for example, Government can make laws and / or provide funding, to make all buildings accessible to people with disabilities).

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

- Provide flexible working hours
- Providing educational supports in schools (e.g. teaching assistants) for children with special learning requirements
- Providing extra-time to make formal decisions (e.g. in health care, banking or insurance contracts)
- Providing information in plain language or easy read formats

This article also explains that when countries take specific measures and accommodations to achieve equality of persons with disabilities, this is NOT considered discrimination.

Article 6: Women with disabilities

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

- For example, in many countries, women with psychosocial disabilities and women with intellectual disabilities are victims of forced abortion, sterilisation or contraception. They are also at higher risk of becoming victims of abuses.

Article 7: Children with disabilities

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

It also recognises that children with disabilities have the right to express their views and that their views must be taken into consideration in all decisions affecting them. They should be provided with the appropriate assistance to realise this right.

- Children with disabilities have, for example, the same right as other children to give their opinion about the care and treatment they receive or about other life decisions such as with whom they should live with if their parents are separated.
- If they have difficulties in expressing themselves, they should receive support to give their opinion, for example by giving them explanation in plain language, giving them extra time and so on.

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

Article 8: Awareness raising

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

Countries must take measures to:

- Raise awareness about the rights and dignity of people with disabilities.
- Combat stereotypes, prejudice and harmful practices.
- Promote awareness of the capability and contributions of persons with disabilities.

This article is about giving information to all people about the rights of persons with disabilities, and about the need to spread this information among people with disabilities as well as to the rest of the population.

This is critical because, as we have seen, discrimination, abuses and human rights violations often occur because of stigma and misconceptions.

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

Raising awareness can be done through:

- national and international campaigns to change perceptions of people with disabilities and promote their rights
- teaching on rights and disabilities in schools (education)
- using the media to spread information
- implementing other awareness-raising strategies and programmes

Article 9: Accessibility

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

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

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

- For example, people with disabilities should have access to schools, workplaces, universities, shops, markets, cinemas, cafes, restaurants, stadiums, theatres, books, etc.
- The physical environment should enable people with disabilities to participate in society but also, nobody should deny them access to activities because they have a disability.
- Access to information is key in the modern world and it is important that people with disabilities can benefit from the information revolution that is occurring thanks to modern technology.

Article 10: Right to life

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

- This includes, for example, making sure their life expectancy is not reduced due to a lack of access to services or other circumstances.
- In many countries, the conditions in inpatient mental health and related services (inadequate food, poor hygiene standards, over-medication, lack of access to general health services) have extremely negative consequences for people's life expectancy and can violate their right to life.

Article 11: Situations of risk and humanitarian emergencies

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

- Often during emergencies, the specific requirements of persons with disabilities are not taken into account. Sometimes they are simply neglected and overlooked by the relief efforts. As a consequence they are more likely to die or to suffer injuries.
- During emergencies, people detained in mental health and related services are particularly vulnerable.
- Preparing for emergencies and disasters is just as important as its management during the situation as well as reconstruction afterwards. The specific needs of people with disabilities should be considered at each stage.

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

Article 12: Equal recognition before the law

The CRPD is very clear that people with disabilities have the right to equal recognition before the law.

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

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

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

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

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

Inform participants that this article is a key article of the Convention. It will be explored in greater depth later in this module and also in the module on *Protecting the right to legal capacity in mental health and related services* and the specialised module on *Realising supported decision making and advance planning*.

Article 13: Access to justice

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

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

- When people are in mental health or social care institutions they are often practically denied access to lawyers or complaints mechanisms.
- Sometimes, people cannot seek redress when they are victims of a crime because they are considered to be 'unreliable'.
- Many people under guardianship cannot bring a claim before a court because only their guardian can do that for them.
- The CRPD requires that countries enable people to have access to justice mechanisms on an equal basis with others. If necessary, they should be able to receive support to do so.
- Countries are also responsible for training people in how to effectively provide legal services for people with disabilities.

Article 14: Liberty and security of person

Article 14 states that people with disabilities have the right to liberty and security.

In addition article 14 says that people should never be detained in institutions, prisons or anywhere else **because** they have a diagnosed or perceived disability even when other additional reasons or criteria are given for their detention. For example, detaining someone because they have a disability and are considered dangerous is prohibited, since it means disability is being used as a criteria for the detention.

- This is an important right in relation to people with psychosocial, intellectual and cognitive disabilities given that they are often detained in mental health and related services and institutions, prayer camps, in sheds or houses against their wishes because they are perceived as dangerous or as a burden to their families and communities.
- In addition laws in many countries authorise for people with psychosocial, intellectual and cognitive disabilities to be detained based on their diagnosis and perceived dangerousness. This is despite the fact that other groups at higher risk of violence (e.g. gang members, persons drinking alcohol with history of domestic violence) cannot be detained on the basis of increased violence risk.
- People with disabilities can only be deprived of liberty for the same reasons as any other person (e.g. they can be detained in prison if they have committed a crime) but they cannot be detained for reasons that people *without* disabilities would not be detained.

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

People with disabilities must not be treated cruelly or tortured.

People with disabilities must not be subjected to medical or scientific experimentation, unless they provide voluntary informed consent (for example, doctors cannot force them to try a new drug, if they don't want to).

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 (ECT) and psychosurgery without informed consent, can in some cases be considered as a form of torture and ill-treatment (18),(19).

Article 16: Freedom from exploitation, violence and abuse

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

According to article 16:

- Countries must make laws and rules and take other necessary measures to protect people with disabilities from exploitation, violence and abuse in the home and in the community.
- Countries must provide support and information to people with disabilities, their families and careers to recognize and report exploitation, violence and abuse.
- Countries must make sure that services for people with disabilities are properly checked, monitored and investigated 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 make sure that abuses are investigated and that abusers are brought before the courts.

This issue of abuses against people with psychosocial, intellectual and cognitive disabilities will be developed later in this module as well as in the module on [Creating mental health and related services free from violence, coercion and abuse](#).

Article 17: Protecting the integrity of the person

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

- This means that their body and mind must be respected.
- For 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.

Article 18: Liberty of movement and nationality

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

- Liberty of movement
- Freedom to choose their residence
- A nationality

This means that when people want to change their nationality or move to another country they should not be prevented from doing so because they have a disability.

For example, people with disabilities are sometime denied a new nationality in a country they have moved to because the government is concerned that they are going to be a 'burden' on the health and/or social system. As a consequence they are deprived of the right to liberty of movement. This unfair treatment should never take place.

People with disabilities are also free to have passports and other identities documents, to travel abroad and return to their country.

Children with disabilities must be particularly protected, they should:

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

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

In addition, parents of children with disabilities are often told after birth that they should abandon their children and forget about them. Children are then sent to institutions where they are not taken care of properly. This has terrible consequences on their well-being and development.

