WHO/Heba Farid

Human Rights

WHO QualityRights Training: humanitarian edition

A training package on person-centred and human rights-based approaches to mental health and well-being.

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Welcome!

First, some introductions, rationale and terminology

What do we mean by MHPSS?

Definition

The composite term **"mental health and psychosocial support (MHPSS)"** is used to describe **any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health conditions.** The term was coined in the IASC MHPSS Guidelines of 2007.

Key elements:

- MHPSS overs the **full spectrum of interventions** from community and family supports to specialized clinical care.

- MHPSS recognizes that **social conditions and psychological distress are interlinked**, and both must be addressed together.

- MHPSS is implemented across **sectors** (health, protection, education, social services, etc.) as part of standard humanitarian response.

Human rights are a foundational principle of all MHPSS in emergencies, not an optional add-on

- This toolkit is grounded in the Convention on the Rights of Persons with Disabilities (CRPD), the International Covenant on Economic, Social and Cultural Rights (ICESCR), WHO QualityRights, and core humanitarian principles of the Universal Declaration of Human Rights. It intends to shape service design and delivery, not to create a separate rights project.

- Rights-based MHPSS is clearly required by resolutions WHA 77.3 and UNGA 77/300 and is consistent with existing humanitarian guidance, including the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) and the IASC MHPSS Minimum Service Package (in particular its General Principles on promoting human rights and equity).

- The training should be used together with these and other IASC and WHO tools to embed a human-rights-based approach to service planning and provision across sectors and levels of care.

- The training should not simply insert human rights language without changing practice. Instead, it should make person-centred, non-coercive support more available, accessible, acceptable and better quality for people with psychosocial, intellectual and cognitive disabilities, as well as for all people in distress.

As long as there is no service or support, rights are not yet realized.

WHA77.3. Stronger MHPSS before, during and after emergencies

Resolution WHA77.3, adopted in 2024, embeds MHPSS in preparedness, response and recovery, and mandates WHO and Member States to integrate rights-based MHPSS across all emergencies.

Human-rights anchors

- **Reaffirmation of the right to health.** The resolution reaffirms everyone's right to the highest attainable standard of physical and mental health, grounding MHPSS in the right-to-health framework.

- **MHPSS is linked to enjoyment of human rights and freedoms.** The resolution recognizes that mental health and psychosocial well-being are critical to survival, recovery, daily functioning, and to people's enjoyment of human rights, fundamental freedoms, and access to protection and assistance.

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WHA77.3. Stronger MHPSS before, during and after emergencies
(continued)

- **Explicit linkage to human-rights resolutions.** WHA77.3 recalls UNGA resolution 77/300 and Human Rights Council resolution 52/12 on mental health and human rights, aligning the health-sector response with the wider UN human-rights architecture.

- **Focus on groups facing heightened rights risks.** The resolution recognizes increased risks for children, women, caregivers, people with disabilities, survivors of violence and others in vulnerable or marginalized situations, underlining the need for protection, non-discrimination and targeted support.

- **An obligation to integrate safe, quality MHPSS in all stages of emergencies.** WHA77.1 urges Member States to include MHPSS in preparedness, response and recovery across sectors and levels of care, consistent with rights-based principles of availability, accessibility, acceptability and quality (AAAQ).

UNGA Resolution 77/300 – Mental health and psychosocial support

The first-ever standalone United Nations General Assembly resolution on MHPSS was adopted in June 2023. It positions MHPSS within the right to health, CRPD implementation and the 2030 Agenda, especially in emergencies and for groups at risk.

Human-rights anchors

- **CRPD as the foundation.** Preambular paragraphs reaffirm the CRPD as a "landmark convention affirming the human rights and fundamental freedoms of persons with disabilities" and acknowledge it as the basis for a paradigm shift in mental health.

- **Right to the highest attainable standard of health.** The resolution reaffirms the right of every human being, without distinction, to the enjoyment of the highest attainable standard of physical and mental health, linking this to sustainable development.

- **Dignity-based definition of mental health.** The resolution acknowledges that good mental health and well-being cannot be defined by the absence of a condition but by an environment that respects inherent dignity, ensures full enjoyment of human rights and equitable pursuit of potential, and notes that discriminatory laws and practices undermine well-being and inclusion. *(continued on next slide)*

UNGA Resolution 77/300 – Mental health and psychosocial support
(continued)

- **Rights-based access to MHPSS services.** The resolution emphasizes that everyone should have access to a range of mental health services and psychosocial support based on respect for human rights, including community and peer support, enabling autonomy, agency and equal participation with dignity.

- **Law reform and protection from abuse and coercion.** The resolution calls on States to adopt, implement or strengthen laws to eradicate abuse, discrimination, stigma and violence (including hate speech, racism and xenophobia) in the context of mental health, and stresses that services must actively combat stigma, discrimination, social exclusion, coercion, over-medicalization and institutionalization.

A few words about terminology in this training

- People use language and terminology differently in varying contexts over time.

- *Psychosocial disability* includes people who have received a mental health-related diagnosis or who self-identify with this term.

- *Cognitive disability* and *intellectual disability* refer to people who have received a diagnosis related to their cognitive or intellectual function, including dementia and autism.

