

Community Mental Health Good Practice Guide:

# Strengthening the voice of Organizations of Persons with Psychosocial Disabilities

Learning together from experiences in Africa and Asia



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CBM / Hayduk

## Foreword



For too long, the voices of persons with psychosocial disabilities have been silenced or ignored. Despite the fact that these individuals make up a significant portion of our society, their perspectives and experiences have been overlooked in the development of policies and services that affect their lives.

It is my pleasure to introduce this book, which explores the efforts of CBM Global in working with umbrella bodies of organizations of persons with psychosocial disabilities. This book sheds light on the challenges faced by people with psychosocial disabilities and the importance of supporting their rights and inclusion in society.

This guide provides valuable insights into the strategies and approaches used by CBM Global in working with umbrella bodies of organizations of persons with psychosocial disabilities. It highlights the importance of partnerships and collaboration in achieving meaningful change and promoting the rights of people with psychosocial disabilities.

As you read this guide, I hope you will gain a deeper understanding of the challenges faced by people with psychosocial disabilities and the critical role that organizations like CBM Global play in promoting their rights and inclusion in society. I commend the authors and CBM Global for their important work and their commitment to improving

the lives of people with disabilities around the world. But most importantly, you will come away from this book with a deep appreciation for the importance of amplifying the voices of persons with psychosocial disabilities. By sharing their stories and perspectives, we can work together to create a more inclusive and compassionate society that values the diversity and contributions of all its members.

I commend the authors and contributors for their dedication to this vital cause. I hope that this book will serve as a catalyst for change, inspiring readers to take action and join us in the fight for social justice and human rights for all.

**Angelica Chiketa Mkorongo**

CEO/Founder Zimbabwe OCD Trust  
Co-Founder/Chairperson National Association  
of persons with Psychosocial Disabilities in Zimbabwe



I would like to heartily congratulate CBM Global for bringing out this report. It is very enriching and enabling in that the person with the mental health condition and psychosocial disabilities are at the core heart in this report.

In my opinion and experience CBM should work to bring psychosocial disabilities into their wider activities across all disabilities, as psychosocial disabilities is still isolated, like other under-represented groups such as autism and intellectual disabilities. OPD organizational strengthening, advocacy for rights, peer support and fighting stigma sits alongside, but should not only be seen through the lens of mental health. We want to go through the lens of human rights ensured by CRPD and often find it easier to do this outside of the health sector. We want quality mental health care with options and quality but treating alone the individual is not enough. We have to work through the holistic psychosocial disability spectrum for the true meaningful inclusion.

KOSHISH is proud to be partner of CBM and look forward to working towards the implementation of CRPD in the local context, making the rights real. We look forward to work on creating a model CRPD compliant community services.

**Devkota Matrika**

Executive Director  
KOSHISH

## Introduction

CBM Global adopts a human rights-based approach to mental health and psychosocial disability. We envision a world where people with mental health conditions and/or psychosocial disabilities:

- Participate meaningfully and authentically in their communities
- Have a good quality of life and wellbeing
- Have access to dignified quality care and support to address individual needs

Organizations of Persons with Disabilities (OPDs) can play an important role as intermediary bodies between policymakers and persons with disabilities. Strengthening these representative organisations can help achieve these aims and broader access to the enjoyment of fundamental human rights and freedoms on an equal basis with others.

The purpose of this document is to:

- Document and share CBM and partners' learning about OPD strengthening
- Draw upon recognized good practices and evidence from Asia and Africa
- Share the perspectives of stakeholders involved in the OPD strengthening programme in Asia and Africa for persons with psychosocial disabilities and or mental health conditions.



## CBM's Community Mental Health Plan

In 2019, CBM launched a Community Mental Health (CMH) Plan. The aim of the Plan is "To promote meaningful participation in communities, improve quality of life, and improve choices for care available for people with psychosocial disabilities."

The CMH Plan has 4 key priorities:



The first priority in CBM's CMH Plan is to strengthen the voices of people with mental health conditions and psychosocial disabilities, which CBM sees as the foundation for all its work and central to its inclusive approach. One of the key means of achieving this is through capacity building and strengthening the OPDs it works with, both those working solely in mental health and psychosocial disability, and those working more broadly in the disability sector to ensure the inclusion of persons with psychosocial disabilities as an underrepresented group in the disability movement.

## What are Organizations of Persons with Disabilities (OPDs)?

Persons with disabilities played a decisive role in the negotiation, development, and drafting of the landmark Convention on the Rights of Persons with Disabilities (CRPD). The effective and meaningful participation of persons with disabilities, including through their representative organizations, remains at the core of the CRPD. It has been recognised to be necessary for social change, to promote autonomy, and to ensure the empowerment of persons with disabilities.

The involvement of OPDs strengthens the ability of persons with disabilities to advocate and negotiate, more solidly express their views, and reinforces their united and diverse voices. This unique role of OPDs as key intermediaries to represent and channel the views and perspectives of persons with disabilities has been legally anchored in the Article 4.3 and 33.3 of the CRPD and reaffirmed in the CRPD Committee General Comment No 7.



Participants at the CMH OPD Strengthening Training in Lao PDR

**“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.”<sup>3</sup>**

Article 4.3, CRPD

### Characteristics of OPDs

In its General Comment 7, the Committee on the Rights of Persons with Disabilities defined OPDs as specific type of civil society organizations that are led, directed, and governed by persons with disabilities. It noted that OPDs should be distinguished from others, such as organisation for persons with disabilities. OPDs have a clear majority of their membership recruited from among persons with disabilities themselves and have a mandate to speak on their behalf<sup>3</sup>.