[Ask participants if anyone want to ask questions or clarify a particular point.](#)

Art 19: Living independently and being included in the community

Ask one participant to read the following:

People with disabilities have a right to:

- Live in the community
- Be included in the community
- Participate in the community

This means people with disabilities must be able to:

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

Article 19 has 3 key dimensions (20):

1. **Choice:** Persons with disabilities can choose from the same range of options as other people.
 - To be able to make choices, people need to be able to exercise their legal capacity. Article 12 is very important to the realisation of article 19 (article 12 will be developed later).
 - Choice also means that people cannot be forcibly admitted to institutions. It doesn't matter whether the institutions are big or small or where they are located – if they do not respect people choices on a day to day basis (who can visit, what to eat, what activities to do) they are not in line with article 19.
2. **Support:** A wide range of support services should be available to enable people to live in the community.
 - Services may include: information and advice, training for independent living, housing programmes, on the job training schemes, habilitation and rehabilitation programmes, social assistance services, disability benefits, peer support, sign language interpreters, family crisis services, mediation, as well as general and specific health services.
3. **Availability of community services and facilities:** Services and facilities available to the general population must be available to persons with disabilities, e.g. they have the right to go to public school, access to the open job market, access to health services, etc.

In some countries, people tend to live with their families with several generations under the same roof while in other countries having a place on one's own is an important component of what being independent means.

When article 19 refers to independent living, it is not saying that people with disabilities must live on their own. Rather, Article 19 is saying that people with disabilities must have the same choices in terms of living arrangements as all other people in their community. In summary, article 19 has important implications for people with psychosocial, intellectual and cognitive disabilities. In particular, it prohibits forced institutionalization of people in mental health and related services and requires that people have access to a wide range of services (not only mental health and related services) to support them in living in the community.

[Inform participants that the implications of this article will be explained further in the module on *Improving mental health and related service environments and community inclusion*.](#)

Article 20: Personal mobility

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

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

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

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

- think and say what they want
- to receive and give information

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

This may include but is not limited to recognizing and using sign language, easy read/simple language text, Braille, etc.

- This article goes further than the UDHR as it makes clear that there is a special responsibility to provide information to people with disabilities in a way that they can access and understand.
- Often people with psychosocial, intellectual and cognitive disabilities are not given information related to their health or mental health care and have no access to their medical record or to information about other important supports and services in the community. They are also often denied information about legal mechanisms to protect their rights (e.g.

complaints procedures). They should have access to this information in ways that are understandable to them.

- In addition, the views and perspectives of people with psychosocial, intellectual and cognitive disabilities are often disregarded and ignored. This article makes sure they can express themselves and that their views are valued and respected

Article 22: Respect for privacy

According to article 22, no one should:

- interfere with the privacy, family life, home, correspondence of persons with disabilities;
- attack their honour and reputation.
- The right to privacy is very broad. For example when mental health or other practitioners come uninvited to people's house or room of people, they are failing to respect their right to privacy. When mental health or social care institutions open and/or withhold people's correspondence, this also violates their right to privacy.
- Confidential information about people with disabilities (medical, social information, information about rehabilitation, etc.) which can be held, for example, by medical or social services should be kept private.

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

Article 23: Respect for home and the family

Respect for home and the family is also often denied to people with disabilities. The stigma, myths and misconceptions they face from society means they are often prevented from leading the family, personal and sexual lives they want.

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

- To marry and found a family.
 - Often, because of guardianship measures people with disability are prevented from deciding about whether they want to get married.
- To decide freely to have children or not, when and how many children they should have and when they should have them.
- Not to be sterilized or prevented from having children by any other method.
 - This is very important because many people with disabilities, many women in different countries are sterilized against their will or their knowledge. In addition, children have a right to live with their family on an equal basis with other, irrespective of whether their parents have disability. When they cannot live with their own family, they should

be taken care of by their wider family or in the community in a family setting (for example, with foster parents).

- Clearly this means that children with disabilities should not be abandoned and segregated in institutions.

To illustrate this topic, show participants the following video:

Living with Mental Health Problems in Russia, Sky News (21) (4:23)

<http://news.sky.com/story/1699695/living-with-mental-health-problems-in-russia>

Date accessed 07/06/2016

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

Article 24: Education

This right to education is often denied to people with disabilities. The CRPD states that people with disabilities must have the same opportunities to develop their skills as everyone else.

- This article is important because in some countries, children are institutionalized and do not have the opportunity to receive education or an education of equal quality as other children.
- In addition, when families find themselves unable to afford education for all their children, children with mental disabilities are sometimes the first to be deprived of going to school.
- Finally, when children do have the opportunity to go to school, they often lack the support they may require, leading to significantly higher rates of drop-out and failure.
- The impact of this lack of education is large-scale and long-term – reflected by higher rates of incarceration, unemployment and poverty.

Article 24 provides that:

The education system must be inclusive of persons with disabilities at each level of education for children and adults – It means that, like everyone else, people with disabilities have the right to attend primary school, high school, universities, etc.

States must take many steps to ensure this, for example:

- To make sure that children with disabilities have access to the general education system – that they are not segregated in “special schools”.
- To provide reasonable accommodation and support to children in schools.
- To facilitate the learning of sign language, Braille, or other methods.
- States must also train teachers to work with people with disabilities.
- People with disabilities should also have access to universities and other trainings for adults.

Article 25: Health

Ask one of the participants to read the following:

This article means that:

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

Article 26: Habilitation and rehabilitation

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

Countries must make sure people with disabilities can live as independently as possible and must provide services and supports in health, work, education and social services to help that happen.

These services and supports need to be:

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

People with disabilities should also have access to peer support services.

It is important to note that Article 26 is not only about health services, but about the full range of services people may need to live an independent life in the community, including services in the areas of employment, education, social welfare **as well** as health.

Article 27: Work and employment

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

The CRPD says that governments and businesses should work to make this a reality, including through making reasonable accommodations in the workplace, and make sure that people with disabilities are fairly paid for their work.

- For example by ensuring they are given equal pay for their work, they have good working conditions, they are not badly treated at work, by ensuring that people with disabilities are hired in the public sector, etc.

This is another right that people with psychosocial, intellectual and cognitive disabilities are often denied because they are falsely considered incapable, unreliable or dangerous.

[Again, give participants the opportunity to ask questions.](#)

Article 28: Adequate standard of living and social protection

- People with disabilities should have an equal right to the same standard of living and social protection as everyone else.
- People with disabilities should have access to adequate food, clothing and housing for themselves and their families.
 - In many parts of the world people living with psychosocial disabilities and with intellectual disabilities have not access to adequate standards of living, sometimes the conditions in which they live are so bad (derelict facilities, bad quality food, terrible hygiene conditions, etc.) that they can amount to inhuman and degrading treatment.
- This article also recognizes the right of people with disabilities and their families to social protection without discrimination. Governments have an obligation to take appropriate steps to promote the right to social protection including by ensuring:
 - Access to clean water
 - Access to services and assistance related to disability (benefits, counselling, training, respite care, etc.)
 - Access to programs and services to make sure they do not live in poverty
 - Access to public housing
 - Access to retirement benefits and programs (pensions, support for the elderly, etc.)