- The term *disability* highlights the barriers to full participation in society facing people with actual or perceived impairments, and the fact that they are protected under the Convention on the Rights of Persons with Disabilities (UN CRPD). **More on this later on the training!**

- Using *disability* in this context does not imply that people have an impairment or a disorder.

A few words about terminology in this training

- *People who are using* or *who have previously used* mental health and social services may not necessarily identify as experiencing a disability, but they have a variety of experiences applicable to this training.
- The term *mental health and social services* refers to a wide range of services countries provide within public, private and nongovernmental sectors.
- Terminology has been chosen for inclusiveness:

  - It is a personal choice to self-identify with certain expressions or concepts, but human rights apply to everyone everywhere.

  - A diagnosis or disability should never define a person.

  - We are all individuals, with a unique social context, personality, goals, aspirations and relationships with others.

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A few words about terminology in this training

- In humanitarian settings, using appropriate language allows MHPSS professionals to communicate effectively with communities without pathologizing very common, temporary or adaptive reactions to stressful situations. Language should focus on normalizing these reactions and emphasizing resilience and coping.

- When communicating with communities or people with mental health conditions, avoid using clinical terms and emphasize people's strength, resilience and coping, while ensuring that those who need and wish to use mental health services can access them.

- To understand populations' perceptions of MHPSS issues, it is essential to gather local terminology for mental health and psychosocial stressors.

- Humanitarian settings have the potential for trauma and traumatic reactions, for acute stress and PTSD. A small but important number of people in such settings can have reactions, including mental health conditions, that can persist and cause significant challenges. It is important to protect access to quality services for those that need mental health care.

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WHO QualityRights Initiative: goals and objectives

GOAL: Improve access to good quality mental health and social services and to promote the human rights of people with mental health conditions, psychosocial, intellectual or cognitive disabilities.

1. Build capacity to combat stigma and discrimination and promote human rights and recovery.
2. Improve the quality and human rights conditions in mental health and social services.
3. Create community-based services and recovery-oriented services that respect and promote human rights.
4. Support the development of a civil society movement to conduct advocacy and influence policy-making.
5. Reform national policies and legislation in line with the UN CRPD and other international human rights standards.

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QualityRights uses a participatory approach involving all stakeholders in order to meet each of its objectives.

WHO QualityRights Training: humanitarian edition

Why a humanitarian edition of the QualityRights training?

- People with psychosocial, intellectual or cognitive disabilities face widespread discrimination.

- Discrimination limits their ability to exercise basic human rights.

- In humanitarian contexts, they are often at increased risk of rights violations, including:
  - mistreatment and abuse by families, communities, and services;
  - exclusion from humanitarian services;
  - insufficient protection, such as interrupted access to psychotropic medication (e.g. due to displacement or supply chain issues) or being left in institutions without enough staff to meet basic needs or provide security.

- New disabilities may arise during conflict or other crises, due to injury or trauma.

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Goals

- Highlight the challenges in protecting human rights standards, including the UN CRPD, in humanitarian interventions.

- Identify attitudes and practices that contribute to stigma, discrimination and violations, and propose how to change them.

- Contribute to making humanitarian action more inclusive and human rights-based for people with psychosocial, intellectual or cognitive disabilities, including by:
  - implementing human rights-based and recovery-oriented MHPSS practices;
  - enabling disability inclusion and protection of all people during humanitarian responses;
  - protecting people from neglect, abuse, and other ill-treatment in all settings — including the community, community-based services, and institutions;
  - promoting community-led mental health initiatives.

# WHO QualityRights Training: humanitarian edition

Training agenda

Day		Module
Day 1		Module 1. Human rights
Day 2		Module 2. Mental health, disability and human rights
		Module 3. Legal capacity and the right to decide
Day 3		Module 3. Legal capacity and the right to decide (cont.)
		Module 4. Recovery and the right to health
Day 4		Module 5. Freedom from coercion, violence and abuse
Day 5		Planning QualityRights actions in humanitarian settings

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Each participant will develop a QualityRights Action Plan

- Plans will have practical and feasible ideas for implementing change. Throughout the training there will be time to:

  o reflect on how topics apply to your work situation;

  o identify and develop ideas and actions for improvements.

- Day Five focuses on documenting and presenting:

  o current practices/activities in your work that already align with human rights principles;

  o a six-month action plan that highlights activities to drive improvements.

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Introduction
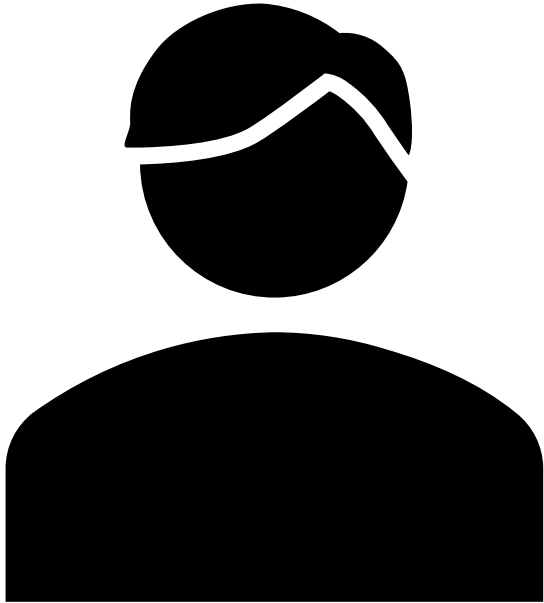
- Your Name

- Your Organization

- Briefly describe your work, activities, and how this training may be useful

Module 1.
Human rights

Topics covered in Module 1 on human rights

- **Topic 1** What are human rights?

