



# INTERNATIONAL FEDERATION OF HEALTH AND HUMAN RIGHTS ORGANISATIONS

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## Training Session Plan

### Introduction to Mental Health and Human Rights



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Developed by: Nino Makhashvili

Tamara Metreveli

Karen Ghazaryan

Written by: Alicia Dibbets

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More information: [a.m.dibbets@uu.nl](mailto:a.m.dibbets@uu.nl)

## Learning Objectives

- To raise awareness on the importance of mental health
- To become familiar with the definitions of relevant terms, and the difficulties inherent in these definitions
- To gain understanding of common human rights violations in relation to mental health and how these can be linked to specific human rights standards

## Target Group

Individuals with little knowledge on mental health, and human rights violations in the context of mental health. Basic understanding of human rights instruments is assumed.

## Duration

90 minutes

## Materials

1. Flip chart paper
2. Markers
3. Masking tape

## Training Aids

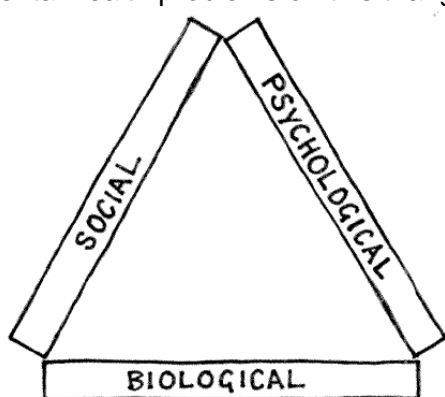
1. PowerPoint presentation on mental health and human rights (available separately)
2. Case studies on human rights violations in relation to mental health
3. Chapter 7 'Mental Health and Human Rights' of the OSI Health and Human Rights Resource Guide. Available online at: [www.equalpartners.info](http://www.equalpartners.info)

## Session Plan

### Preparation

Study the PowerPoint presentation (Training Aid 1) and Chapter 7 of the OSI Resource Guide (Training Aid 3). The information on the PowerPoint slides will need to be presented at different points throughout the session and the information from the Resource Guide can be used as background to these brief presentations. The content of the PowerPoint presentation can be adjusted to fit specific needs.

Create a triangle of strips of flip chart paper and write three possible spheres of influence of mental health problems on this triangle according to the following diagram:



Create four 'islands' out of flip chart paper that each represent a different mental health facility: Psychiatric Hospital, Prison Psychiatric Ward, Child Disability Institution, Social Care Home

Prepare four flip chart sheets by dividing each flip chart into two, one side for violations and one side for relevant human rights standards.

Make several copies of the four case studies so that these can be divided over four groups of participants. Copy the tables on pages 10-26 of Training Aid 3 for the participants.

**Step 1      Introduction & Objectives (5 minutes)**

Explain the main aim and topic of the session and inform participants what will take place during the session.

**Step 2      Prevalence of mental health problems (5 minutes)**

Ask participants to raise their hands in response to the following questions:

- Do you know anyone with mental health problems?
- Do you have any family members with mental health problems?
- Have you yourself experienced any mental health problems in your life?

**Step 3      Presentation of data (5 minutes)**

Explain that mental health problems are prevalent throughout society. Use the data in PowerPoint slides 2, 3, and 4 (Training Aid 1) to illustrate this.

**Step 4      Causes of mental health problems (15 minutes)**

Tape the triangle with the three spheres of influence of mental health problems to the floor and ask all participants to stand up. Next, request participants to choose a place on the triangle according to what they think is the main cause and impact of mental health problems. Are mental health problems mainly influenced by social, psychological, or biological aspects? Ask participants standing at different places on the triangle why they have chosen this option. Discuss the spheres of influence with the participants and conclude that all three play a significant role in mental health problems.

**Step 5      The bio-psycho-social approach (5 minutes)**

Illustrate the conclusion of the previous step using PowerPoint slides 5-9.

**Step 6      Definitions (10 minutes)**

Present the definitions of 'mental health', 'mental health problems', 'mental disorders', 'intellectual disability', and 'disability' included in PowerPoint slides 10-14. Discuss the definitions with the participants using the following discussion questions:

- What are the differences between the definitions?
- Do the participants agree with (all aspects of) the definitions?
- What difficulties can arise when applying these definitions?

**Step 7      Human rights instruments (10 minutes)**

Introduce participants to the international human rights instruments relevant to mental health using PowerPoint slide 15. If necessary the type of human rights violations that can occur in relation to mental health can be illustrated by showing participants photographs and/or video material.

**Step 8      Violations and human rights standards (20 minutes)**

Spread the four flip chart 'islands' representing different mental health facilities on the floor and ask participants to select a facility by standing on one island. The participants standing on each 'island' will form different groups that will work on the case study of the selected facility. Hand out the case studies of the different facilities to the groups. Also provide each group with the prepared flip chart sheet divided into 'violations' and 'human rights standards' and hand out the tables from the OSI Resource Guide (Training Aid 3). Ask the groups to identify the human rights violations in the case studies and to link these to specific human rights standards using the OSI Resource Guide tables. Also ask them to record their findings on the prepared flip chart sheets.

**Step 9      Presentation and discussion (10 minutes)**

Hang up the filled-in flip chart sheets and walk through them with the participants by asking the groups why they chose to link certain violations to certain human rights standards. Discuss the results, and add to the lists where necessary.