In countries where many people are affected by poverty and where social protection mechanisms are limited, persons with disabilities are even more vulnerable to poverty and homelessness.

Article 29: Participation in political and public life

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

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

- Political life includes: the right to vote, run for office, lead campaigns, join political parties, etc.
- Public life includes: to speak publicly, join trade-unions, to join NGOs related or not to disability, etc.

People in mental health or related services are often denied all of these political rights, in law as well as in practice. This is against the CRPD.

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

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

- Cultural life (e.g. going to museums, theatres, concerts but also become singers, actors, comedians, etc.)
- Recreation
- Leisure
- Sports

On ending this presentation, ask participants if they have any questions/comments or if they need clarifications to make sure they all understood the key elements of the CRPD.

To sum up this topic, show participants the following video:

EQUASS Europe, Quality in Social Services - Understanding the Convention on the Rights of Persons with Disabilities (22) (10:19 min.) <https://www.youtube.com/watch?v=iLaZX6ib6Tk>

Date accessed 04/07/2016

Topic 4: Applying the CRPD to real life scenarios



Exercise 4.1: Different scenarios (30 min.)

The goal of these exercises is to make sure people understand the key elements of the CRPD and how they can be used in a very concrete situation.

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

Depending on the time allowed, the facilitator may decide to choose between the two following options. If time allows, participants can undertake both exercises.

Option 1: Long scenario

Distribute copies of the following scenario to participants (Appendix 4: Joan's story)

Give them enough time to read and discuss Joan's story.

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

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

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

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

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

Then ask participants:

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

Ask participants to provide their answers article by article (refer to Appendix 3). Participants should specifically refer to the relevant parts or paragraph within each relevant article of the CRPD (as below).

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

Articles violated:

- **Article 7 - Children with disabilities:**
 - According to article 7, children should enjoy all their human rights and fundamental freedoms on an equal basis with other children.
 - The facts that Joan could not live with her parents and go to school like other children is a violation of article 7.
 - In addition, article 7 requires that the best interest of the child is the primary consideration in all actions concerning children with disabilities.
 - The fact that Joan's parents were advised to give up on her and that she was placed in an institution was not in her best interest. This also violates article 7.
- **Article 23 - Respect for home and the family:**
 - Article 23 para. 3 states that children with disabilities have equal rights with respect to family life and that "to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families".
 - In Joan's scenario there is a clear violation of article 23 because (a) In this case, Joan's parents had no access to support or information to take care of her and (b) as a consequence they were forced to abandon her.

- Article 23 para. 5 requires that when the immediate family is unable to take care for a child with disabilities, the child should be taken care of by the wider family or if not possible, by a family setting in a community.
 - The fact that Joan was sent to an institution goes against the provisions of this paragraph.
- **Article 24 - Education:**
 - Article 24 guarantees that persons with disabilities have a right to education which give them equal chances to reach their full potential. It also requires that children with disabilities are not excluded from the general education system.
 - In this case, Joan could not go to a mainstream school. In addition, the education she received was very limited which reduced her opportunities to develop confidence and skills.
- **Article 19 - Living independently and being included in the community:**
 - According to article 19, persons with disabilities have equal rights to live in the community with choices equal to others. In particular, they should have the opportunity to choose their place of residence and where and with whom to live.
 - Joan spent most of her life in an institution which is a violation of article 19. In addition the fact that “she was moved to an institution for adults” suggests that she was not given any choice in this decision.
- **Article 26 - Habilitation and rehabilitation:**
 - Article 26 requires that persons with disabilities can access habilitation and rehabilitation services “at the earliest possible stage” and “based on the multidisciplinary assessment of individual needs and strengths”.
 - Joan is initially unable to access any form of habitation or rehabilitation service to maintain and gain independence and participate in the community life. This is a violation of article 26.
- **Article 12 - Equal recognition before the law:**
 - Article 12 paragraph 2 guarantees that people with disabilities are able to make their own decisions and choices and that these are respected.
 - Joan’s decisions, choices, will and preferences are not respected: she is not able to choose where to live and she is not asked if she wants to participate in the documentary.
- **Article 22 - Respect for privacy:**
 - Article 22 guarantees to person with disabilities respect for their right to privacy, regardless of place of residence or living arrangement. In addition, article 22 requires states to protect the privacy of personal, health and rehabilitation information of persons with disabilities.
 - The documentary made public images of Joan without her consent and disclosed medical information which violated article 22.

- **Article 8 - Awareness-raising:**
 - According to article 8, states must combat stereotypes concerning people with disabilities and encourage the media to portray persons with disabilities in a manner consistent with the purpose of the present convention.
 - The documentary depicted the resident in a negative and stigmatising way which is a violation of article 8.

- **Article 9 - Accessibility:**
 - Article 9 requires that States Parties make sure that people with a disability can access their environment. This includes access to information.
 - The paperwork for the proceedings was not made accessible to Joan, for example, it was not written in plain language. This is a violation of article 9.

- **Article 21 - Freedom of expression and opinion, and access to information:**
 - Article 21 (b) requires states to accept and facilitate the use of alternative communication and all other accessible means, modes and format of communication of their choice by persons with disabilities in official interactions.
 - The legal paperwork was in a format that Joan was unable to understand and thus her right to have access to communication modes and formats which meet her needs, as required by article 21, was violated.

- **Article 13 – Access to justice:**
 - Article 13 requires that persons with disabilities are provided with accommodation in order to ensure their effective access to justice.
 - Again, the fact that the legal paperwork was not made accessible to Joan is violation of article 13.

Now ask participants:

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

Articles respected, protected or fulfilled:

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

- **Article 9 - Accessibility:**
 - Joan was finally able to receive support to understand the paperwork for the proceeding.

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

- **Article 19 - Living independently and being included in the community:**
 - Joan is ultimately able to live in the community, at a place she wants to live.

- **Article 24 - Education:**
 - According to Article 24, para 5, States Parties should ensure that adults with disabilities can access education opportunities, like vocational training.
 - In this case, Joan can start vocational training.

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

Option 2: Three short scenarios

Distribute copies of the three short scenarios to participants (Appendix 5: Three short scenarios).

Ask participants to divide into 3 groups. Each will answer one of the scenarios and then present to the other groups.

During the feedback session each scenario is projected on the screen.

Explain to participants the following:

- **We will now be looking at 3 scenarios that involve people with psychosocial, intellectual and cognitive disabilities (Appendix 5).**

- **In each scenario identify the rights that are being denied or enjoyed using your hand-out on the rights in the CRPD (Appendix 3).**

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

Peter's story:

Peter is a 27 year old man. When he was 20, he first began to hear frightening voices and have thoughts that people were trying to send him messages through the TV. His voices ceased for several years and during this time he got married. He was also able to receive support from a psychologist to help him work through some of the issues that were troubling him.

Recently, he has started to hear voices again and has become increasingly distressed, to the point where his wife decided to call an emergency doctor. The doctor commits Peter to the psychiatric hospital against his will. The hospital is far away from his home town and from his loved ones. Despite the medical attention he receives at the hospital, Peter's is feeling worse than ever. His isolation and lack of contact with family and friends have left him feeling increasingly lonely, despondent and powerless about his situation.