- **Topic 2** Examples of human rights violations

- **Topic 3** Groups of people at risk of human rights violations

- **Topic 4** Consequences of human rights violations

- **Topic 5** Respecting, protecting and fulfilling human rights

- **Topic 6** Empowering people to defend human rights

- **Topic 7** Human rights advocacy

- **Becoming a QualityRights changemaker**

At the end of the module, you should:

- understand what human rights are;
- understand the origins and content of the Universal Declaration of Human Rights and how it is relevant today;
- be able to recognize violations, including in humanitarian contexts;
- understand what makes groups of people at higher risk of violations;
- identify who defends rights;
- identify specific ways for humanitarian workers; people with psychosocial, intellectual or cognitive disabilities; families; care partners and other supporters to be QualityRights changemakers.

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Topic 1. What are human rights?

Introduction to the Universal Declaration of Human Rights

https://www.youtube.com/watch?v=d-UuB1lKzJ0&t=6s

Exercise 1.1 We are all born free and equal

Plenary discussion

Do you agree or disagree with the following statement?

We are all born free and equal

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Exercise 1.1 We are all born free and equal

Discussion points

- The statement "we are all born free and equal" is deliberately ambiguous.

- On the one hand, by virtue of our humanity, we are all born free and equal.

- On the other hand, in many cases government or society may deny many people their right to freedom and equality.

- Human rights are about making sure that the freedom and equality of all people are respected.

Presentation. What are human rights?

"Human rights are what no one can take away from you"

- René Cassin, one of the drafters of the Universal Declaration of Human Rights (UDHR).

- Human rights are not a gift or a privilege. They are not bestowed on us by others.

- They are basic rights that we have simply because we are human. They are fundamental for living a good life and for flourishing.

How the Universal Declaration of Human Rights came about

- The UDHR was adopted by the United Nations General Assembly in 1948: 56 countries from all over the world adopted the core set of human rights.

- The UDHR does not make legal requirements on governments. However, over the years it has become a **binding customary international law**, which means that governments must respect it.

- It is important to note that the UDHR was adopted and endorsed by high-, middle- and low-income countries throughout the world.

- The first group of drafters consisted in Eleanor Roosevelt (USA), Pen-Chun Chang (China) and Charles Malik (Lebanon).

The United Nations and human rights

- In 1966, Member States of the United Nations adopted:

  - the International Covenant on Civil and Political Rights (ICCPR)
  - the International Covenant on Economic, Social and Cultural Rights (ICESCR)

- Thus, governments around the world have obligations to protect their citizens' human rights.

- Other treaties that protect the rights of certain people include:

  - the Convention on the Rights of the Child (CRC)
  - the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
  - the Convention on the Rights of Persons with Disabilities (CRPD) – *We explore this later.*

- Many countries specifically protect human rights in their national legislation (for example through a Bill of Rights or their national constitution).

We all have civil, political, economic, social and cultural rights

What parts of our lives does the UDHR talk about?

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

- **Civil and political rights** include the rights: to liberty; to be recognized as a person before the law; to freedom from torture and other cruel inhuman or degrading treatment; to marry or enter into civil partnerships; to found a family; to freedom of thought, conscience and religion; to freedom of opinion and expression; to peaceful assembly; to vote and to take part in government.

- **Economic, social and cultural rights** include the rights: to work; to an adequate standard of living; to health and to education; and to participate in the cultural rights of our communities.

These rights ensure that we can participate fully in society without discrimination.

Core principles of human rights

- **Fairness** towards all human beings

- **Respect** for others

- **Equality** among all people

- **Dignity** is to be preserved at all times

- **Freedom** for all people

o All rights are indivisible, interdependent and inter-related, whether they are civil, political, economic, social or cultural rights.

o To enjoy one right people must be able to enjoy the other rights.

o Similarly, denying one right adversely affects other rights.

Some rights (but only some) can be limited

For instance:

- if the exercise of that right by one person infringes the rights of another person

- certain rights can be limited or suspended in extreme situations.

But note that:

- Any restrictions or limitations cannot be arbitrary.

- Certain rights **can never be limited or restricted**:

  - the right to life

  - the right to be free from torture, cruel, inhuman or degrading treatment or punishment

  - the right to be free from slavery

  - the right to recognition everywhere as a person before the law

  - freedom from discrimination.

Human rights in emergencies and the humanitarian context

Example: limitations on rights during COVID 19

- During emergencies, some rights are sometimes limited to protect health or safety.
- Any limitations must be **lawful, necessary, proportionate, and non-discriminatory.**
- COVID-19 measures, though protective, also led to **discrimination and rights violations:**

  - **Freedom of movement.** Restricted in many countries

  - **Civil and political rights.** Gatherings and demonstrations suspended.

  - **Social and cultural rights.** Events and meetings cancelled.

  - **Economic rights.** Many people lost jobs or income.

  - **Non-discrimination.** Some measures were applied unfairly, for example:
    - **older people were** prohibited from leaving home (age discrimination)
    - **people with disabilities** were excluded when information wasn't accessible
    - there were reports of **discriminatory triage protocols***

Key message:
Even in emergencies, human rights obligations remain.