Much like the disability community as a whole, OPDs are very diverse. However, OPDs have certain characteristics:

- They may represent one or more constituencies based specific impairment groups or can be open to membership of all persons with disabilities;

- They represent groups of persons with disabilities reflecting the diversity of their backgrounds (in terms of, for example, sex, gender, race, age, or migrant or refugee status), and comprise members with various impairments;
- They can be local, national, regional or international in scope;
- They can operate as individual organizations, coalitions or cross-disability or umbrella OPDs, seeking to provide a collaborative and coordinated voice for persons with disabilities in their interactions with, among others, public authorities, international organizations and private entities.
- Among the different types of organizations of persons with disabilities that the Committee has identified are umbrella organizations of persons with disabilities (like national federations), cross-disability organizations, self-advocacy organizations, organizations including family members and/or relatives of persons with disabilities, organizations of women and girls with disabilities, and organizations and initiatives of children and young persons with disabilities.

In this Good Practice Guide, we are focusing in particular on people with psychosocial disabilities, and their representative organisations, which align to these characteristics.



# Rationale For OPD Strengthening

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**“States parties should ensure the full and effective participation of persons with disabilities, through their representative organizations, as a measure to achieve their inclusion in society and combat discrimination against them. States parties that ensure full and effective participation and engage with organizations of persons with disabilities improve transparency and accountability, making them responsive to the requirements of such persons”<sup>3</sup>**

General Comment 7, Committee of CRPD

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The human rights-based approach in public decision-making processes necessitates the active and informed participation of everyone in decisions that affect their lives, as captured in the disability movement’s motto of “Nothing about us, without us”. In the recent Global Disability Summit 2022, this right was further strengthened with a new slogan “Nothing without us”.

OPD participation is not only a moral imperative but creates a legal obligation in ensuring that development and humanitarian work remains relevant, of high quality, impactful, and sustainable.

OPDs engagement is crucial for many reasons:

- It promotes a sense of **ownership and accountability of different stakeholders** towards persons with disabilities and disability rights
- It reaffirms persons with disabilities’ **agency, ability to contribute, and shape their decisions**
- **OPDs** engagement in decision-making, development, and humanitarian work **leads to better outcomes**
- OPDs are a key component of a **diverse civil society, an important contributor to democracy, and act as a watchdog** to monitor governments compliance with the fundamental human rights standards enshrined in domestic and international human rights instruments.
- OPDs play a critical role in representing **the voices and perspective of their constituencies** and ensure the **knowledge and life experiences of persons with disabilities** are considered when deciding upon **new legislative, administrative, and other measures**
- Involvement of OPDs strengthens their capacity to **understand policy processes, to advocate and negotiate for their rights** and helps represent the interests of persons with disabilities with a **unified voice**.

## Challenges and Risks Faced by OPDs

Since the adoption of CRPD there have been major developments that have anchored the importance of participation of persons with disabilities and their representative organisations in global development and international frameworks.

Some of these include explicit references to persons with disabilities and clear commitments to 'leave no one behind' in the 2030 Agenda for Sustainable Development, inclusion of persons with disabilities in the Sendai Framework for Disaster Risk Reduction, the adoption of the Inter-Agency Standing Committee Guidelines (IASC) Guidelines on Inclusion of persons with disabilities in humanitarian action, a landmark UN Security Council resolution on inclusion of persons with disabilities in responses to armed conflict, the adoption of the UN Disability Inclusion Strategy and two Global Disability Summits, among others.

While these developments and the global momentum is very positive, there are also many challenges and risks that OPDs and persons with disabilities continue to face that hamper their participation including attitudinal, physical, legal, economic, social, and communication barriers. In addition, unprecedented global challenges including the COVID-19 pandemic and the environmental crisis have further heightening barriers for OPDs participation in many cases.

### Challenges

OPDs, including those representing people with mental health conditions and/or psychosocial disabilities, face a broad range of challenges, including:

- Lack of financial resources with many OPDs receiving little or no core funding.
- Many demands on their time as they get increasingly asked to engage in a growing number of issues, with a risk of being pushed to engage in issues that are funded for rather than their priority issues. This also stretches their capacity to the maximum.
- Gaps in accessibility and reasonable accommodation that prevent them from accessing venues and information shared prior, during, and after consultations or project events.
- Poor attitudes and a lack of knowledge about how to engage with persons with disabilities resulting in fewer opportunities
- Stigma and negative stereotypes that imply that they cannot contribute.
- When they do get involved, many OPDs report that their views are rarely taken seriously, which can deter further engagement.
- Like many civil society organisations, organisational capacity varies across OPDs.

## Risks OPDs face

As a result of these barriers/challenges, there are also certain risks that OPDs often face:

- Other stakeholders continue to speak on behalf of OPDs instead of fostering more collaborative processes. Even within a collaboration, the individual autonomy of persons with disabilities needs to be protected.
- Unless preconditions are adhered to and co-production is adopted, consultations with people with disabilities or their representative organisations can be quite superficial, done merely to “tick the box”.
- OPDs could be overwhelmed with requests and demands from development partners, diverted from their own policy and advocacy objectives by engaging in diverse programs which may not necessarily contribute to sustainable policy change.
- Gaps in the understanding of the political nature of OPDs as representative organizations can frequently lead to a few individuals with disabilities being ‘hand-picked’ for consultations regardless of their role and mandate in the disability rights movement.
- OPDs continue to operate out of their socio-political contexts where States retain the ability to facilitate or constrain their participation through administrative procedures and by limiting access to international funding.