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

- **Article 12 - Equal recognition before the law:**
 - Peter should have been consulted about his views in order to determine whether he wanted to go or not to the hospital. He has been denied the right to make decisions concerning his own treatment and care.
 - Peter should have been given time to make decisions with support if necessary.

- **Article 14 – Right to Liberty and Security of Person**
 - Peter has been involuntarily admitted to the psychiatric hospital. He has been deprived of his liberty on the basis that he has a disability.

- **Article 17 Protecting the integrity of the person**
 - His involuntary detention violated his right to physical and mental integrity.

- **Article 19 - Living independently and being included in the community:**
 - He was taken to the hospital.
 - Peter should have been offered the possibility to receive extra-support in the community.

- **Article 23 - Respect for home and the family:**
 - His right to respect for his home and family life was not respected because he was forcefully removed from his home and taken away from his family

- **Article 26 - Habilitation and rehabilitation:**
 - He does not see his psychologist.

- **Article 25 - Health:**
 - Peter should have access to healthcare in his own community but has been forced to move away.

Claire's story:

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

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

- **Article 14 - Liberty and security of person:**
 - Claire is free to visit her friends in the neighbourhood.
- **Article 19 - Living independently and being included in the community:**
 - Claire has access to supports and services (e.g. a support group) that enable her to live independently in the community.
- **Article 27 - Work and employment:**
 - She works in a restaurant.
- **Article 29 - Participation in political and public life:**
 - Claire is a member of a support group.
- **Article 30 - Participation in cultural life, recreation, leisure and sports:**
 - She plays badminton for a club.

Pradeep's story:

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

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

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

- **Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment:**
 - Initially Pradeep was not ill-treated or treated with force.
- **Article 16 - Freedom from exploitation, violence or abuse:**

- Initially, Seema managed to support Pradeep without the use of violence.
- **Article 19 - Living independently and being included in the community:**
 - The care home is based in the community and he is happy about living there.
- **Article 28 - Adequate standard of living and social protection:**
 - Overall the care home seems to be a good and caring environment.

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

- **Article 12 - Equal recognition before the law:**
 - Pradeep is forced to take medication and thus denied the right to make a decision for himself.
- **Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment:**
 - Pradeep is now subject to ill-treatment and treatment by force.
- **Article 16 - Freedom from exploitation violence or abuse:**
 - Pradeep has bruises on his body because he has suffered violence and abuse.

Topic 5: Zooming in on legal capacity and freedom from violence and abuse

The purpose of this topic is to focus on 2 of the articles of CRPD in more detail.

- The right to equal recognition before the law (Article 12)
- The right to be free from exploitation, violence and abuse (Article 16)

The exercise will use: Articles 12 and 16 with explanation in simple language. These articles can be shown on the projector/monitor during the exercise.

Note that both of these articles will be developed further in the modules on *Protecting legal capacity in mental health and related services*, *Creating mental health and related services free from violence, coercion and abuse* and *Realising supported decision making and advance planning*.



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

Together with participants, go through each paragraph of Article 12. The easy read version may be used to support participants' understanding. Provide any necessary clarification.

Article 12 (23),(24) - Equal recognition before the law

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

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

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

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

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

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

4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests.

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

- the support that the person receives should respect the rights of the person and what the person wants;
- It should not be in the interest of or benefit others;
- The persons providing support should not try to influence the person to make decisions they do not want to make
- There should be the right amount of support for what the person needs;
- The support should be for as short a time as possible;
- It should be checked regularly by an authority which can be trusted.

5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

Countries must protect the rights of people with disabilities:

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

Having read this right, consider these questions:

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

Some examples may include:

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



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

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

Equal recognition before the law

We need the law both when things go wrong and during important life events. But very often people with disabilities are denied the protection and benefits of the law. For example they cannot get married due to their disability, or they are not allowed to sign contracts (e.g. to rent or buy a home), or they are denied the right to spend their own money.

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

Legal capacity and decision making

According to Article 12 people with disabilities must be able to make their own decisions and fully enjoy their right to legal capacity.

The right to legal capacity includes:

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

Often people with disabilities have been denied the possibility to exercise their rights which result in preventing them from making their own decisions. That is why the right to legal capacity is often said to be “**the right to decide**”.

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

The right to legal capacity concerns all areas of life.

The CRPD states that people with disabilities have the right to make:

- **Formal decisions:** sign contracts, marry, buy property, etc.
- **Informal, day to day decisions:** decide about clothes, meals, activities, personal relationships, etc.

However they are often denied both these areas of decision making.

In the case of formal decisions, for example, around marriage, buying property and signing contracts, decisions for people with psychosocial, intellectual and cognitive disabilities are often made by court appointed guardians, mental health workers and other practitioners and families. This process is called differently in different countries, for example, guardianship, conservatorship, etc.

In the case of informal decision making, many of the day-to-day decisions that people with psychosocial, intellectual and cognitive disabilities make in all aspects of their lives are also typically made by others, in particular families and care partners. Examples of these decisions include how money is spent, living arrangements, personal relationships, choosing clothes to wear, choice of food, daily routines and treatment choices.

Making one's own decisions is something that many people take for granted. But it is often not a reality for many people with disabilities, including people with psychosocial, intellectual and cognitive disabilities.

It is extremely damaging to deny people the right to make decisions in their lives. Consistently taking away an individual's right to make even small decisions on a daily basis is profoundly disempowering.

Making one's own decision is very important because (25)

- It allows us to develop a sense of control over our lives
- It teaches us responsibility
- It makes us less vulnerable to exploitation
- It helps us develop positive relationship with others

Supported decision making

At the same time, the CRPD acknowledges that at times people may find it harder to make decisions on their own and may need support to do so.

In such situations, people must be provided with the opportunity to have support in making their decisions when they request it. This is known as '**supported decision making**'.

Supported decision making might involve, enabling people with disabilities to identify people that they know and trust who can support them to make decisions whether formal, informal or both. Supporters may sometimes be legally recognised (for example, they may be specified as supporters in representation agreements, advance directives, etc.) or informally designated by the person (natural supports, circle of friends, etc.).

A 'Supporter' can do many things, for example they can:

- Discuss issues with the person concerned.
- Help the person to identify the pros and cons of a decision.
- Help the person to weigh up different options.
- Help the person to communicate their decisions to others (e.g. banks, utility companies, restaurants, mental health and other practitioners).

Supported decision making may also involve enabling people to nominate a person who can communicate their wishes and preferences when they are unable to do so themselves.

Supporters do not make decisions on behalf of the person or try to unduly influence them. It is important therefore that people are able to choose supporters that they trust to communicate their decisions.

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

For example, a person with dementia at early stages of dementia may need no or minimal support, whereas later they need more intensive support. In addition, some people may only require support for complex decisions while others may require support for even simple, daily decisions. It is important to build on people's unique abilities to provide appropriate support.