International Human Rights Law, International Humanitarian Law and International Refugee Law

- International human rights law applies at all times and in all circumstances while international humanitarian law applies in armed conflict.

- All share common goals in safeguarding the well-being and dignity of individuals.

- Many of their principles align, emphasizing importance of protecting human rights and dignity in various contexts.

Comparing international human rights, humanitarian and refugee law

Similarities

- All three legal frameworks aim to protect individuals and uphold human dignity.
- They are grounded in international treaties and conventions.
- States are primary duty bearers under each framework.
- They complement each other and may apply concurrently in certain situations (e.g., armed conflict and displacement).
- Each has mechanisms for monitoring and enforcement, though effectiveness varies.

Differences

Aspect	International Human Rights Law (IHRL)	International Humanitarian Law (IHL)	International Refugee Law (IRL)
Purpose	Protect individuals from abuses by their own state	Protect individuals during armed conflict	Protect individuals fleeing persecution or serious harm
Scope of Application	Applies at all times, in peace and war	Applies only during armed conflicts	Applies to individuals outside their country due to persecution/conflict
Legal Instruments	UDHR, ICCPR, ICESCR, regional treaties	Geneva Conventions (1949), Additional Protocols (1977)	1951 Refugee Convention, 1967 Protocol
Main Duty Bearers	States	States and parties to conflict	Host states, UNHCR
Key Principles	Universality, equality, non-discrimination	Distinction, proportionality, necessity, humanity	Non-refoulement, asylum, protection
Beneficiaries	All individuals under a State's jurisdiction	Civilians, wounded combatants, prisoners of war	Refugees and asylum seekers
Enforcement Mechanisms	UN treaty bodies, regional courts	ICRC monitoring, international tribunals	UNHCR, national asylum systems
Relationship to Other Laws	Complements IHL and IRL; applies concurrently during conflict	Complements IHRL; may override certain human rights norms	Draws from IHRL and IHL to enhance refugee protection
Limitations/Derogations	Some rights can be derogated in emergencies	No derogations; binding during conflict	Limited scope; excludes IDPs and climate migrants
Challenges	Enforcement gaps, political resistance	Compliance by non-state actors, access to conflict zones	Narrow definition of refugee, exclusion of certain displaced groups

Topic 2. Examples of human rights violations

Presentation. Human rights violations

- **Who violates human rights?**

  Violations can be carried out by governments and officials, by organizations, by armed groups, by non-state actors such as and corporations, service providers (humanitarians, mental health workers etc.) or by individuals.

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

- **When do human rights violations occur?**

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

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

Events leading to significant human rights violations

- Forced displacement and refugee crises.

- War and conflict – e.g. Afghanistan, Ukraine, Sudan, Gaza and Israel.

- Guantanamo – USA's extrajudicial detention camp.

- The Rwandan genocide.

- Apartheid in South Africa.

- The Cambodian genocide.

- The Holocaust.

- The oppression of Māori people.

- Slavery.

Presentation. Human rights violations in humanitarian contexts

The humanitarian context is high-risk for human rights violations:

- Humanitarian contexts often lack functioning state structures and have diminished state power to enforce legal obligations and to protect human rights.

- Armed conflicts are often characterized by violations (by state and non-state actors) of many or all articles of the UDHR, with the most marginalized people disproportionally affected.

What human rights violations are happening in the area where you live / work?

Human rights violations in humanitarian contexts

Examples of violations:

- violence, including sexual violence;
- torture and ill-treatment;
- killing and maiming;
- forced recruitment;
- detention in prisons, immigration settings or institutions without proper mental health and psychosocial support and no/limited humanitarian intervention;
- denial of legal capacity (for example, for women, older people, people with psychosocial, intellectual or cognitive disabilities);
- refugees or stateless people denied access to essential services on an equal basis with nationals;
- refoulement – returning people to places where life or freedom is at risk.

Human rights violations in humanitarian contexts

Challenges in humanitarian response that may lead to violations:

- power imbalances or weak accountability may lead to exploitation, neglect or discrimination;
- limited access to people in institutions (for example, excluded from evacuation or rehabilitation);
- unequal access to basic needs like food or non-food assistance;
- institutions not included in safety plans, for example rooftop markings to protect against bombing, or omitted from evacuation plans.

Human rights violations in humanitarian contexts

Groups at risk of exclusion when accessing services

- The following people are at heightened risk of exclusion from services, projects or programmes in humanitarian contexts:

  - people with disabilities (including mobility, sensory, communication, cognitive, learning)

  - people with mental health conditions and psychosocial disabilities

  - people who use substances

  - people who live in institutions.

Break

15 minutes

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Exercise 1.2 The meaning of human rights in humanitarian crisis and armed conflicts

Do you agree with following statement?

In a situation where nobody respects the human rights and there is no legal power to ensure them, human rights laws become meaningless.

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Exercise 1.2 The meaning of human rights in humanitarian crises including armed conflicts
Plenary discussion

- In humanitarian crises, what role might humanitarian organizations have to promote and protect human rights, especially the rights of people with psychosocial, intellectual or cognitive disabilities?

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Exercise 1.3 Bodies at War

This is a MSF storytelling experience recounting the lives of Abu Wesam and of Joud, who are survivors of conflict in Yemen and Syria and are receiving care and support in a MSF hospital in Amman, Jordan.