## People with Psychosocial Disabilities and their representative organisations

The exclusion of persons with disabilities from decision-making processes can further perpetuate their exclusion in areas of society. This can result in public policies and programmes that are not inclusive, responsive, effective, and that continue to hinder the exercise and enjoyment of their fundamental rights and freedoms.

People with psychosocial disabilities and their representative OPDs are often more marginalised or excluded even than people with other disabilities. They are not a homogenous group but they have diverse and intersecting identities.

In most countries, they have fewer (or sometimes no) representative groups, and are often not represented within cross disability organisations or national federations. In many cases, they do not have equal recognition before the law, and specific exclusion from legal rights like voting, inheritance etc. (structural discrimination) further marginalises them and affects their recognition, respect and participation in communities.

In the regard, the first (2018) and second (2021) Global Surveys on Participation of OPDs by International Disability Alliance found that persons with psychosocial disabilities remain involved but to a much lesser extent than other groups, without much change in their participation across the two surveys<sup>12,16</sup>.

Investing in building the capacities of OPDs while simultaneously committing to transformational change in inclusion of persons with disabilities in all decision-making process is therefore a need of the hour.



## CBM's OPD Organisational Strengthening Approach

The adoption of Agenda 2030 and the Sustainable Development Goals (SDGs) has been promising for the disability sector overall, but it is unclear whether there has been as much gain for the inclusion of persons with psychosocial disabilities. It is critical that persons with psychosocial disabilities get involved to promote a CRPD compliant perspective on SDGs implementation and use the SDGs momentum to further implement the Convention.

The World Health Organization has developed the WHO QualityRights initiative, the main goal of which is to change mind sets and practices in services to improve the lives of people with psychosocial, intellectual or cognitive disabilities. The QualityRights resources lay down the foundation of how to implement a human rights and recovery approach in mental health in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and other international human rights standards.

CBM Global's Federation Strategy 2018-2023 commits to placing Disability Inclusive Development at the heart of its work to address transformative change in structures, systems, and attitudes to bring about an improved quality of life for persons with disabilities living in poverty, their families, and their communities.

Capacity building at country level and the strengthening of OPDs is central to the work of the Community Mental Health team. To support its efforts for a more equal, inclusive world that promotes wellbeing it works through Country Teams and partners to carry out effective advocacy and deliver meaningful and inclusive programmes.

OPDs are key partners, both those working solely in mental health and psychosocial disability, and those working more broadly in the disability sector. As with any other partner, OPDs may have various capacity building needs in order to work effectively towards their own identified goals. In that sense, there is no single intervention and any proposed initiative needs to be agreed upon and decided/identified by OPDs and partners.

Some examples of capacity building include:

- Raising awareness and educating all stakeholders – communities, OPDs, governments, INGOs, NGOs, media - on mental health.
- Disability inclusion training and capacity building of psychosocial specific OPDs not currently integrating disability inclusive principles and human rights approaches into their work, or with a self-identified lack of awareness or knowledge in order to integrate disability inclusion into their work and mainstream disability
- Supporting OPD leaders to develop a CRPD perspective on development, including the agenda 2030, sustainable development goals (SDGs), and other human rights instruments.

- Organizational and governance capacity building, focusing on identified needs such as policy development, safeguarding, donor reporting (including financial), and proposal development
- Key skill development such as coordination, communication, and advocacy

## **What Does OPD Strengthening Look Like?**

Many donors and international development agencies are familiar with capacity building and strengthening of civil society organisations, including OPDs. However, engaging with OPDs representing people with psychosocial disabilities to help design, implement, monitor, and evaluate capacity building programmes has historically been less common. Each OPD is diverse, representing the diverse lived experiences of its members. It can also vary considerably in terms of its size, structure, capacities, and resources.

While capacity building and OPD strengthening can take many different forms, in this section we provide some perspectives from CBM's OPD strengthening work in Asia (Bangladesh, Indonesia, Laos, Nepal, and the Philippines) and Africa (Kenya, Malawi, and Zimbabwe). The main area of focus of the programme has been an introduction to mental health and psychosocial disabilities, the CRPD, Agenda 2030 and the SDGs, Disability Inclusive Development, the WHO QualityRights, and relevant country law or policies linked to psychosocial disabilities.

CBM Global's key objectives through the process have been:

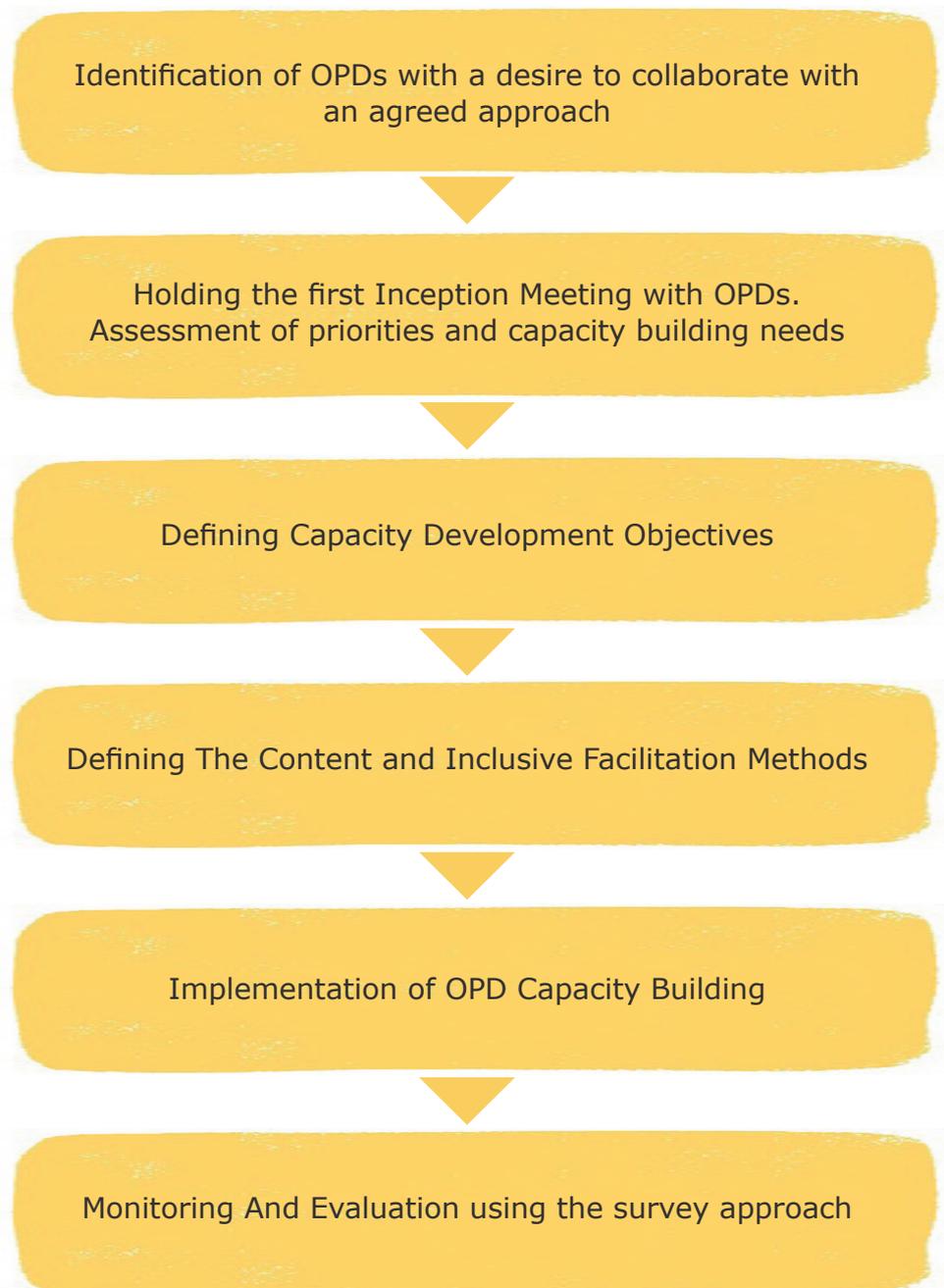
- To reinforce the knowledge of the participants on the rights of people with psychosocial, intellectual, and cognitive disabilities as enshrined in the UNCRPD
- To facilitate the strengthening of national organisations working in mental health advocacy and programmes, based on support for them for achieving their own priorities
- To enable stronger links between the various actors working in this area and to strengthen the voices of persons with psychosocial disabilities through their representative organizations.

## Principles of OPD Strengthening

1. **Accountable:** Ensuring that capacity is built in line with human rights principles of full and effective participation, equality, and non-discrimination to promote ownership by and accountability to persons with disabilities and their representative groups
2. **Persons with disabilities in lead:** as active agents in design, monitoring and evaluation of capacity development, advocacy, and technical support programs, in compliance with the CRPD.
3. **Transformative:** A capacity building approach that does not just focus on performing tasks competently; but looking to create dynamic systemic change in structures, attitudes, and mind sets, addressing the root causes of discrimination and ensuring no one is left behind.
4. **Collaborative working with a blended inclusive approach:** as technology allows for closer working across networks and different knowledge platforms and communities of practice, well-crafted blended approaches are required to optimize and use diverse and accessible mediums and means for exchange and learning – and to vastly increase access and opportunities for OPDs.
5. **Responsive and relevant:** that capacity support is not a predetermined process, but rather built on genuine partnerships that allows for flexible, responsive, and relevant support defined by OPD priorities and appropriate to country context.
6. **Mutual:** that capacity development is a two-way learning process that allows everyone involved to grow, challenge, and develop each other's work. Self-motivation and active participation are important cornerstones of building capacities.
7. **Progressive and celebratory:** capacity development takes time and needs to be nurtured and supported with realistic timeframes, inspiring but achievable targets and accompanied by practical resources and support systems that can motivate and enable.
8. **Time for open, supported, and reflective practice:** building trust and a culture of reflective practice with an openness to learn from mistakes.
9. **Learning by doing and ensuring localization:** a commitment to invest time and have flexibility to create truly empowering capacity development approaches that ensure local diverse expertise is valued and that OPDs and partners at all levels develop, learn, and own locally driven development initiatives for more relevant localized knowledge generation to support transformative change.

## Steps in OPD Strengthening

Authentic partnerships with OPDs are at the heart of all areas of CBM Global's work. With this in mind, learning exercises were established in collaboration with OPDs of people with psychosocial disabilities in Africa (Zimbabwe, Malawi and Kenya) and Asia (Bangladesh, Indonesia, Laos, Nepal and the Philippines) to explore together how to strengthen the participation of OPD partners so they can better achieve their priorities. These OPD Strengthening Programme in Africa and Asia followed a common approach, illustrated in these steps, all defined by a co-production approach to all activities:



## 1. Assessment of OPD Priorities and Capacity Needs

Capacity development should be clearly based on the needs and requirements of the OPD, and never on assumptions. Priority setting and needs assessment is a prerequisite for the design, delivery, and success of the training/workshop. Rooted in principles of trust and mutual respect, it helps to identify collectively the main barriers to effective inclusion and participation that OPDs face. This provides the necessary specific context for formulating and implementing country specific and culturally appropriate trainings which are informed by the identified needs of the stakeholders.