**Step 10      Conclusion (5 minutes)**

Recap the key message:

- mental health is prevalent throughout society;
- social, biological, and psychological factors all influence mental health;
- it is not easy to fit mental health problems in specific definitions;
- many different types of human rights violations can occur in relation to mental health;
- many of the rights contained in international and regional human rights instruments are relevant to mental health.

### Training Aid 1 – PowerPoint Presentation

The PowerPoint slides necessary for this session are shown below. The original PowerPoint presentation is available separately.

#### Introduction to Mental Health and Human Rights

#### Did you know?

There is a high prevalence of mental health (MH) problems:

- **One in four people** will develop a MH problem during their lifetime
- **One in four families has at least one member** currently suffering from a MH problem
- MH problems are present at any point in time in about **10% of the adult** population

#### Did you know?

The spread of mental illnesses is increasing:

- While it is currently **12% of the total burden of disease**, projections for 2020 reach **15%**.
- **Depression disorders** are expected to rank **second as leading cause of disease and disability** by 2020.

#### Did you know?

A large number of children and adults with **mental disabilities** are institutionalized:

- **317,000 children** with mental disabilities live in institutions across CEE and CIS;
- **7,400** residential care institutions in Post-Soviet countries

Sources: WHO (2001); World Bank (2003); OSI Resource Guide (2009)

#### The bio-psycho-social approach

A holistic view of health:

- **Biological** (somatic), **psychological** (thoughts, emotions, behaviour), and **social** (relationships, stress) factors all play a significant role in human functioning in the context of health, disease or disability.

#### A person can be depressed

because of:

- a medical condition (such as a heart attack);
- a social condition (such as losing a loved one);
- or a psychological condition (such as an overly self-critical nature).

### Depression will likely show:

- physical symptoms (such as slowed speech and lessened appetite)
- psychological symptoms (such as suicidal thoughts)
- social symptoms (such as social withdrawal)

### Treatment of Depression

through:

- physical means (i.e. anti-depressants, physical exercise)
- psychological means (i.e. cognitive-behavioral therapy)
- social means (i.e. urging the person to get out and interact with other people)

**Most Mental Health problems are influenced by multiple domains of human experience, and have biological (medical), psychological (mental) and social/spiritual impacts.**

### Definitions (1)

#### **Mental health:**

"A state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

### Definitions (2)

#### **Mental Health problems:**

- includes strain, impaired functioning associated with distress, symptoms, developmental problems and diagnosable mental disorders, such as schizophrenia, depression, anxiety and others.
- covers mental disorders, and also intellectual/developmental problems and impairments/disability

### Definitions (3)

#### **Mental disorders:**

- illnesses that affect many different functions: the senses, thinking, feeling, reasoning and behaviour
- a large variety of clinical phenomena requiring different forms of treatment
- can be cured or stabilised with medication, psychotherapy or other support systems

### Definitions (4)

#### **Intellectual disability:**

- a condition where people have significant difficulties in learning and understanding due to an incomplete development of intelligence
- skills in areas such as cognition, language, motor and social abilities can be permanently impaired
- people with ID are not ill, unless they have a common illness
- they need easy-to-understand information, education or training to participate in society

### Definitions (5)

#### **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*)

### International Human Rights Instruments

- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)
- Convention on the Rights of the Child (CRC)
- Convention on the Rights of Persons with Disabilities (CRPD)
- European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR)
- European Social Charter (ESC)

## Training Aid 2 – Case Studies

### Case Study 1 – Prison Psychiatric Ward

A patient is tied to the bed with ropes. Monitors find him still tied up on the following day. He reports that he was not been released for two days and one night. There is a chamber pot under his bed. The bed is located in the corridor due to overcrowding.

There are no records in his medical file on the restrictive measure applied. The nurse explains that the patient is becoming too agitated and that injections and physical constraints are necessary to calm him down.

### Case Study 2 – Child Disability Institution

The institution houses 105 beneficiaries, even though there is capacity for only 78 beneficiaries. Correspondingly, the institution receives funding for 78 children. There are 9-10 beds in each room, and the rooms are overcrowded.

- Only 3 beneficiaries are involved in the inclusive education project.
- No individual development plans have been developed for the beneficiaries.
- The beneficiaries are not able to participate in activities focused on their physical development.
- Monitors have observed a nurse using a broom to 'distance wash' a child.
- There have been 2 death cases since the previous monitoring 3 months ago.

### Case Study 3 – Psychiatric Hospital

- A patient has been in hospital for many years because nobody visits her at the hospital and doctors are reluctant to discharge her alone.
- Doctors state that her condition is stabilized and that she does no longer requires treatment.
- She is not allowed to make a telephone call.
- She assumes that her guardian (a close relative) receives her disability pension.
- She has no personal belongings, wears old and worn clothes and has no wardrobe or a table next to her bed.
- She reports that she does some toilet cleaning and receives small bonuses (a cigarette, an additional piece of bread) for this from the personnel.

### Case Study 4 – Social Care Home (long-term residential house)

- Residents live at this Home for years without hope of going back to their home and community.
- There are no workshops or sports or other activities to meaningfully engage them.
- The communal space is located in an cold corridor, without proper equipment: there are old and broken chairs (but no table or a sofa), and a small TV set on a shelf.
- There are no ramps for wheelchair access to upper floors. Residents with restricted mobility are housed in the rooms on the ground floor.
- Problems with the heating have not been solved. There is hot water once a week.
- The director complains that in case of an emergency outside clinics refuse to admit the residents of the Home.
- Mortality rate is rather high (10 per year).