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

Even when the person is perceived as unable to communicate, the decision must be based on what the person would have wanted or on what the person has said they would want in these particular circumstances: this is called the **best interpretation of the will and preferences** of the person.

This is very different from traditional models like substitute decision making and guardianship where other people (e.g. mental health and other practitioners, family members, guardians) make decisions on behalf of people with disabilities. The CRPD says that these traditional models violate human rights and must be replaced by a supported decision making model.

What is crucial about Article 12 is that all people must be able to make decisions for themselves about all aspects of their lives. It is also essential to remember that supported decision making

needs to be voluntary. It should not be imposed on people. If a person chooses not to have support, this wish must be respected.

Respecting the rights outlined in Article 12 is very important in the context of mental health care. The imbalance in power between health workers and people using mental health and related services acts as a significant barrier to implementing supported decision making in these settings.

In many mental health and related services, mental health and other practitioners are in positions of power over those using the service and make all their decisions for them, while service users themselves have little influence over their care. It is important to make efforts to change power imbalance in order to fully achieve legal capacity and supported decision making, and to facilitate people's access to independent decision making support (advocates, peers, etc.).

Unequal power relations may also take place within families, for example when parents continue to make decisions for their adult son or daughter with a disability. This also needs to be acknowledged and addressed in order to effectively implement supported decision making.

Facilitators need to be prepared for questions about applying article 12 in challenging situations (e.g. when a person is completely unable to communicate, when a person makes a decision that appear dangerous to others, etc.).

These issues are extensively covered in more detail in the WHO Module on *Realising supported decision making and advance planning* which addresses more complex examples. However participants may be encouraged to think in advance about these issues.



Exercise 5.2: What changes does article 12 bring? (10 min.)

Ask participants the following question:

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

Possible responses might include:

- People with disabilities will have greater control over their lives.
- They will be empowered to make decisions such as where they want to live, the number of children they want to have, etc.
- If they require the help of the law, it will be there for them.
- If people with disabilities are finding it difficult to make decisions about their finances or other matters on their own (e.g. How should I manage my finances? What are my options for medical treatment? Where should I live?), they can access appropriate support to make these important life decisions.

- Respecting the right to make your own decisions changes the power balance between people who are using mental health and related services and health professionals.
 - If this right is respected, when it comes to the law and decision making, people with disabilities will be equal to everyone else.
 - People with disabilities will lead more fulfilling lives.
 - People with disabilities will feel and be respected and will gain more confidence.
 - People with disabilities will be able to get married.
 - They will be able to rent or buy a home.
 - They will be able to decide how to spend their money.
 - They will be able to decide where to live.
 - Others will have to listen to them and respect their decisions.
 - People with disabilities will be able to get support to make decisions, instead of having others make decisions for them.
- **What groups, institutions, organizations or people do you think have a role in ensuring that this right is respected?**

Some examples:

- **People with psychosocial, intellectual and cognitive disabilities** can let others know that they have the right to make their own decisions and also make sure that they themselves are exercising this right.
- **Government agencies** can create laws and policies that promote the right of people with disabilities to make decisions and to access supported decision making mechanisms.
- **National human rights institutions and other independent monitoring mechanisms** can support people in bringing claims before courts, draft reports on the human rights situation and make recommendations to governments.
- **Mental health and other practitioners** can inform people of their rights, of treatment options and give people the time they need to reach a decision. Crucially, they can ensure they respect their decisions about treatment, even if it means giving people more time to reach a decision. They can also support people to access to the legal system if their rights have been violated.
- **Health services** have a responsibility to respect and promote the right to legal capacity and supported decision making, for example they can reform service policy to respect and promote informed consent, the right to legal capacity and supported decision making, enable trusted persons to come to the service to support the person; invite NGOs providing supported decision making services to access the service; set up peer workers or peer mentors within the service to take on this role.

- **Human rights defenders** can highlight when violations of this right occur.
- **Family, friends, peers** and other networks or circles of support can ensure people make their own decisions and that their decisions are respected.
- **Advocacy organizations** can advocate for the reform of laws that violate people's right to legal capacity.



Presentation: Article 16 (26),(24) of the CRPD - Freedom from exploitation, violence and abuse (10 min.)

Again, together with participants read through Article 16 of the CRPD. Provide any necessary explanation.

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

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

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and 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.

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

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

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who

become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

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

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

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



Exercise 5.3: Zooming in on Article 16 - Freedom from exploitation, violence and abuse (15 min.)

This exercise gives participants a chance to examine in more detail Article 16 of the CRPD.

Some participants may raise the issue of seclusion and restraints during this exercise. Inform the group that seclusion and restraints will be discussed in depth in the module on Strategies to end the use of seclusion, restraint and other coercive practices.

Ask participants to consider these questions:

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

Possible responses may include:

- They are often victims of physical, sexual and emotional abuse.
- They can be victims of financial exploitation.
- Many experience seclusion and restraint, forced detention and treatment in mental health and related services which are in violation of this right.
- They can be victims of forced sterilization or abortion.
- People in mental health and related services are often neglected, lead aimless and inactive lives, are over medicated so that they “easier to manage” all of which also constitute abuse.
- People who live in institutions are sometimes used for medical experiments without their informed consent.

- They experience violence, abuse and exploitation in the community or in the family (e.g. chaining, shackling, isolation in rooms or sheds, abuses by religious or traditional healers).
- They are sometimes ill-treated by law enforcement officials, like policemen.
- Family members of people with advancing dementia sometimes forcibly move them into residential care in order to sell the family home and ‘take over their finances’.

Then ask the group:

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

Possible responses may include:

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

- **What groups, institutions, organizations or people do you think have a role in making these rights respected?**

Some examples may include:

- **People with psychosocial, intellectual and cognitive disabilities** themselves can report if they are abused and raise awareness to prevent abuse.
- **Government agencies** should monitor services to make sure that abuse is not occurring and take action if it is.
- **Mental health and other practitioners** should ensure that their clinical practice is always humane and respects and promotes human rights.
- **Civil society** can advocate for the equal, fair and just treatment of people with disabilities.
- **Human rights defenders** can speak out and draw attention to abuses when they occur.
- **Family and friends** can make sure that their relatives are not victims of abuse.
- **Peers** may help to ensure that people are aware of their rights and support them in reporting any abuses they experience.
- **Advocacy organization and independent advocates** can support people in advocating for their rights.

If participants have difficulties answering these questions they can be informed that the next topic will deal with this in more detail.



Reflective exercise (5 min.):

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

- Do you think that governments, mental health and other practitioners, family members or other people in the community protect the rights that are outlined in the CRPD for people with psychosocial, intellectual and cognitive disabilities?

Topic 6: Empowering people to defend the CRPD rights in mental health



Reflection from previous topics (15 min.)

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

- **Do you think that governments, mental health and other practitioners, family members or other people in the community protect the rights that are outlined in the CRPD for people with psychosocial, intellectual and cognitive disabilities?**

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

The CRPD in the mental health and related services context will be explored in more depth in the modules on *Improving the 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*.