It helps to understand what kind of trainings and interventions are needed, sets the baselines for monitoring and evaluation, and informs the theory of change. That is why assessment of OPD capacity needs to occur during the first inception meeting with OPDs. The inception meeting is critical in establishing the key priority areas for OPDs using a mixed methods approach which include pre surveys, focus group discussions, and one-to-one consultation or key informant interviews (as relevant).

The inception meeting presents an opportunity to agree on the best way to deliver the capacity building programme through a mix of virtual and physical meetings. The creation of a network (e.g. a WhatsApp or messenger group) can further facilitate communication and ease exchange of information. In addition, it provides a safe space for persons with psychosocial disabilities to ask for support and accommodation to facilitate their effective and meaningful participation during online and physical meetings.

Moreover, identifying more experienced local OPD partners that can support capacity development and facilitate trainings is equally essential.

## 2. Define Capacity Development Objectives

CBM Global is committed to being fully accountable to persons with disabilities, their families, and representative organizations in all areas of our work. This requires us to support the capacity development of OPDs, particularly underrepresented groups, to ensure that CBM Global and partners can be effectively held to account.

When it comes to capacity strengthening of OPDs, the areas of focus can be organizational, strategic, finance, operations, programmatic, technical, or infrastructural. It is essential for them to participate meaningfully throughout the project cycle.

In the focus countries in Africa and Asia, capacity building was aimed at enabling OPDs to have a good understanding of their human rights and inclusive development and to equip them with the right tools and knowledge to:

1. Strengthen the organizations' understanding of mental health, disability, the WHO QualityRights Initiative, and the concept of inclusive development.
2. Ensure organisations and individuals have a good understanding of the local, national, and international legal instruments that are central to respecting, protecting, and fulfilling the human rights of persons with psychosocial disabilities.
3. Support organisations and individuals to be able to apply the knowledge of the CRPD and WHO QualityRights to real-life scenarios within their local contexts.
4. Enhance the knowledge of organizations to identify and report human rights violations through the use of existing human rights mechanisms.
5. Strengthen the organizational and governance capacity building, focusing on identified needs such as policy development, safeguarding, donor reporting, and proposal development.
6. Contribute to CBM and wider learning (these guidelines) on OPD strengthening during workshops including the materials used and their formats.

CBM Global strongly believes that capacity development is a two-way learning process. The programme therefore also allowed us to develop our own understanding of OPD strengthening and learn through experiences about good practices and challenges.

### **3. Content and Training Methodology**

OPDs have different training needs which depend on their region, their locality, that is whether they are situated in urban/rural areas, and the structure and the size of the OPD, among other reasons. It is important to find out what these needs are before training. When the needs assessment for the capacity strengthening program was carried out in Asia and Africa, OPDs raised the following areas as key focus areas for the training:

1. The CRPD, Agenda 2030, and the SDGs
2. The WHO QualityRights Initiative
3. Disability Inclusive Development
4. Organizational Development

In its programme in Africa, CBM Global also conducted an online training on various organizational policies that OPDs can implement in their organizations to strengthen their institutional capacity. This was done through a third party with technical support to ensure smooth delivery throughout the programme. A combination of lectures, group discussions, and practical exercises were used as part of the training methodology.

After the training, the consultant evaluated the outcomes of the process. It was found that:

- 70% of the participants acquired new knowledge from the interactive forum.
- The participants intend to implement new learning in their organizations.
- There is need to investigate other aspects that influence the long-term sustainability of the organization. Overall, the educational and assessment forum was a success. It was able to meet its objectives in facilitating knowledge on policies. At the same time, the group discussions helped participants retain the content presented.

#### 4. Inclusive Facilitation Methods

Inclusive facilitation methods are an important pre-requisite of participation and one of the many principles that underpins OPD strengthening. Inclusive facilitation methods were incorporated in the capacity building workshops in Asia and Africa.

One example of good practice of inclusive facilitation is that of the Bridge CRPD-SDGs training initiative. Bridge CRPD-SDGs training is an intensive training program that aims to support OPDs and persons with disabilities to develop an inclusive and comprehensive CRPD perspective on development, including the agenda 2030 and SDGs, and to reinforce their advocacy for inclusion and realization of all human right for all persons with disabilities. Inclusive facilitation methodology is built on the common knowledge of participants and facilitators and builds on the discussions and group work of each preceding day. Some of the inclusive tools commonly used in Bridge CRPD SDGs include the traffic cards, the parking lot, the resting area, sensory breaks.

The project also developed other innovative ways of inclusive facilitation. For example, having preparatory meetings with participants to ensure that all their support needs are met. Another example included having a psycho-social counsellor for support in case the training materials or discussions led to any emotional discomfort or distress. The section in the next page also presents some top tips for inclusive communication which are adapted from UNDIS.