- Watch your allocated video in groups and scroll down to read the stories (5 minutes).
- Discuss in groups which human rights have been violated (20 minutes).
- Use the copy of UDHR if needed.
- Appoint someone from each group to provide feedback in a 15-minute plenary discussion.
- We will note the relevant UDHR articles on a flip chart as each group gives their feedback.

https://bodiesatwar.msf.org/en/

Topic 3. Groups/segments of the population at risk of human rights violations

Presentation. Groups/segments of the population at risk of human rights violations

- Certain groups of people are more at risk of experiencing social exclusion, discrimination and other human rights violations.

- The IASC MHPSS terminology is *at risk groups*, but they are sometimes called *marginalized* or *vulnerable.* Vulnerability in this context does not imply fragility, weakness or deficiency. It just means being at higher risk of exclusion and violations.

- In a humanitarian context it is important not to hold preconceived ideas of who is marginalised/vulnerable, but rather to update the analysis.

What marginalised or vulnerable groups do you know of in your work or living context?

# Groups/segments of the population at risk of human rights violations

Examples include:

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

Groups/segments of the population at risk of human rights violations

- Sometimes groups subjected to human rights violations represent a significant part of the population (for example, women, children).

- There can also be important differences between individuals within specific groups (gay and bisexual men may be at higher risk of suicide depending income, education and the living environment).

- Groups that might be considered at risk of human rights violations can also experience advantage and can demonstrate resilience (for example, Indigenous communities may have strong resilience in the face of adversity and may maintain their cultural practices, languages, and identities despite external pressures).

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Groups/segments of the population at risk of human rights violations

Intersectionality: People may belong to more than one at-risk group, facing multiple and intersecting forms of discrimination (e.g. women with disabilities, displaced LGBTQ+ people, Indigenous People living with HIV/AIDS).
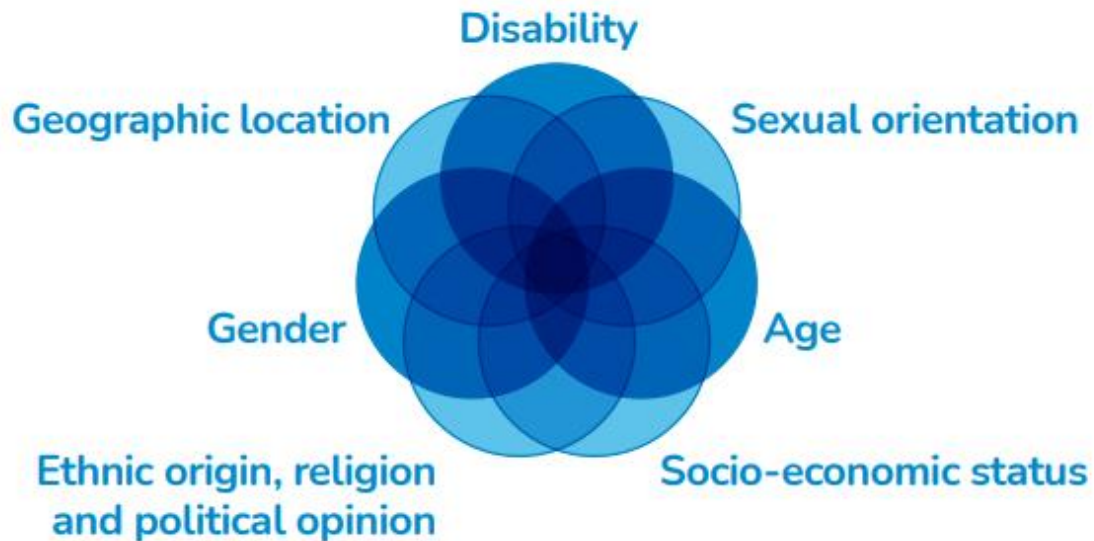
Key challenges that these groups may share:
- discrimination in many areas of their lives;
- violence, abuse and neglect;
- restricted civil and political rights;
- exclusion from participating fully in society;
- reduced access to social services, including housing;
- reduced access to health care and support;
- reduced access to emergency relief services;
- lack of educational opportunities;
- exclusion from, or reduced access to, income-generation and employment opportunities;
- increased rates of illness and premature death.

Topic 4. Consequences of human rights violations

Exercise 1.4 Impacts of violations

- **What consequences do the violations of human rights discussed previously have for:**

  - individuals

  - each group as a whole

  - the wider community or society in which they live?

Exercise 1.5 Reflective exercise

An important step towards change is to reflect on how our own beliefs or actions may help or hinder other people's enjoyment of human rights.