Exercise 6.1: Why should I get involved and will it change anything? (30 min.)

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

- **Why is it important that you respect, protect and fulfil the rights of people with psychosocial, intellectual and cognitive disabilities?**

Encourage participants to speak from their own perspectives of a person with lived experience, a family member, mental health worker or other professional, a human rights advocate or others.

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

- We can contribute a wide array of expertise, skills and talents and these can benefit everyone.
- We are human beings and should have the same opportunities as everyone else.
- We know what is best for us; what is helpful and what is not helpful.
- We have the right to participate in all actions and issues affecting us.

Potential answers from mental health and other practitioners:

- I want to give the people under my care the respect they deserve.
- It is my legal obligation.
- This is part of my job and my responsibility.
- It is the right thing to do.
- By providing care and support that respects people's rights, people are more likely to accept the services we provide, to respond well to our care and support and to recover.

Potential answers from family members and care partners:

- I can help voice the wishes and preferences of my relative and help explain these to others when needed.
- I want what is best for my relative and these rights give them the best opportunities to live a good life.
- I can have an important role in enabling my relative to live a more fulfilling life by respecting their rights, being more accepting and changing some of my actions and.

Potential answers for other groups represented:

- As a peer it is my role to support others in realizing their rights.
- Advocates have an important role to play in raising awareness in society and claiming rights.
- As a lawyer, I can support people in claiming their rights in court.
- As a public official, it is my obligation to respect international law and give full effect to the rights of the CRPD.

After this initial discussion, ask the group:

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

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

- I can help others to understand our rights.
- I can start to explain my rights to others including my family.
- I can speak with local officials about the need for change.

- I can help other persons in the same situation.
- I can talk about my experience to raise awareness about disability and human rights.

Potential answers from mental health and other practitioners:

- I can make sure that my clinical practice respects the rights in the CRPD.
- I can train and inform other staff about human rights and make sure that my colleagues the rights in the CRPD.
- I can talk to people with psychosocial, intellectual and cognitive disabilities in my workplace about their rights.
- I can speak to the service management about action that can be taken in my service to improve respect for people's rights.
- I can speak with local officials about the need for change.
- I can make sure people with psychosocial, intellectual and cognitive disabilities participate in decisions concerning the running of the service.

Potential answers from family members and care partners:

- I can explain their rights to my relative.
- I can make my relative feel I respect them.
- I can try not to overprotect my relative.
- I can make sure that I listen to and respect the views and decisions of my relative.
- I can support and encourage my relative to make decisions and become more independent.
- I can make sure that the rights of my relative are being respected by other family members, by mental health workers and other practitioners etc.
- I can speak with local officials about the need for change, and for the creation of the services to meet my relative needs as well as services that my family needs
- I can help my relative realize their rights
- I can support my relative to engage with networks of people and activities such as sport clubs, leisure and cultural activities.
- I can raise awareness in my community in order to break down stigma, stereotypes and prejudices.

Potential answers from other groups represented:

- As a peer, I can give people the information they need to defend their rights.
- As an advocate, I can launch a campaign to raise awareness about the CRPD.
- As a lawyer, I can bring cases to court to make the government change the law in line with the CRPD.
- As a public official, I can make sure that the law is reformed in compliance with the CRPD.

Then ask the group:

- **What would be the positive impact of these actions for all the groups concerned?**

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

- I would have greater independence and be less dependent on family, friends and mental health and other practitioners.
- I would feel more empowered to take control over my own life and recovery.
- I would feel stronger.
- I would be able to develop new skills.
- I would be able to contribute my skills and talents to society and be more included.

Potential benefits for mental health and other practitioners:

- I would be able to provide better quality of care for individuals.
- I would see better outcomes for people so I would feel happier in my job.
- I would be able to improve the services provided.
- The people to whom I provide care and support will be empowered.
- Relapse and dependency will be reduced.
- I can make the service a more enjoyable place to work.
- People to whom I provide care and support will lead more fulfilling and dignified lives which in turn would me proud of my job.

Potential benefits for family members and care partners:

- I would feel better and happier because my relative will have a better quality of life.
- I can feel proud of my relative's achievement and focus on their strengths and abilities.
- The government will be more informed if I tell them what support I need in order to promote my relative's rights.
- If my relative is receiving good quality mental health care and support and if their rights are respected, then I will feel more confident and less stressed.
- My relative will be able to become more independent and will be able to more fully engage with family life.

Potential benefits from other groups represented:

- As a peer, I will be able to support others more efficiently.
- As an advocate, I will be satisfied to see more respect and awareness of human rights.
- As a lawyer, I will be able to more effectively defend human rights in courts.
- As a public official, I will have the satisfaction of seeing more effective services and supports for mental health.

**Topic 7: Taking action to promote the right to legal capacity and freedom
from violence and abuse**



Exercise 7.1: Zooming in again on Article 12 (the right to equal recognition before the law) and Article 16 (the right to be free from exploitation, violence and abuse) (20 min.)

In order to briefly summarise the previous discussion explain to participants that we all have different roles in society but that we can all contribute to respect, protect and fulfil the rights of people with disabilities.

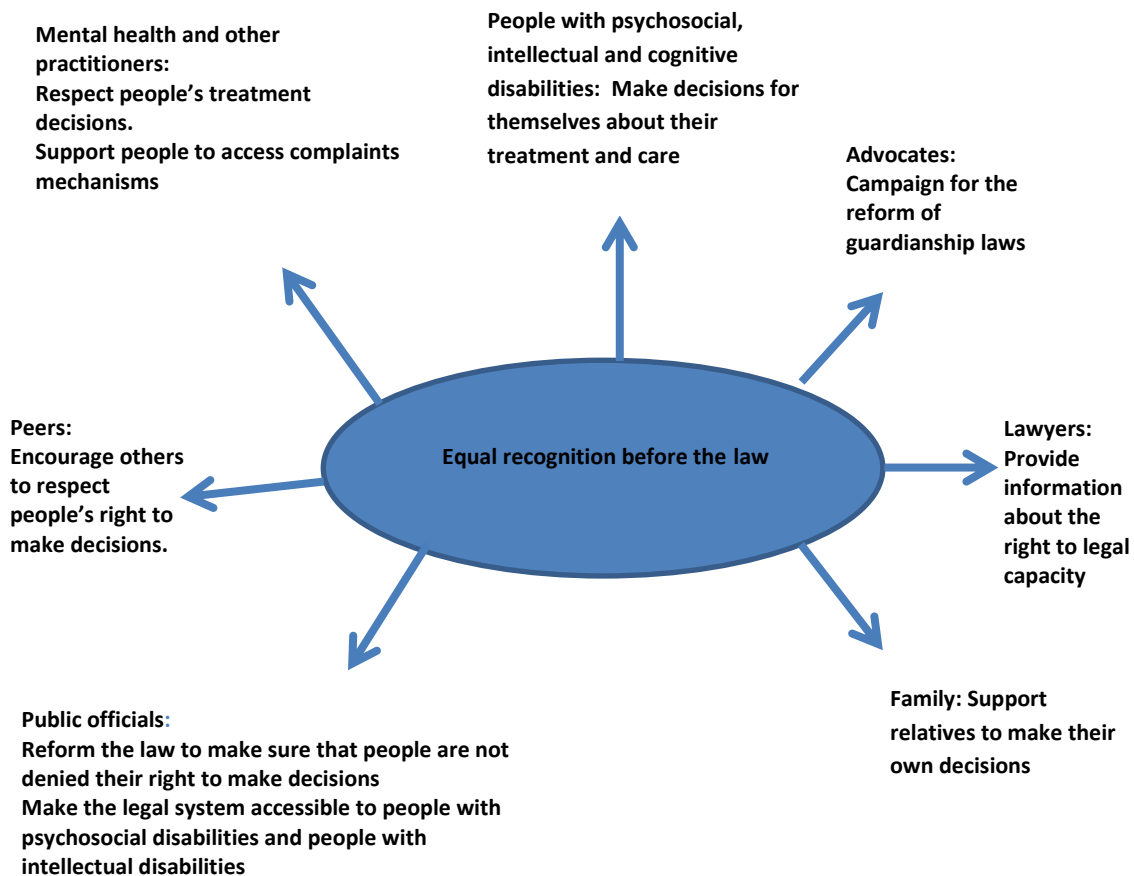
Ask participants to take their copy of Appendix 3 (The rights of the CRPD). Give them 5 minutes to look again at Article 12 (Equal recognition before the law).