## Top Tips for Inclusive Communication

- Ensure information and materials disseminated both prior to and during the training are available in accessible formats such as accessible electronic versions, Braille, large print, plain language, and/or easy-to-read.
- Use disability-inclusive and gender-inclusive language and avoid negative, ableist, ageist or victimizing language.
- Avoid jargon, technical language, and acronyms to be inclusive of all attendees
- Check and test communication tools before the meetings to make sure they are accessible, and users can operate the tools.
- Assign a special online moderator and technical support for the meeting.
- Consider activities and small group work, as this gives people space to ask questions and share their ideas.
- Plan training to be inclusive of all participants, keeping in mind different ages, impairments, and support requirements (the provision of sign language interpretation, live captioning, assistance of guides/interpreters)
- Ensure pauses in facilitation to allow for interpretation or for persons with intellectual disabilities who may need more time to process information and respond to questions
- Ask people to state their name each time they speak so blind and persons with deafblindness can know who is speaking
- In the case of focus groups, provide the questions that will be discussed to participants in advance so people can prepare properly. Include how the information will be used after the focus group.
- Examples or stories may help make information more accessible
- Plan ahead and ensure language requirements of people are adequately addressed (translations in local languages)

### 5. Implementation of OPD Capacity Building

The Committee on the Rights of Persons with Disabilities in General Comment No.7 set a number of obligations for States to guarantee effective and meaningful participation of persons with disabilities through organization of persons with disabilities. These sets of obligations can also be interpreted as pre-conditions for meaningful participation of persons with psychosocial disability and their representative organizations.

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\* Adapted from UNDIS

While good practices are ever evolving and the checklist is not exhaustive, CBM Global tried to follow the following guidelines for planning its capacity building workshops:

## CHECKLIST

- Identify the reasonable accommodation and support needs of persons with disability.
- The venue and information should be accessible to all persons with disability.
- Invitations to the training should be done within a reasonable duration of time. This is to make sure that the invitees have enough time to go through the pre training surveys.
- Results from the pre-training surveys are essential for training material preparation.
- Online training during a pandemic or any crisis might become a necessity, that means good internet connectivity is required for the training to go smoothly.
- Adequate financial resources to cover the venue, food, transport reimbursements and all other logistical costs associated with the training.
- Facilitators should use inclusive facilitation methods.

After the preconditions to participate meaningfully at a workshop are met, we can go straight to the implementation of the OPD strengthening programme, which is training itself.

For example, a two-day training was conducted in Bangladesh on QualityRights. The training adopted a blended e-learning and face-to-face methodology where participants were requested to bring a laptop to navigate the e-learning training and to complete the registration beforehand. The regional CBM Global Mental Health Advisor for Asia facilitated the discussions with Bangladesh's Community Mental Health (CMH) focal person. The lead facilitator used a PowerPoint Presentation (PPT) to share introductory information and navigation briefly at the beginning of the training. After completion of each module, the stakeholders participated in a discussion and were prompted to address collectively what they had learnt, any differences in opinion, any challenges they could foresee based on what they had learnt, and were encouraged to discuss any other comments. The participants navigated the six modules of the e-learning training through the link shared and the conversations continued among the participants at each table. While the exact duration of the trainings may vary, under the OPD strengthening programme trainings ranged from one to four days.

After the trainings OPDs share their feedback for example by, having a group of people collecting views from participants to see what went well or not very well during the day, having recap sessions the next day, and using sticky notes to give feedback about the day. Such feedback mechanisms help overall to improve the learning outcomes.

## Good Practices

One of CBM Global's key objectives through the capacity building training programme has been to further strengthen national organisations working in mental health advocacy and programmes and to enable stronger links between the various actors working in this area – particularly the central role of people affected themselves in national advocacy and programming.

The good practices/country examples from Africa presented below show us what is possible when the capacity of persons with psychosocial disability, and their representative organizations, are strengthened to participate meaningfully and effectively in spaces of advocacy and decision-making.

### **KENYA**

- Strengthened participation in disability and mainstream processes - linkage with the Inclusion Works Project funded by DFID through Sightsavers. Its main objective was to address limited/inadequate access to formal employment for persons with disability in Kenya.
- Access to local and global training opportunities like WNUSP/IDA technical workshops on repositioning the next generation of self-advocates; Global webinars on persons with psychosocial disabilities organized by IDA; Participation in Bridge CRPD/SDG cycle Modules; Commonwealth Disabled Peoples Forum virtual training.
- Enhanced visibility of organizations of persons with psychosocial disability/ mental health conditions through the use of the social media while embracing the paradigm shift as envisioned in the CRPD and WHO QualityRights.
- Collaboration and partnerships with IDA and Validity Foundation on regional human rights mechanism like the African Court on People and Human Rights.
- Participants also joined various regional and national bodies e.g. Pan African Network of Persons with Psychosocial Disabilities Commonwealth Disabled Peoples Forum, Network of Women with Disabilities in Kenya.

### **ZIMBABWE**

The participation in the following workshops by Experts by Experience (EBE):

- Organizations of persons with psychosocial disability participated in regional consultations held by the United Nations Committee on the Rights of Persons with Disabilities.
- Consultations with the World Health Organization (WHO) in collaboration with UNDP and Ministry of Health and Child Care (MOHCC) on universal health coverage for mental health, advancing mental health policies, advocacy, and

human rights and how Zimbabwe can scale up quality interventions and services for individuals with mental health conditions.