- **Have you ever witnessed someone you know violating someone's human rights?**

- **Has there ever been a time when you may have been responsible for not supporting and upholding someone's human rights?**

Exercise 1.6 High risk/vulnerable groups

Ebola survivors, Liberia (6:40)

Refugees, Greece (1:22 + text)

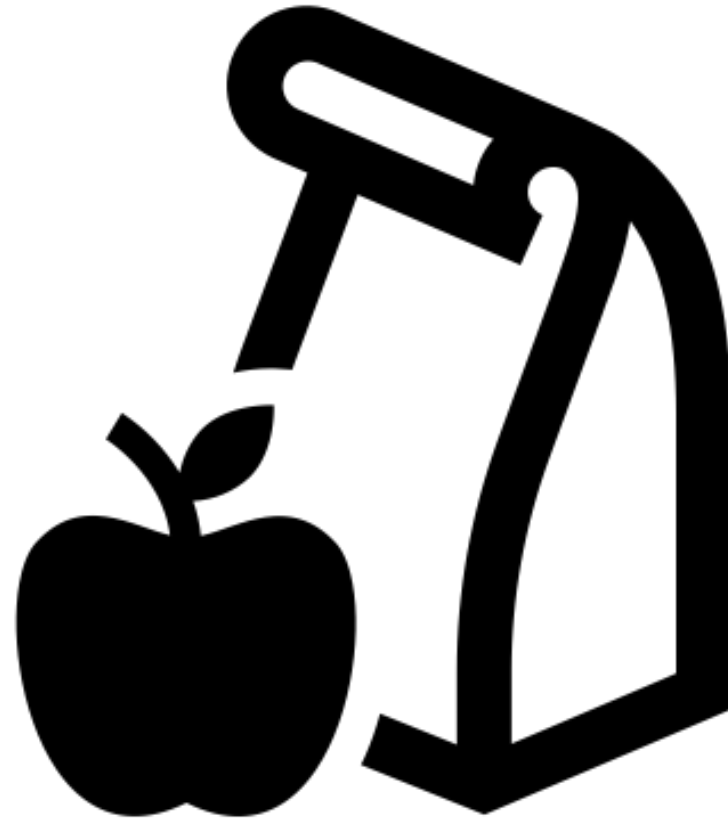Children with psychosocial, intellectual or cognitive disabilities, Ukraine (4:44 + text)

People with disability, Jordan (text)

QUESTIONS:

o Which human rights violations did the person(s) face?

o What were the consequences of these violations?

o What could be done to mitigate these?

Lunch break

Exercise 1.6 High risk/vulnerable groups

Plenary discussion

Ebola survivors, Liberia.
The Ebola virus claimed more than four thousand lives in Liberia during the 2014 epidemic. The outbreak became a humanitarian crisis with emerging human rights violations.

Refugees, Lesvos, Greece
During COVID 19 the biggest refugee Camp in Lesvos, Moria, was completely locked down. Inhabitants could not leave – even after the lockdown was lifted for citizens. Evacuations, even of the most at-risk individuals, were not organized.

QUESTIONS:
- Which human rights violations did the person(s) face?

- What were the consequences of these violations?
- What could be done to mitigate these?

Exercise 1.6 High risk/vulnerable groups

Plenary discussion

Refugees with disability, Jordan
In Zaatari, a Camp with over 150,000 refugees from Syria, life is hard, but especially for people with disabilities. Often, physical needs are not met in emergencies and during protracted displacement. People with disabilities are practically excluded from participating in many activities, leaving them isolated.

Children with disabilities, Ukraine
In April 2022, Disability Rights International visited facilities for children and babies in Ukraine, finding atrocious conditions that were entirely overlooked by major international relief agencies and that received little support from outside the country. Children with greater support needs were left behind in their institutions while those with fewer impairments or with no disabilities from the same institution were moved to Poland, Italy, and Germany.

QUESTIONS:
- Which human rights violations did the person(s) face?

- What were the consequences of these violations?
- What could be done to mitigate these?

Topic 5. Respecting, protecting and fulfilling human rights

Presentation: Respect/protect/fulfil

Upholding the human rights of others involves 3 main tasks

- **Respecting -** by *not violating* the human rights of another person.

- **Protecting -** by *preventing others* from violating a person's human rights.

- **Fulfilling -** by *taking positive steps* to make sure that a particular person or group has the same human rights protections as everyone else.

Topic 6. Empowering people to defend human rights

Exercise 1.7 Defending human rights in mental health

How can these people defend the human rights of individuals with psychosocial, intellectual or cognitive disabilities?:

- people with psychosocial, intellectual or cognitive disabilities themselves

- mental health and other practitioners

- humanitarian actors

- people with status or influence in the community

- family members and supporters

- humanitarian responders, including MHPSS actors.

Exercise 1.7 Defending human rights in mental health

- **How can people with psychosocial, intellectual or cognitive disabilities themselves defend their human rights?**

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Exercise 1.7 Defending human rights in mental health

- **How can mental health and other practitioners defend the human rights of people with psychosocial, intellectual or cognitive disabilities?**

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Exercise 1.7 Defending human rights in mental health

- **How can family members and supporters defend the human rights of people with psychosocial, intellectual or cognitive disabilities?**

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Exercise 1.7 Defending human rights in mental health

- **How can people with status or influence in the community defend the human rights of people with psychosocial, intellectual or cognitive disabilities?**

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Exercise 1.7 Defending human rights in mental health

- **How can humanitarian actors defend the human rights of people with psychosocial, intellectual or cognitive disabilities?**

Topic 7. Human rights advocacy

Fighting for rights – human rights defenders

Plenary discussion

Can you think of any human rights defenders or advocacy groups working with your project?

Fighting for rights – human rights defenders

Who fights for human rights? Examples include:

- individuals

- communities

- governments

- organizations of people with disabilities, advocacy groups, NGOs and faith-based organizations

- the United Nations.