Then ask the following questions:

- **What actions can you take to protect the rights in Article 12 of the CRPD?**

Display the answers to the question on the flip chart in the format of a spider diagram (as below). Draw branches from the circle for each group represented.

The diagram below is an example of how the spider diagram might appear. Examples may be different according to responses of participants.



Potential answers from mental health and other practitioners

- We can respect people's right to make decisions for and by themselves by asking and following the instructions of people concerning whether or not they would like to receive treatment, which type of treatment they wish to receive, and everyday things such as what activities they would like to do or what food they would like to eat.
- We can make sure that people can access formal or informal support/supported decision makers of their choosing, who can support them in making their decisions
- We can inform authority if we see others not respecting or treating persons with disabilities with dignity.
- We can support people to access complaints mechanisms and/or get in contact with lawyers if they require them.
- We can make sure that people have access to information like medical files.
- We can facilitate access to independent advocacy organisations and peer support groups.
- We can make sure that people have access to their own money and property and respect the decisions that they make around these matters.
- We can make sure people with lived experiences are employed at all levels of the service (e.g. as peer workers, managers, etc.).
- We can ensure that people are given a voice in terms of the running of the service and can participate in quality assessment.

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

- We can help others find out about how the law can help them.
- We can become involved in and drive all decisions on all issues affecting us, including treatment decisions but also financial, personal and other matters (e.g. we can tell mental health and other practitioners our requirements and preferences concerning our treatment, care and support).
- We can explain how and where we would like to live and decide how we would like to spend our own money etc.
- We can make it clear that we have a right to make decisions about having a partner, intimate relationships, having children, etc.
- We can inform and support others.

Potential answers from family, care partners and other supporters:

- We will always treat our relative with dignity and respect.
- We can make sure we listen to and respect all decisions and choices made by our relative.
- We can support relatives in their decision making, for example by discussing and explaining different options to them, and helping them to communicate their decisions.
- We can support relatives to access complaints mechanisms or get help from the legal system if they need it.
- We can make sure we involve and consult with our relative on all decisions and issues affecting family life.

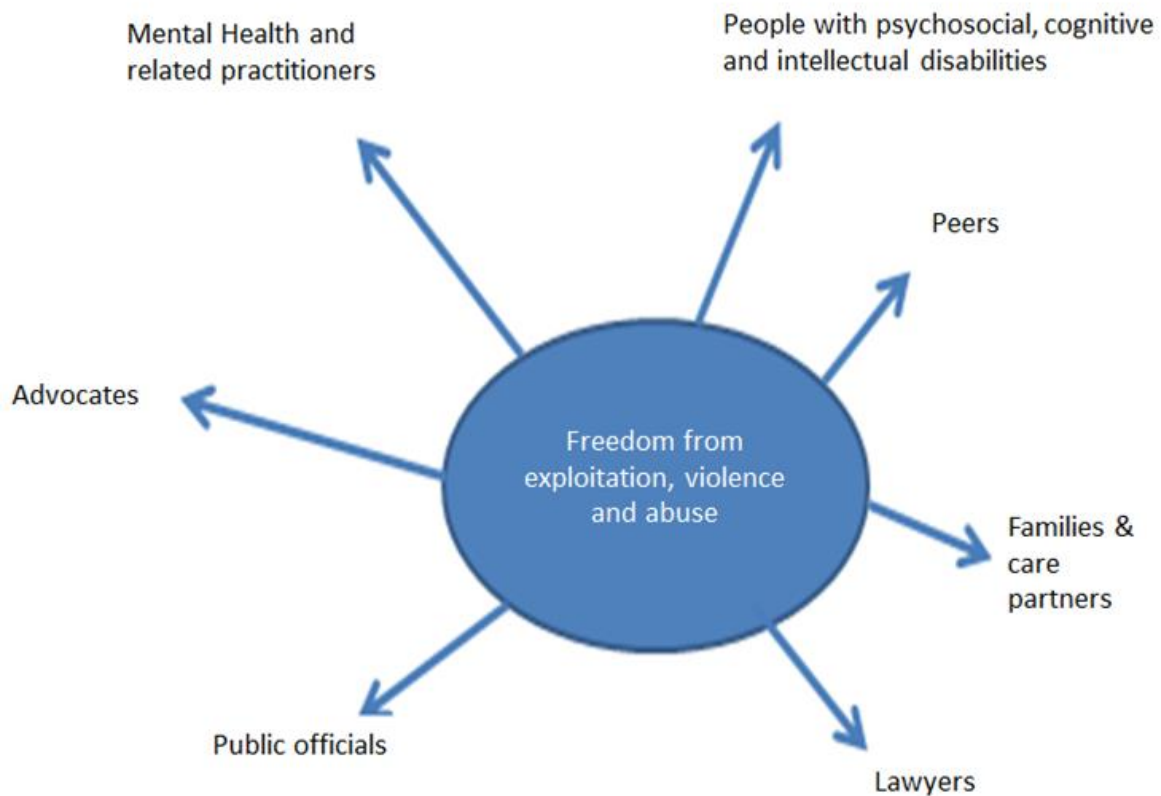
Potential answers from other groups represented:

- Public officials can provide information about rights and legal procedures in an easy to read format / braille / audio.
- Public officials can raise awareness on the need to replace plenary guardianship /substitute decision making laws with laws that respect the right to legal capacity and promote supported decision making.
- Public officials can create incentives for organisations and services to adopt supported decision making and recovery approach.
- Peers can encourage others to respect people's right to make decisions.
- Lawyers can provide information about the right to legal capacity.
- Advocates can campaign for the abolition of guardianship laws.