- Participation in a three-day workshop on 'Transitioning to Family and Community-Based Care', run by Tearfund Ireland, European Union Aid Volunteers, and the VIVID project run by CBM Ireland.
- Participation in a conference on Beyond Institutional Care: Rethinking how we care for vulnerable children. EBE attended meetings on integrating mental health and psychosocial services into HIV and TB programs run by United for Global Health.
- The Ministry of Health and the WHO extended an invitation to the EBE to contribute to the revision of the Mental Health Act which was last reviewed in 1996.
- Two of the EBEs are part of the Mental Health Task Force for the WHO special initiative for mental health.
- Collaboration with SUCCEED (Support, Comprehensive Care and Empowerment for people with psychosocial Disabilities), a four-country research consortium in Nigeria, Sierra Leone, Malawi, and Zimbabwe whose aim is to create regional centers of excellence in research, capacity-building, and outreach on psychosocial disabilities.
- Contribution to the content of the Peer Support Guideline by CBM.

## **MALAWI**

- There has been enhanced inclusion and diversity of OPDs in workshops.
- An increase in the focus on psychosocial disability and intersectionality, as well as the social determinants of mental health in workshops.

The above examples show that the process strengthened the organizational capacity of OPDs and persons with psychosocial disabilities in Africa. An outcome of this was that the OPDs and persons with psychosocial disabilities were able to meaningfully engage at local, national, and international levels, which in turn built a stronger and collective voice of persons with psychosocial disability advocating for inclusion in development and humanitarian interventions on an equal basis with others.

## Success Stories

Establishment of associations and networks of persons with psychosocial disabilities in leadership positions could be said to be a form of movement building. It provides a platform for their inclusion in the larger disability movement and also creates opportunities for persons with psychosocial disability from the grassroots to work together and build a cohesive voice.

In this regard, two specific success stories from Zimbabwe and Kenya show how the OPD strengthening programme led to the establishment of associations and networks.

### ZIMBABWE

The formation of National Association of People with Psycho-social Disabilities (NAPPD) which is now registered as a trust. NAPPD has been able to engage with similar associations across Africa and globally, organize webinars, and act as a platform for sharing the lived experiences, combating stigma and discrimination.

### KENYA

Establishment of a loose network of organizations of persons with psychosocial disabilities.



CBM / Hayduk

## Key Learnings

In this section we shall explore what some of the participants from Asia and Africa had to say after the capacity building workshops.

### ASIA

#### BANGLADESH

“It was a very fruitful session. I appreciate the trainers; within a very short time they covered a lot of area. I recommend that all employees of our organization attend such kind of basic mental health training.”

“This training seemed very important for us. I think such trainings should be arranged periodically. From now on, I will be able to address mental health conditions.”

“It’s an e-training but still, thanks to CBMG to make it physical. We could concentrate the full day and also enjoyed learning with others. CDD will organize the same training for their staff members and take help from CBMG.” - Taslima Akter keya, Project Manager, CDD

#### NEPAL

“The training gave me a clear picture of the current status of persons with mental health and psychosocial disabilities in Nepal. This training helped me understand the real gaps at the grassroots level and the need for professional social workers.”

“The shared stories of people with life experiences provided a deep understanding of psychosocial disabilities. I will share these insights and understanding with my counseling students. I will also share important insights from the training with my colleagues and implement them in my workplace.”

#### PHILIPPINES

“Very engaging and it was an eye-opener to all of us”

“Relevant and useful topics with a dynamic speaker”



## **AFRICA**

### **MALAWI**

“I didn’t know anything about the CRPD.”

- Olive Kawelama

“Everything that I learnt from this workshop, I honestly had little or no idea at all that it was out there.”

- Memory Kayira

### **ZIMBABWE**

“As a person with a psychosocial disability, my expectations have gone way beyond what I thought would be possible. My attitude has completely changed. Instead of having people with psychosocial disability being people who need to be fixed, and people who depend on charity, I see a revolution of people fighting for their livelihood, for their rights, and for their dignity. People with psychosocial disability need help to come out of their prisons, whether self-imprisonment or family imposed prisons or institutions and claim their rightful places in their communities. These workshops have empowered me as an individual. There is hope for people with lived experience. This message needs to be spread widely in Zimbabwe, to everyone. There is resistance from people who have always felt had power over people with psychosocial disability, but with the right approach, it can be done.” - Angelica Mkorongo, (OCD Trust, Trustee and Chairperson NAOPPD, Zimbabwe)

### **KENYA**

“The CBM Global workshop gave me a better understanding on the linkage between the CRPD and SDGs. This have heard a huge impact on the way I do my work.”

- Maureen Gikonyo (Nairobi, Kenya)

“Joining the network of women with disabilities has enabled me to participate in trainings on political participation and the parallel reporting process for the CEDAW.” - Angelica Ndeto, (CREATE Machakos Kenya)

From the above feedback given by participants involved in the strengthening program in Africa and Asia, we are able to draw lessons learnt by the individuals which are reflective of the impact of building the capacity of persons with psychosocial disability and their representative organizations.

## Challenges

Some of the challenges encountered during the OPD strengthening program were:

- The participants wanted workshop materials translated to their local language so that they could educate and share the materials with community members.
- Inadequate time to allow the participants to discuss best practices on issues pertaining persons with psychosocial disabilities and mental health conditions in their countries/regions.
- In some cases, participants did not have the necessary digital skills and support to conduct this e-Learning training in English.

## 6. Evaluation

CBM's Monitoring on Inclusion tool aims to assess the progress of disability inclusion in our development programmes. It has been developed so that CBM and its partners can better understand the situation of people with disability in their community and monitor the changes that our programmes contribute to - in improving the quality of life of persons with disabilities and achieving an inclusive society for all.