Fighting for rights – human rights defenders

Governments

- Governments have the primary responsibility for protecting, respecting and fulfilling human rights

- Governments have agreed to uphold the rights expressed in the UDHR and have ratified major human rights treaties, to varying degrees.

- Despite governments' roles, violations of human rights are still common within countries.

Fighting for rights – human rights defenders
Organizations

Organizations can be advocacy groups, groups of people with disabilities (OPDs), other NGOs or faith-based organizations. They can be international, national, or local.

Organizations of Persons with Disabilities (OPDs) include:
- International Disability Alliance (IDA)
- World Network of Users and Survivors of Psychiatry (WNUSP)
- Disability Rights International (DRI).

International organizations include:
- United Nations organizations and agencies including the World Health Organization
- Médecins Sans Frontières
- Humanity and Inclusion
- CBM Global Disability Inclusion
- Human Rights Watch
- Amnesty International

Fighting for rights – human rights defenders

The United Nations

A major purpose of the United Nations is to "develop friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples". The UN:

- **monitors, protects and promotes** rights through the Office of the High Commissioner for Human Rights, the Human Rights Council and other agencies and mechanisms (www.ohchr.org/en/countries);

- **leads action to protect** refugees and people forced to flee conflict and persecution through the United Nations High Commissioner for Refugees (UNHCR);

- **upholds the UNCRC** through UNICEF.

Fighting for rights – human rights defenders

YOU!

IASC MHPSS Guidelines: Core principles

Principle 1. Human Rights and Equity

Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations. Humanitarian actors should also promote equity and non-discrimination.

Core principles
1. **Human rights and equity**
2. Participation
3. Multi-layered supports
4. Integrated support systems
5. Building on available resources and capacities
6. Do no harm

Fighting for rights – human rights defenders

Guest speaker
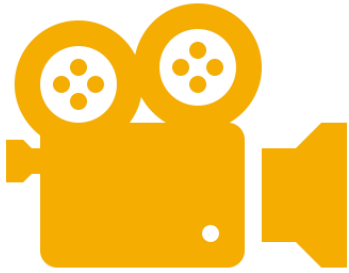
Video

In person

Online

Break

15 minutes

Topic 8. Becoming QualityRights Changemakers

Presentation. Becoming QualityRights changemakers with action planning

This training will help you become **QualityRights Changemakers**. The training will:

- prepare you to develop and implement action plans that promote rights-based and recovery-oriented approaches;

- reflect on and discuss specific problems, challenges, and barriers you face in your work;

- exchange ideas for overcoming these obstacles;

- give you time to develop your own action plan, tailored to your unique context, outlining concrete and realistic changes to be implemented over the next six months.

Presentation. Levels of change

## Where QualityRights can be implemented within humanitarian response

1. **Advocacy level.** Global, national and local advocacy to integrate QualityRights in humanitarian responses and to improve mental health services

2. **Organizational level.** Setting operational priorities, adopting policies, and adapting human resource strategies to implement QualityRights training and align with human rights standards including the CRPD.

3. **Project level.** Integrating QualityRights in our projects, including all phases of the project cycle and within our diverse activities and services.