Now ask participants to read Article 16 of the CRPD (Freedom from exploitation, violence and abuse).

Again, ask the following question:

- **What actions can you take to uphold article 16 of the CRPD?**



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

- If we feel that we are being abused we will inform someone who is trustworthy and also lodge a complaint about this.
- We will always make sure someone asks permission and consent before they do anything to us.
- We will help others who may be experiencing abuse.

Potential answers from mental health and other practitioners:

- We will always treat people with the respect and dignity they deserve.
- We will participate in training on alternatives to coercive practices and eliminating violence and abuses and implement these in our practice.
- We will make sure that people are not afraid to report abuses and are listened to.
- We will make sure that our responses to handling behaviours we find challenging never involve using force and coercion or hurting the person.
- We will allow human rights defenders to access mental health and related services.
- We will establish easily accessible complaints mechanisms and make sure that allegations of abuses are thoroughly investigated.
- We will request further resources and training, for example, on de-escalation techniques for avoiding or managing crises.

Potential answers from family and care partners:

- We will observe how our relative is being treated by people involved in their care and support.
- If we are concerned about any mistreatment or abuse we will inform someone who can help.
- We will try to be actively involved in staff training so that rights of people who are using services are respected.

Potential answers from other groups represented:

- Public officials can create and appropriately fund mechanisms to monitor services for people with psychosocial, intellectual and cognitive disabilities to make sure high quality standards of care and human rights are being respected.
- Public officials can ensure that laws and mechanisms are in place to make sure that anyone who violates this right is accountable and faces justice.
- Public officials can push for the development of clear guidelines on the correct way to manage crisis situations and on how to avoid coercive practices, violence and abuse.
- Public officials can provide financial and other necessary resources for training and support for mental health and other practitioners.
- Peers can support people in accessing complaints mechanisms and provide emotional and practical support for people who have experienced abuse.
- Advocates can organise training to prevent, identify and report abuse.
- Lawyers can support people in legal proceedings when they have been abused and help them to obtain remedies to their complaints.



Concluding the training (10 min.)

In conclusion, ask the group the following question:

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

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

Take home points

- Stereotypes about people with psychosocial, intellectual and cognitive disabilities and stigma lead to discrimination and other violations of human rights.
- People with psychosocial, intellectual and cognitive disabilities can and do achieve great things in their lives.

- The CRPD is a legally binding Convention that protects the rights of people with psychosocial, intellectual and cognitive disabilities.
- Everyone can play an important role in making sure that the rights of people with psychosocial disabilities and with intellectual disabilities are respected, protected and fulfilled.

Annexes

Annex 1: False beliefs and negative stereotypes (2)

False beliefs and negative stereotypes about people with psychosocial,
intellectual and cognitive disabilities

They cannot be self-sufficient/are excessively dependent.

They are dangerous/a threat/violent/unpredictable.

They have no insight into their condition.

They cannot recover.

They brought it upon themselves/ they just need to snap out of it.

They are naive, like children, and cannot make any decisions for themselves.

They are possessed by demons.

They should be locked up.

They are to be pitied.

They are helpless.

They are cursed/disability is a punishment for evil.

They have lives not worth living and contribute nothing to society.

They are better off at home.

They cannot work.

They cannot achieve things.

They cannot have a family/cannot be good parents.

They need to be cured/treated and helped by medical professionals.

They need special, separate educational programs.

They cannot be involved in cultural/recreational activities.

They are unable to learn.

They need life-long care.

They are unreliable as friends and should be avoided.

They cannot be trusted/ cannot keep secrets.

They cannot contribute intelligently to a discussion and their ideas have no value.

Their life experiences and perspective on matters affecting them is irrelevant

Annex 2: The Universal Declaration Of Human Rights 1948

(Original version with simplified version by Amnesty International UK) (27),(28)

Preamble

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

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

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

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

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

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

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

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

Article 1

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

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

Article 2

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

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

Article 3

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

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

Article 4

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

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

Article 5

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

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

Article 6

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

We all have the same right to use the law.

Article 7

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

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

Article 8

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

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

Article 9

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

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

Article 10

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

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

Article 11

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

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

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

Article 12

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

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

Article 13

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

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

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

Article 14

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

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

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

Article 15

(1) Everyone has the right to a nationality.

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

We all have the right to belong to a country.

Article 16

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

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

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

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

Article 17

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

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

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

Article 18

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

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

Article 19

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

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

Article 20

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

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

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

Article 21

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

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

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

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

Article 22

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

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

Article 23

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

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

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

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

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

Article 24

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

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

Article 25

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

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

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

Article 26

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

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

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

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

Article 27

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

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

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

Article 28

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

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

Article 29

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

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

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

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

Article 30

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

Nobody can take away these rights and freedoms from us.

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

(Original version with simplified version) (26),(24)

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 to use them. People with disabilities must be able to act under the law which means they can engage in transactions and create, modify or end legal relationships. They can make their own decisions and others must respect their decisions.
3. When it is hard for people with disabilities to make decisions on their own, they have the right to receive support to help them make decisions.
4. When people receive support to make decisions, they must be protected against possible abuse. Also:
 - the support that the person receives should respect the rights of the person and what the person wants;
 - It should not be in the interest of or benefit others;
 - The persons providing support should not try to influence the person to make a decision they do not want to make;
 - There should be the right amount of support for what the person needs;
 - The support should be for as short a time as possible;
 - It should be checked regularly by an authority which can be trusted.
5. Countries must protect the 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 caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.
 3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.
 4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.
 5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.
-
1. Countries must make laws and rules to make sure that people with disabilities are protected within and outside their home from violence, and from being exploited or abused.

2. Countries must prevent abuse by giving support, information and training to persons with disabilities, their families and care partners. Everybody should learn how to avoid, recognize and report violence and abuse. 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 should make sure they create good 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.
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- 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.
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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;
 - e. Make sure that people working in the areas of recreation, tourism, leisure and sport can help people with disabilities.

Annex 4: Joan's Story

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

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

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

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

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

What articles of the CRPD have been violated?

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

Annex 5: Three short scenarios

Peter's story:

Peter is a 27 year old man. When he was 20, he first began to hear frightening voices and have thoughts that people were trying to send him messages through the TV. His voices ceased for several years and during this time he got married. He was also able to receive support from a psychologist to help him work through some of the issues that were troubling him.

Recently, he has started to hear voices again and has become increasingly distressed, to the point where his wife decided to call an emergency doctor. . The doctor recommended that he should go and live in the psychiatric hospital for some time until he is better. The hospital is far away from the city in which he lives in. Peter's mood has changed since he moved to the hospital and he is not his usual self. His relatives feel that this is because he no longer gets to see his friends and family on a daily basis. This stopped when Peter moved to the psychiatric ward where their primary concern was the medication that they believed he should take.

Claire's story:

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

Pradeep's story:

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

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

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