The capacity strengthening programme for persons with psychosocial disability and their representative organizations used a pre-survey and post survey tool to evaluate the impact of the program. The survey approach was used to collect data because it would provide an opportunity for persons with psychosocial disability and their representative organizations to provide detailed answers to the questions. The pre survey was done to take a baseline on the partners' capacity and then this was repeated at the end of the project with a post survey to evaluate impact of the workshops.

The aim of the pre survey tool was to measure community inclusion of persons with psychosocial disabilities and organizational development of representative organizations. The aim of the post survey tool was to measure the key takeaways participants gained from the meetings. It also sought insights of how to improve capacity building meetings in the future.



The two boxes show the focus areas of the pre-survey and post survey tools:

### PRE-SURVEY TOOL

- Defining psychosocial disability
- Key thematic areas in relation to mental health and psychosocial disability
- Key challenges faced by persons with psychosocial disability/mental health conditions
- Equality of opportunity for both women and men with psychosocial disability
- Key challenges in accessing comprehensive mental health services and supports
- Legal frameworks on persons with psychosocial disability/mental health conditions
- Applying the CRPD in advocacy work
- Training on the CRPD
- Training on Agenda 2030 and the SDGs
- Key articles of the CRPD on by persons with psychosocial disability/mental health conditions
- WHO QualityRights Toolkit
- Barriers to Inclusion for persons with psychosocial disability/mental health conditions

### POST-SURVEY TOOL

- Key messages
- Key learnings
- Action plan
- Networking
- Participation during training
- Clarity of sessions
- Topics for future sessions
- Quality of the training
- Suggestions for improvement

Improvements and suggestions are linked to next steps, which are important in informing internal and external stakeholders of mechanisms to ensure the sustainability of capacity building efforts and maintain the momentum.

The activities and next steps that follow can be unique to a country's particular context but it is important to ensure that OPDs remain at the centre of this and drive the vision for the future. For example, many participants and OPDs requested for regular trainings and refresher courses and the need for advocacy training and resources on specific topics. In some cases, like that of Bangladesh where training was conducted using blended methodology (e-training and in-person), the post-training feedback allowed us to receive recommendations from participants which are critical for the next

phase of the training to have more success with the blended method. Some of the key recommendations received are provided below.

### **Recommendations for future programmes (Training on QualityRights, Bangladesh)**

- Discussion of training objectives: An introduction to the e-learning module with participants will help navigate the session more efficiently. It's good to inform the participants that headphones can be essential as there are audio-visual learning resources.
- Contextualising the discussion: After each module, discussion around what may be the common practices in participant's country/locality will help reflect on the current situation of persons with psychosocial disabilities.
- Starting Together: The training would be more effective if all participants started each module together, and after completing each module, all participants could discuss their learning in a bigger group.
- Orientation for Using E-Learning Platform: An orientation on the interface of the e-Learning module would be beneficial for the participants for quick navigation. Learning from each session may be discussed in a group after each session.
- Pacing: The six modules can be divided into two or three days so that there is a target. Otherwise, it resulted in worry and comparison based on participants' progress differences.
- Language and accessibility: Training should be accessible to all persons with disabilities. The module should be easier in language and terminology if we want OPDs to engage with this. In some cases, participants may not have the necessary digital skills and support to conduct this e-Learning training in English. Face-to-face training would be more effective in these circumstances.
- Exploring alternative methods: Another way to conduct the training can include requesting participants to complete their course, note their challenges, comments, and questions. The expert facilitator can subsequently arrange a face-to-face/plenary discussion with the participants on the identified issues of the e-Learning training.

### **Recommendations for future programmes from Zimbabwe and Malawi**

- Inclusion of governmental ministries, departments and agencies in capacity building trainings as a way of creating an enabling environment for OPDs to operate, since it would create trust and understanding between the two.
- Peer to peer mentoring and coaching for instance in Zimbabwe, ZIMNAMH train people with lived experience as mentors.
- Translation of training materials in local languages to make the training accessible to persons with psychosocial disability at the grassroots level.

## **Recommendations for future programmes from Kenya**

- Create linkages with mainstream organizations that provide legal aid and representation in court so that persons with psychosocial disability who have been subject to fundamental human rights violations have access to justice.
- Strengthen community support systems through home visitations, social workers, community health volunteers, families, circle of friends to promote the meaningful participation and inclusion of persons with psychosocial disability in their communities.
- Develop a best practice guide for reasonable accommodation in different contexts.
- Document best practices on deinstitutionalization to community based re-integration.

## Acknowledgements

Overall the key steps at this stage include evaluation of trainings, discussing and setting next steps collectively with stakeholders, and revising OPD strengthening and capacity building strategies where necessary, in line with the results of the evaluation exercises and OPDs' priorities.

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For further information on CBM's Community Mental Health work:

### **CBM Global**

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### **CBM Global Disability Inclusion**

CBM Global Disability Inclusion works alongside people with disabilities in the world's poorest places to transform lives and build inclusive communities where everyone can enjoy their human rights and achieve their full potential.

### **Community Mental Health Thematic Area in CBM Global**

Mental health conditions are a major cause of disability worldwide. Those living in poverty are at greatest risk and least likely to access treatment or support. Many people experiencing mental health conditions and/or psychosocial disabilities face stigma, discrimination, and human right abuses. With decades of experience in the field of global mental health, CBM Global recognises the central role of mental health in wellbeing and works to promote good mental health, challenge the exclusion of people with psychosocial disabilities, and strengthen mental health systems, so that needs are recognised and addressed.

This is one of a number of guides that CBM Global will be producing to share our work and experience in community mental health.

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