Advocacy

Organization

Project

QualityRights

World Health Organization

Levels of change: the programme cycle
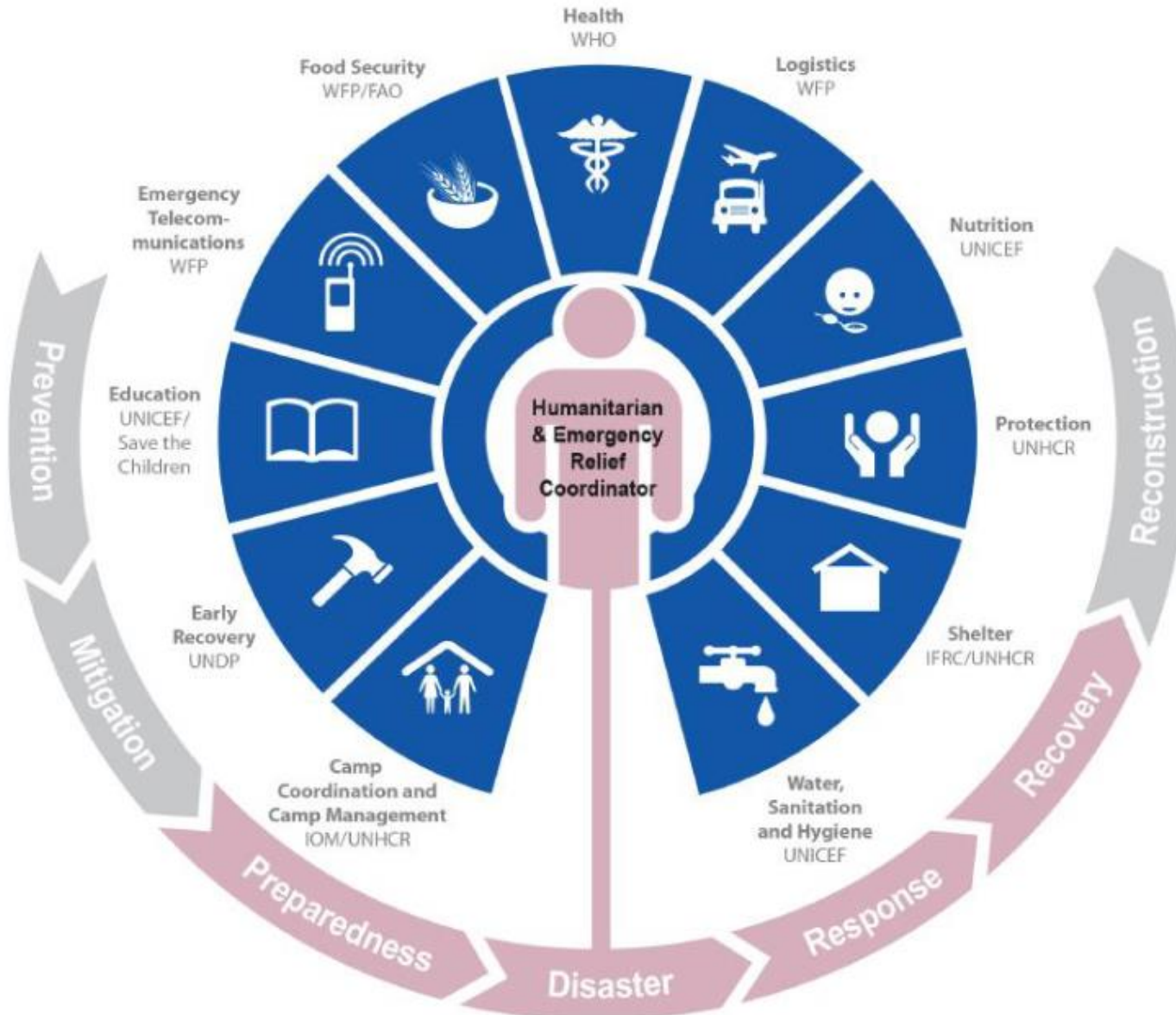
Levels of change: the intervention pyramid and cross-sectoral working
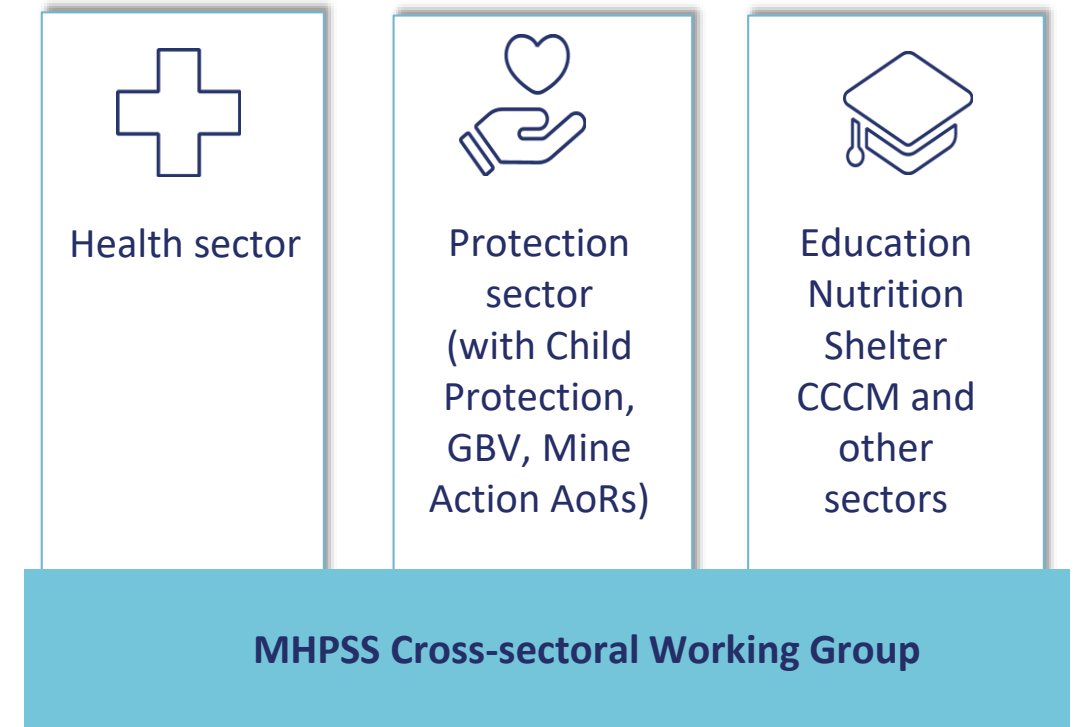
QualityRights Changemakers and Action Plans

Exercise 1.8 Action plans: becoming QualityRights changemakers

In small groups, begin developing your individual QualityRights Action Plans.

- Part 1 (20 mins). Discuss what already exists in your work context, projects, or programmes that helps respect and promote the rights of people with psychosocial, intellectual or cognitive disabilities.

- Part 2 (20 mins). Identify new, realistic actions you could take in the next 1–6 months to further promote these rights (for example, advocacy, staff training, awareness-raising, policy change).

- Add your ideas to your individual Action Planner. Also summarize what your group came up with on your flipchart — you will continue using these summaries during the training.

Daily wrap up and rapid end of day evaluation

Please provide some quick first impressions on how you found this module. You'll have the opportunity to give more detailed feedback at the end of the entire course too.

- What is/are the most important point(s) you learnt from today's training?
- Any remarks? Wishes for tomorrow?

QualityRights

World Health Organization